

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: March 24, 2022

Auditor Information

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Company Name: PREA Auditors of America

Mailing Address: P.O. Box 1071

City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098

Date of Facility Visit: February 21-22, 2022

Agency Information

Name of Agency: Nueces County Substance Abuse Treatment Facility (SATF)

Governing Authority or Parent Agency (If Applicable): Texas Department of Criminal Justice, Community Justice Assistance Division

Physical Address: 745 North Padre Island Drive

City, State, Zip: Corpus Christi, TX 78406

Mailing Address:

City, State, Zip:

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency Website with PREA Information: <https://nuecescountyprobation.com/>

Agency Chief Executive Officer

Name: William Shull

Email: William.shull@nuecesco.com

Telephone: 361-854-4122

Agency-Wide PREA Coordinator

Name: Catherine F. Modlin

Email: Catherine.modlin@nuecesco.com

Telephone: 361-289-4242

PREA Coordinator Reports to:

Elsa Leal – Facility Director

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Nueces County Substance Abuse Treatment Facility

Physical Address: 745 North Padre Island Drive

City, State, Zip: Corpus Christi, Texas 78406

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Facility Website with PREA Information: <http://nuecescountyprobation.com/>

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: Criminal Justice and Assistance Division (CJAD) 9-2018

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: Elsa Leal

Email: Elsa.leal@nuecesco.com

Telephone: 361-289-4242

Facility PREA Compliance Manager

Name: N/A

Email:

Telephone:

Facility Health Service Administrator ☐ N/A

Name: Dr. Carlos Elizondo M.D. Jonathan Piotrowski, P.A. is the onsite provider supervised by Dr. Elizondo

Email: mari@elizondomd.com

Telephone: 361-991-8000 or 361-664-0303

Facility Characteristics

Designated Facility Capacity:

104

Current Population of Facility:

36 (24 males, 12 females)

Average daily population for the past 12 months:	43	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	21-58	
Average length of stay or time under supervision	9-12 months	
Facility security levels/resident custody levels	low	
Number of residents admitted to facility during the past 12 months	84	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	72	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	72	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	39	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	16 direct hires/ 3 contract employees	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11 food service	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0 (closed to the public due to covid precautions)	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	4
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	12 (male unit)
Number of open bay/dorm housing units:	1 (female unit)
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department</p> <p><input checked="" type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">3</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: n/a

List of Standards Exceeded: n/a

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: n/a

List of Standards Not Met: n/a

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	02/21/2022
2. End date of the onsite portion of the audit:	02/22/2022
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Purple Door
Audited Facility Information	
4. Designated Facility Capacity:	104
5. Average daily population for the past 12 months:	43
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	36 (24 males, 12 females)
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3 (1 on work furlough)
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	7 (2 on work furlough)
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Due to the size and mission of this facility as a Community Corrections Substance Abuse Treatment Facility, some of the special categories of residents are not housed here (physically or mentally disabled). In addition, no transgender residents are housed at this facility as of the dates of the on-site audit as well as no Limited English Proficient (LEP) residents. This facility also does not have a segregation unit and does not house youthful residents.
<p align="center"><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
24. 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:	34
25. 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:	11
26. 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:	0 Due to current covid precautions, no volunteers are currently allowed into the facility.
27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input type="checkbox"/> Age <input 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 (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.

30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	This is a small facility which houses both male and female residents. The auditor selected random inmates from each of the 2 dorms.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A
32. 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, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>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.</i> <i>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.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	4
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0 This facility does not house Youthful Residents.
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, 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>This facility does not house youthful residents</p>
<p>35. 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. If 0, 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. If 0, 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>Due to the nature of the facility, residents with disabilities are not housed at this facility. There were also no LEP residents at this facility. The auditor asked both staff and residents if there were residents at the facility who fit these criteria and in all cases was told that there were not to their knowledge.</p>
<p>36. 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. If 0, 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. If 0, 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>Due to the nature of the facility, residents with disabilities are not housed at this facility. There were also no LEP residents at this facility. The auditor asked both staff and residents if there were residents at the facility who fit these criteria and in all cases was told that there were not to their knowledge.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>Due to the nature of the facility, residents with disabilities are not housed at this facility. There were also no LEP residents at this facility. The auditor asked both staff and residents if there were residents at the facility who fit these criteria and in all cases was told that there were not to their knowledge.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>Due to the nature of the facility, residents with disabilities are not housed at this facility. There were also no LEP residents at this facility. The auditor asked both staff and residents if there were residents at the facility who fit these criteria and in all cases was told that there were not to their knowledge.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>Due to the nature of the facility, residents with disabilities are not housed at this facility. There were also no LEP residents at this facility. The auditor asked both staff and residents if there were residents at the facility who fit these criteria and in all cases was told that there were not to their knowledge.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1 (bi-sexual)</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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>No transgender residents were identified as such by staff and the auditor did not observe anyone who may have been transgender. When asking staff and other residents, both groups indicated that they were not aware of any transgender residents at the facility. The residents</p>

	interviewed were questioned as to whether they answered affirmatively regarding the risk screening questions and one (1) indicated that they identified as LGB. (bisexual)
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	No transgender residents were identified as such by staff and the auditor did not observe anyone who may have been transgender. When asking staff and other residents, both groups indicated that they were not aware of any transgender residents. No residents were identified as LBG. No transgender residents were identified as such by staff and the auditor did not observe anyone who may have been transgender. When asking staff and other residents, both groups indicated that they were not aware of any transgender residents. No residents were identified as LBG either. The residents interviewed were questioned as to whether they answered affirmatively regarding the risk screening questions and none indicated that they identified as LGB.
42. 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:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	A review of the investigative files as well as interviews with staff and residents indicated that there were no inmates who had reported sexual abuse. There were 3 reports of sexual harassment. 1 was interviewed with this protocol.
43. 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:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, 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>N/A</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>The facility does not have a segregation unit. The onsite tour of the facility verified that there was no segregation unit.</p>
<p>45. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This is a small community confinement facility. At the time of the on-site audit, there were 36 residents. The auditor interviewed 12. Many of the targeted populations were not housed at this facility due to the facility mission and profile.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p>

	<input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no barriers to completing the random staff interviews.

<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><u>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 interview would satisfy multiple specialized staff interview requirements.</u></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A

55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" 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
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	<input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0 – no volunteers are allowed into the facility at this time due to covid precautions.
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service
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	<input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	This facility does not house youthful residents and does not have a segregation unit so there were no segregation staff nor staff who supervise youthful residents.

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The auditor had access to the facility in its entirety. The staff explained their roles in the facility and the processes of intake, risk screening, phone access, medical care, mental health and advocacy.

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.

65. 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="checked" type="checkbox"/> Yes <input type="checkbox"/> No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

There were no sexual abuse allegations made at the facility in the past 12 months preceding the onsite phase of the audit.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	2	0	2	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	2	0	2	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

There were 2 allegations made at the facility in the 12 months preceding the onsite phase of the audit. Both of these allegations were for inmate on inmate sexual harassment.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

There were no investigations for sexual abuse at the facility during the 12 months preceding the onsite phase of the audit.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

There were no sexual abuse allegations at the facility during the 12 months preceding the audit.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	2
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	2

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations or subsequent investigations.
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i><u>Sexual Harassment Investigation Files Selected for Review</u></i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no staff on inmate sexual harassment allegations or subsequent investigations during the 12 months preceding the onsite audit.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)

	<input type="checkbox"/> Other
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PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Elimination Act (PREA) Policy and Procedures

- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Agency Organizational Chart
- PREA Poster – Zero Tolerance, English and Spanish Version
- PREA Acknowledgement of Understanding Form
- Substance Abuse Treatment Facility Flyer
- Substance Abuse Treatment Facility Handout

Interviews:

- PREA Coordinator

Findings (By Provision):

115.211(a) The agency has a comprehensive PREA Policy which mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. The policies address preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator (PC), criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address detecting sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address responding to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211(b) The agency's organizational chart reflects that the PREA Coordinator (PC) position is an upper-level position which reports directly to the facility director. The PC was interviewed and reported that her primary job responsibility is PREA compliance. She stated that she has direct access to the facility director and can implement policies and practices as necessary to ensure sexual safety requirements. She stated that she has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA standards.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF), PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Contract Administrator

Findings (By Provision):

115.212 (a): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.

115.212 (b): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.

115.212 (c): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.

Interview with the Facility Director who is also the Agency Contract Administrator confirmed that Nueces County Substance Abuse Treatment Facility does not contract with other entities for the confinement of residents. Based on this, this standard is not applicable.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- 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 ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County CSCD Residential Staffing Plan
- Facility Staffing Plan Deviation Form

Interviews:

- Facility Director
- PREA Coordinator

Findings (By Provision):

115.213 (a): The facility policy indicates that the facility has a staffing plan that provides for adequate levels of staffing and is also enhanced by video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video surveillance, the facility considers the physical layout of the facility, the composition of the resident population, the prevalence of any incidents of sexual abuse and any other relevant factors.

115.213 (b): The PREA Coordinator is responsible for reviewing the PREA staffing Plan in conjunction with the daily Residential Monitor Schedule. In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Notifications are then made to the Facility Director. Interviews with the PREA Coordinator and the Facility Director indicated that when there is a shortage of staff for illness or other circumstance, other staff are utilized to fill in. At times, administrative staff are also utilized to ensure that the facility staffing plan is adhered to and avoids deviations.

There are numerous video cameras throughout the facility with rotating, zoom and retention abilities. This surveillance system further enhances the established staffing plan. In conjunction with this, there are also concave mirrors in key area throughout the facility.

115.213 (c): The facility staffing plan is reviewed no less than once annually by facility administration in collaboration with the PREA Coordinator. The facility staffing plan assessment review is documented and recommendations and modifications are implemented as appropriate. The assessment determines and documents whether adjustments are needed to the established staffing plan, prevailing staffing patterns, the use of video monitoring systems and other monitoring technologies, and any other resources the facility has available to commit to ensure adequate staffing levels.

Based on a review of the facility PREA policy, the PAQ, the staffing plan, the staff rosters and observations made during the tour and interviews with the Facility Director and PREA Coordinator, this standard appears to be compliant.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (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 residents.)
☒ Yes ☐ No ☐ 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 residents.) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☐ Yes ☒ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Strip Search Procedures
- PREA Staff Training – Sign-in Sheets
- Training Curriculum

Interviews:

- Random Staff
- Random Residents

Findings (By Provision):

115.215 (a): The Nueces County SATF PREA Policy prohibits body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches in general. Interviews with staff indicated that male residents are strip searched by male staff only and female residents are strip searched by female staff only. Interviews with residents indicated that none had been naked in front of staff of the opposite gender. There were no non-medical staff who were involved in cross-gender strip or visual searches.

115.215 (b): The Nueces County SATF PREA Policy prohibits staff from conducting cross gender pat searches of residents. The PAQ indicated that no female residents were searched by male staff. Interviews with random staff and random residents indicated that there are almost always a female staff member to pat search the female residents. In instances where there may not be a female staff member available to conduct a pat search of female residents, the male staff will do a “no contact” search in which the residents are to turn their pockets inside out, untuck their shirt, take off shoes and socks and go through a metal detector.

115.215 (c): The Nueces County SATF PREA policy requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female residents.

The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months at this facility.

115.215 (d): The Nueces County SATF PREA policy indicates that the facility enables residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random residents and interviews with random staff indicated that residents have privacy when showering, using the restroom and changing clothes via privacy barriers. A tour through the facility noted that each resident housing room had a bathroom with a door and a shower with a curtain. There are also outer doors to the rooms which lead into the hallway. Interviews with random residents and random staff confirm that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor observed postings on the door of all housing units reminding opposite gender staff to announce their presence prior to entering. When the audit team entered a housing unit during the tour staff announced, “female in the dorm” or in the female housing unit, the male staff announced “male in the unit”.

115.215 (e): The Nueces County SATF PREA policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The PAQ indicated that there are no transgender residents at the facility and there have not been within the past twelve months. Interviews with random residents and random staff indicated there have not been any transgender residents in the facility at any time that they could remember. Interviews with a random sample of staff also indicated that residents would not be searched or physically examined for the sole purpose of determining their genital status.

115.215 (f): The Nueces County SATF PREA Policy requires that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 100% of security staff had received training in how to conduct pat searches. A review of a random sample of training records indicated that staff had received the PREA training, which included a video on searches, including cross-gender strip and cross-gender visual body searches. . Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner. Interviews with random staff indicated that they were able to describe what an exigent search would be and knew that these searches would need to be authorized and documented.

Based on a review of the PAQ, the PREA policy, Staff training curriculum, a random sample of staff training records, observations made during the tour to include the presence of opposite gender announcement postings, opposite gender announcements in housing units, bathrooms with doors and shower curtains in resident housing areas as well as information from interviews with random staff, and random residents related to privacy in the bathroom as well as training on professional and respectful searches indicate this standard appears to be compliant.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☐ Yes ☒ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☐ Yes ☒ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☐ Yes ☒ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☐ Yes ☒ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (PAQ)
- What you Should Know – video Spanish / English
- Resident's Guide for Prevention and Reporting Sexual Abuse and Harassment in Community Corrections Facilities

- Nueces County Resident Handbook – English / Spanish
- Resident Zero Tolerance Policy Information Sheet – English / Spanish
- Resident PREA Acknowledgment Form – English / Spanish
- PREA posters – English / Spanish

Interviews:

- Agency Head (Facility Director)
- Random Staff
- Random Residents

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.216 (a): The facility PREA policy establishes the procedure to provide disabled residents an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing are provided information in written format while residents who are blind or have an intellectual/cognitive disability would be read PREA information by staff. Interviews with the Agency Head indicated that residents receive PREA information in a format that they can understand. During the tour, the PREA signage was observed to be in large text and in English as well as Spanish. PREA information is provided to the resident population through various methods: video, pamphlets and posters in English and in Spanish and verbally by staff.

115.216 (b): The facility PREA policy establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). The agency has a staff translator list which is utilized by the facility for any residents who are LEP. Policy and interviews indicate that the agency's PREA information is available in numerous formats to include; written (English and Spanish), and video in English and Spanish and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and residents indicated that the residents received PREA information in a format that they can understand. All of the residents interviewed indicated that they had received PREA education in a manner that they could understand. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.216 (c): The facility PREA policy prohibits the use of resident interpreters for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where a resident was utilized for this purpose. Interviews with a random sample of staff indicated that residents are not utilized to translate for PREA purposes. Staff indicated that they had a list of staff they could utilize to translate in these types of circumstances. Interviews with residents indicated that other inmates were not utilized to translate for them or provide assistance. There were no LEP residents at the facility at the time of the onsite audit. The facility provided a list of staff both at the facility and in the agency who speak and can translate in languages other than English.

Based on a review of the PAQ, the PREA policy, the staff translator list, the observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, and random residents indicates that this standard appears to be compliant.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County CSCD PREA Administrative Adjudication and Institutional Reference Check Form and Employee samples
- Employee Code of Conduct
- Employment Application Supplement Form
- Conditions of Employment Form
- List of staff hired in the last 12 months
- Staff list with criminal background checks with dates

Interviews:

- Human Resources staff

Findings (By Provision):

115.217 (a): The facility PREA policy indicates that the agency will not hire or promote anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.

115.217 (b): The facility PREA policy indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with residents. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.217 (c): The facility PREA policy indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated

allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with residents. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with residents had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had a criminal background completed initially and annually thereafter. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.217 (d): The facility PREA policy indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that 100% of the staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.217 (e): The facility PREA policy outlines the system that is in place to capture criminal background information. All staff and contractors are fingerprinted and anytime an individual in this system is arrested, the facility is immediately notified. This system is more efficient than annual background checks as it is live information and the agency is notified immediately and able to terminate employment. All staff have an annual background completed each year in addition to the fingerprint process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the system and that any arrests are immediately reported to the agency.

115.217 (f): The facility PREA policy indicates that the agency will ask all applicants and employees who have contact with residents directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their supplemental application. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the employment application supplement that is required for all applicants.

115.217 (g): The facility PREA policy indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.217 (h): The facility PREA policy indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the facility PREA policy, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Video Surveillance System Schematic Layout

- Video Surveillance System Description

Interviews:

- Agency Head
- Facility Director

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any modifications to the facility since August 20, 2012. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.218 (b): The facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. An invoice was provided by the facility which shows a purchase order for six (6) 18" convex safety mirrors which were purchase on 12/01/2021. The facility PREA policy indicates that prior to new installation the Surveillance Systems Coordinator must coordinate with the PCM to ensure the facility's ability to protect inmates from sexual abuse. The PAQ as well as interviews with the Agency Head and the Facility Director confirmed there have only been the purchase of the safety mirrors. Cameras were noticed by the auditor throughout the facility and observation was also made of the video feed at various locations throughout the facility as well as the use of safety mirrors.

Based upon the onsite observations, interviews with the Agency Head and the Facility Director as well as a review of the provided documents, this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- MOU with The Purple Door

- Community Partnership Agreement between Nueces County Substance Abuse Treatment Facility and the Nueces County Sheriff's Office
- Community Partnership Agreement between Nueces County Substance Abuse Treatment Facility and the Corpus Christi Police Department
- Facility Sexual Abuse and Sexual Harassment Incident Form
- The Purple Door Sexual Assault Training curriculum

Interviews:

- Random Staff
- CARE Team Clinical Director at SAFE Hospital
- Program Supervisor, The Purple Door
- PREA Coordinator
- Residents who Reported a Sexual Abuse

Findings (By Provision):

115.221 (a): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Corpus Christi Police Department is responsible for conducting criminal investigations. The facility has a community partnership agreement with the Nueces County Sheriff's Office and the Corpus Christi Police Department. According to the MOU, it is agreed and understood that both law enforcement agencies will provide investigative services to residents and staff of the Nueces County SATF pursuant to this standard. On a 24 hour, 7 days a week basis. Interviews with random staff indicated they are aware of evidence protocol. They indicated they were aware of how to preserve evidence.

115.221 (b): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as PREA policy this was developed appropriate for youth and was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".

115.221 (c): The facility PREA policy indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. The inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The hospital providing forensic exams is the Doctors Regional Medical Center in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. The hospital provides sexual assault exams by Sexual Assault Nurse Examiners / Forensic Examiners. These exams are offered without financial cost to the victim or the victim's family. The PAQ indicated that during the previous twelve months, there have been no forensic exams conducted. The PAQ indicated that if needed, these exams would be completed at the local hospital which provides a SANE/SAFE or a qualified medical practitioner. Medical staff were interviewed and verified that forensic medical exams are conducted at the local hospital, if one is needed and that the exams are provided by a qualified medical practitioner.

115.221 (d): The facility PREA policy outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. The facility has an MOU in place with The Purple Door. This agency provides mental health

counseling, victim advocacy and emotional support services to residents at Nueces County SATF. Interviews with the residents and staff indicated the Purple Door is available to provide advocacy services if needed or requested. Residents interviewed were aware of this information. Residents stated to the auditor that they are not allowed to use the phone during the first month they are at the facility and after that, they can only use the phone to call numbers on their approved phone list. This information was relayed to staff who have had their phone service provider (Securus) to add The Purple Door as well as other emergency numbers to be able to be dialed directly from the resident phones even during the first 30 days of their residency at the facility. This information was also updated in the resident handbook and in intake information and other posted information throughout the facility. The Purple Door staff will accompany the resident victim to the hospital if there is a sexual assault exam. Interviews with the PC and residents as well as a conversation with staff at The Purple Door indicated that this was the process.

115.221 (e): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center (The Purple Door) will be available to the resident victim. The facility does have an MOU in place with a local community provider, The Purple Door. Interviews with the residents and the staff indicated The Purple Door is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.

115.221 (f): The facility is responsible for conducting administrative investigations while the Corpus Christi Police Department and the Nueces County Sheriff's Office is responsible for conducting criminal investigations. The PD and SO are independent of the agency, however the MOUS with these agencies indicate they are required to comply with all federal PREA standards.

115.221 (g): The facility is responsible for conducting administrative investigations while the Corpus Christi Police Department and the Nueces County Sheriff's Office is responsible for conducting criminal investigations. The PD and SO are independent of the agency, however the MOUS with these agencies indicate they are required to comply with all federal PREA standards.

115.221 (h): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center (The Purple Door) will be available to the resident victim. The facility does have an MOU in place with a local community provider, The Purple Door. Interviews with the residents and the staff indicated The Purple Door is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.

Based on a review of the PAQ, the facility PREA policy, MOU with The Purple Door, Corpus Christ PD and Nueces County SO and information from interviews with the PREA Coordinator and interview responses from residents, this standard appears to be compliant.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults / Adolescents
- MOU between Nueces County Substance Abuse Treatment Facility and The Purple Door
- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Nueces County Sheriff's Office
- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Corpus Christi Police Department
- Facility Sexual Abuse and Sexual Harassment Incident Form

Interviews:

- Agency Head
- Investigative Staff

Findings (By Provision):

115.222 (a): The facility PREA policy outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The PC is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the PC will ensure an administrative investigation is completed promptly. The PAQ indicated that there were 2 allegations reported within the previous twelve months. A review of documentation confirmed there were 2 allegations reported. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility and/or criminally by local law enforcement. The interview also indicated the criminal investigators had received specialized investigator training. A review of the investigative reports indicate that they include a documentation of the findings.

115.222 (b): The facility PREA policy and MOUs with the local police department and sheriff's office indicate that these law enforcement agencies are the primary investigative entities for conducting criminal investigations at the facility. Interviews with investigative staff at the facility and contact made with the local sheriff's office and police department indicate that these agencies have the legal authority to conduct criminal investigations.

The policy regarding investigations is published on the agency's website:

[Microsoft Word - 2021-1227PREA-Policy.docx \(nuecescountyprobation.com\)](#)

115.222 (c): The facility PREA policy and MOUs with the local police department and sheriff's office indicate that these law enforcement agencies are the primary investigative entities for conducting criminal investigations at the facility. The policy outlines the responsibilities of the Nueces SATF and local law enforcement agencies as it relates to investigations.

115.222 (d): N/A

115.222 (e): N/A

Based on a review of the PAQ, the facility PREA policy, MOUs with the Corpus Christi Police Department and the Nueces County Sheriff's Office, the agency's website and information obtained via interviews with the Agency Head and Investigators, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Training Sign-In Sheets
- PREA Training Power-point
- PREA Staff Acknowledgment of Understanding Form
- PREA Brochure for staff, volunteers and contractors – English / Spanish
- National Curriculum and Training Institution, Preventing Sexual Misconduct Against Offenders
- Sexual Assault information sheet for staff

Interviews:

- Random Staff

Findings (By Provision):

115.231 (a): The facility PREA plan indicates that all staff are required to receive PREA training. A review of the PREA training curriculum confirms that the agency trains all employees who may have contact with residents on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training weekly at shift meetings and monthly at other meetings. The PC ensures that staff are trained on a different section of PREA monthly. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.

115.231 (b): The facility PREA policy indicates that the training shall be tailored to the gender of the residents at the unit of assignment and that the employee shall receive additional training when transferring to a unit with residents of a different gender. The facility houses male and female residents. The staff receive training tailored to both male and female residents. The PAQ indicated that training is tailored to the gender of the residents at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training.

115.231 (c): The PAQ indicated that 39 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings, staff are provided PREA information at shift turnouts. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.

115.231 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.

Based on a review of the PAQ, the facility PREA policy, the PREA staff training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that this standard is compliant.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Training for Volunteers
- Volunteer Handbook
- PREA Acknowledgement of Understanding Form
- PREA Training Sign-In Sheets
- PREA Training Power-point
- PREA Brochure for staff, volunteers and contractors – English / Spanish

Findings (By Provision):

115.232 (a): The PAQ indicated that volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive training and as well as information in the volunteer handbook. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents. The PAQ indicated that 0 volunteers and 10 contractors (food service) had received PREA training. There are no volunteers coming into the facility at this time due to covid precautions. A review of sample training documents for contractors indicated that those reviewed received PREA training. Additionally, the interviews conducted with the contract staff confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to facility staff if they were informed of an allegation.

115.232 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the PREA training and receive information in the volunteer handbook. Both the training and the handbook provide information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents. Interviews with contractors indicated that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation. There are no volunteers coming to the facility at this time due to covid precautions.

115.232 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that those reviewed had signed the Acknowledgment of Volunteer Training form. These forms document that they received and understood the training. There are no volunteers coming into the facility at this time due to covid precautions.

Based on a review of the PAQ, the facility PREA policy, the PREA training video transcript, the volunteer handbook, and a review of a sample of contractor training records as well as interviews with contractors indicate that this standard appears to be compliant.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 14
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Residents Acknowledgement Form, English / Spanish
- PREA Brochure for Residents, English / Spanish
- Resident PREA Education Video, English / Spanish
- Nueces County SATF Resident Handbook

Interviews:

- Intake Staff
- Random Residents

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.233 (a): The facility PREA policy outlines the requirement for residents to receive PREA education. In most cases, the SATF provides residents with information regarding their rights to be free from sexual

abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents within seventy-two (72) hours of the intake process. The PAQ indicated that 84 residents received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of residents who received this information at intake. A review of documentation indicated the resident handbook as well as the PREA brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to residents at intake. A review of a sample of resident files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Residents were provided a handout/brochure and were also asked the risk screening questions during this time. A video of the PREA education is playing in the intake area. The interview with intake staff indicated that the facility provides residents information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random residents that were interviewed indicated that they received PREA information at the time of intake.

115.233 (b): The facility PREA policy outlines the requirement for residents to receive PREA education, specifically the comprehensive education. The policy indicates that the Sexual Abuse/PREA Awareness video will be shown to all residents within 30 days of arrival into facility. A review of the video transcript indicated that residents were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agencies policies and procedures related to prevention, detection and response. The PAQ indicated that 84 residents received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of a sample of resident files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. Interviews with the intake staff and random residents confirmed that all residents receive comprehensive PREA education via a video.

115.233 (c): Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews indicate that the facility provides the PREA education in English and Spanish, to include resident handbooks, pamphlets and posters.

115.233 (d): Intake Staff documents verification of resident orientation and education on PREA by completing the Resident PREA acknowledgment form. The form is maintained by the PC. All residents, including those transferred from another facility also receive comprehensive PREA information. Intake staff have residents sign and acknowledge the PREA Acknowledgment form informing residents on how to make reports of sexual abuse and sexual harassment along with the PREA brochure with contact numbers to outside counseling services.

115.233 (e): PREA information posters are displayed throughout the facility and information is given to the residents in the resident handbook. The PREA information is continuously and readily available or visible to residents at the facility.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, the PREA brochure, the PREA education video, a sample of resident records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random residents, this facility appears to be compliant.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- National Institute of Corrections (NIC) Specialized Training for Investigations – “Investigating Sexual Abuse in Confinement Settings”
- PREA Resource Center, The Moss Group Specialized Investigations Training, dated 12/2013
- Investigator Certifications

Interviews:

- Investigative Staff

Findings (by provision):

115.234 (a): The facility PREA policy indicates that the PC shall ensure that more than one person at the facility receives training as a sexual abuse investigator. Nueces County SATF has three (3) investigators including the facility director who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The facility provided copies of all three investigators completed specialized training certificates.

115.234 (b): The facility investigators specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.235 (c): The facility provided copies of specialized training certificates documenting that all three investigators at the facility had completed specialized investigation training.

115.234 (d): N/A

Based on a review of the PAQ, the investigation training curriculum, a review of the investigator training records and certificates, and interviews with investigation staff this standard appears to be compliant.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.235 (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.)
☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) x Yes ☐ No ☐ NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- National Institute of Corrections (NIC) Specialized Training for Medical Staff, p. 9
- PREA Resource Center – PREA Medical and Mental Care Standards Notification of Curriculum Utilization, December 2013

Findings (by provision):

115.235 (a): The facility PREA policy (p.9) indicates that medical and mental health care professionals who work regularly in the facility shall receive specialized medical training on a biennial basis from the National Institute of Corrections – PREA 201 for Medical and Mental Health Practitioners. This training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of sexual abuse and sexual harassment. Interviews with medical staff indicated that they had completed this training. Counselors at the facility are drug treatment counselors and are not classified as mental health. Mental health services are provided through an MOU with The Purple Door. Training records were provided to show that medical staff have received specialized training.

115.235 (b): Forensic exams are not conducted by facility medical staff. The facility has a MOU with Doctors Regional Hospital in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. This hospital provides sexual assault exams by a certified Sexual Assault Nurse Examiner/Forensic Examiner.

115.235 (c): Medical staff at the facility have received specialized training via [Specialized Training: PREA Medical and Mental Care Standards | National Institute of Corrections \(nicic.gov\)](#)

The facility also provided the training curriculum utilized: Specialized Training, PREA Medical and Mental Care Standards, PREA Resource Center, September 2013. Documentation was provided of medical staff certificates of specialized training.

115.235 (d): The facility PREA policy indicates that all staff, including medical staff shall be trained on their responsibilities under the zero-tolerance policy for sexual abuse and sexual harassment. Training documentation was provided for medical staff which verifies the training received.

Based on the PAQ, the facility PREA policy, the NIC training curriculum, training records and certificates and interviews with medical staff, this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- 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 ☐ No
- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

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

115.241 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 6, 13, 14.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Abuse Victimization and Abusiveness Screening Form
- Sexual Abuse Victimization and Abusiveness Re-Assessment Form

Interviews:

- Staff Responsible for Risk Screening
- Random Residents
- PREA Coordinator

Findings (By Provision):

115.241 (a): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake area, however this area is not where the risk screening occurs. The risk screening is conducted in a private office setting, typically with the PC. Interviews with random residents confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that residents are screened at intake and that the offender assessment screening form is completed by the residential counselors.

115.241 (b): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other residents or sexually abusive toward other residents within 72 hours. The PAQ indicated that residents are screened within this timeframe and that 84 residents were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of resident files confirmed that this screening ordinarily takes place within 72 hours.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Sexual Abuse Victimization and Abusiveness form indicated that residents are asked these questions by staff.

115.241 (d): A review of the Sexual Abuse Victimization and Abusiveness form indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the resident has a mental, physical or developmental disability; the age of the resident; the physical build of the resident; whether the resident was previously incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the resident has previously experienced sexual victimization and the resident's own perception of vulnerability. Residents at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.

115.241 (e): A review of the Sexual Abuse Victimization and Abusiveness form confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the resident is a potential predator and how to house accordingly.

115.241 (f): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that all residents were reassessed within 30 days. An interview with staff responsible for the risk screening indicated that residents are reassessed between 15 and 30 days. Interview with random residents indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of resident files who had been housed at this facility for a more extended period of time indicated that residents are being reassessed within the 30-day timeframe.

115.241 (g): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that residents are re-assessed by the residential counselors and also in the event of new information arising or incidents occurring which may indicate a change in the resident's risk need. Interviews with random residents indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of resident files indicated that residents are being reassessed.

115.241 (h): A review of the facility PREA policy indicates that residents would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the resident has a mental, physical or developmental disability; whether or not the resident is or is not perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the resident previously experienced sexual victimization and the resident's own perception of vulnerability. The PAQ indicated that residents are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that residents are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random residents confirmed that they have never been disciplined for not answering any screening questions.

115.241 (i): The facility PREA policy, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Interviews with the PREA Coordinator and staff responsible for the risk screening indicate that the information obtained during the risk screening is only assessable to the PC and the residential counselors. The residential counselors keep the risk screening in files securely locked and staff only use this information to keep residents safe through assignment of housing, work and programs.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the facility PREA policy, the Sexual Abuse Victimization and Abusiveness form, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.

Standard 115.242: Use of screening information

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

115.242 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 15.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Victimization and Abusiveness Screening Form
- Sexual Victimization and Abusiveness Screening Re-Assessment Tracking Form
- Housing Assignments

Interviews:

- PREA Coordinator
- Staff Responsible for Risk Screening
- Random Residents

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments
3. Showers in Housing Units

Findings (By Provision):

115.242 (a): The facility PREA policy indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate residents at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for the risk screening indicated that the information is used to make housing determinations and job assignment determinations. Interviews confirmed that residents at high risk of victimization would not be authorized work assignments or program/education assignments with residents at high risk of being sexually abusive. A review of resident files and of resident housing and work assignments confirmed that residents at high risk of victimization and residents at high risk of being sexually abusive were not housed together.

115.242 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each resident. The interview with the staff responsible for the risk screening indicates that all resident risk assessments are reviewed by the PC to determine the safest housing, work and program assignments and they would not be placed in the same room. The PC is involved with all housing of residents who are at high risk of victimization or high risk of being sexually abusive.

115.242 (c): The facility PREA policy indicates that housing assignments for all residents are considered on a case-by-case basis to ensure the resident's health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place. The interview with the PC indicated that these housing determinations are typically made on a case-by-case basis. Safety and security are taken into consideration when assigning housing. Interviews with residents

indicated that they were all asked about their safety by staff at the facility. There were no transgender residents at the facility at the time of the onsite audit.

115.242 (d): The facility PREA policy indicates that the inmate's own views with respect to his or her safety is given serious consideration. There were no transgender residents at the facility at the time of the onsite audit. Interviews with the PC, risk screening staff and random residents indicates that inmates are asked about their own perceptions of vulnerability and abusiveness during the risk screening.

115.242 (e): All residents are allowed to shower separately from other residents. Observations from the facility tour showed that each room has a separate bathroom with a door and a shower with a curtain. There is also a door on each room which separates the room from the hallway. There were no transgender residents at the facility during the onsite phase of the audit.

115.242 (f): The PAQ and a review of the housing assignments for residents who identify as LGBTI indicated that these residents were assigned to various rooms in the facility. Interviews with the PC and random residents indicated that there are no dedicated rooms in the facility for LGBTI residents.

Based on a review of the PAQ, the facility PREA policy, a review of resident housing assignments, a review of resident's assessments and information from interviews with the PC, staff responsible for conducting risk screenings, random residents and LGBTI residents, indicate that this facility meets this standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 14.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Resident Handbook
- Nueces County Brochure, English / Spanish
- Nueces County Resident Grievance Form
- PREA Posters
- Facility Reporting Notice

Interviews:

- Random Staff
- Random Residents
- PREA Coordinator

Site Review Observations:

1. Observation of PREA posters - English and Spanish

Findings (By Provision):

115.251 (a): The facility PREA policy outlines the multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the resident handbook, the PREA brochure and PREA signage indicated that there are multiple ways for residents to report. These reporting mechanisms include: by submitting an "I Need Assistance" (INA) form to the PREA Coordinator, PREA Investigator(s), the Facility Director or PREA Compliance Manager; verbally telling any employee; having a family member or trusted 3rd party call the facility to make a report; contacting the facility Nurse, or reporting to the Sheriff's Office or Corpus Christi Police Department. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in the housing areas, hallways, education rooms, medical, lobby and throughout the facility. Interviews with a sample of residents confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most residents indicated that they would ask to speak to the PC, fill out a request form or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that residents have multiple ways (those indicated above) to report sexual abuse and sexual harassment.

115.251 (b): The facility PREA policy indicates that the agency has a way for residents to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the resident handbook, the PREA brochure and PREA signage confirm the agency provides information and phone numbers for the outside entity reporting method. The outside entity is the Corpus Christi Police Department and the Nueces County Sheriff's Office. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in numerous locations throughout the facility. Residents can also have a third-party call the facility or local law enforcement. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. Interviews with a sample of residents confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area and throughout the facility.

115.251 (c): The facility PREA plan notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the resident handbook, the PREA brochure and PREA signage indicated residents could report verbally, in writing, anonymously or through a third party. Interviews with a sample of residents confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

115.251 (d): The facility PREA policy states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The PAQ indicates staff can privately report to the PREA Ombudsman's Office or to local law enforcement. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of residents to any supervisor, or to law enforcement directly.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, the PREA brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PC, random residents and random staff, this standard appears to be compliant.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(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 ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 16, 17.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Resident Handbook

Interviews:

- Residents Who Reported a Sexual Abuse (Harassment)

- Random Residents

Findings (By Provision):

115.252 (a): The facility PREA policy is the policy which specifies the use of inmate grievances. The PAQ indicated that the agency is not exempt from this standard.

115.252 (b): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require a resident to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the resident handbook indicated that it discusses the grievance procedures for the facility.

115.252 (c): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the resident may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the resident handbook indicated that it contains the grievance procedures for the facility.

115.252 (d): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the resident to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The resident must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the resident does not receive a response within the allotted timeframe, the resident will consider the absence of a response to be a denial. The PAQ indicated that there have been no grievances of sexual abuse filed in the previous twelve months. A review of the resident handbook indicated that it contains the grievance procedures for the facility. Interviews with residents who filed a report (harassment) indicated that they received a response within 90 days of filing. (these were not reported using the grievance process).

115.252 (e): The facility PREA policy outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist residents in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the resident. In addition, it states that if a third party files a report on behalf of a resident that the agency may require the alleged victim to agree with the request prior to filing and if the resident declines, the facility will require the agency to document the resident's decision. No grievances were filed via third party in the past 12 months.

115.252 (f): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides residents the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months.

115.252 (g): The facility PREA policy indicates that a resident may be disciplined for filing a grievance in bad faith. The PAQ indicated that zero residents had been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the grievances filed in the previous twelve months showed that none resulted in disciplinary action against the inmate for having filed the grievance in bad faith.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, and information obtained from interviews with residents, this standard appears to be compliant.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 11.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County Brochure, English / Spanish
- Memorandum of Understanding (MOU) with The Purple Door dated 7/16/18
- Resident Handbook
- PREA Posters

Interviews:

- Random Residents
- Residents Who Reported a Sexual Abuse (Harassment)

Findings (By Provision):

115.253 (a): The facility PREA policy indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving residents mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that residents were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The Purple Door is the agency which provides these services to the Nueces County SATF. Interviews with random residents and residents who reported sexual harassment indicated that they were familiar with the process of having emotional support services.

115.253 (b): The facility PREA policy confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. A review of the resident handbook (p.8) indicated any call made from the facility may be recorded. Interviews with random residents and residents who reported sexual harassment indicated that they were familiar with the process of having emotional support services. They were also aware that calls made from the facility may be recorded.

115.253 (c): This facility has a MOU with a community provider to provide emotional support services for victims of sexual abuse, which is The Purple Door. Residents are allowed to make phone calls to this or any provider by requesting from staff that they be allowed to call or by using the resident phones.

Based on a review of the facility PREA policy, the resident handbook, the MOU with a community provider to provide confidential emotional support services related to sexual abuse (The Purple Door),

observations from the facility tour related to PREA signage and posted information and interviews with random residents and residents who reported sexual harassment, as well as interviews with staff, this standard appears to be compliant.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp 17, 21, 24.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County Brochure, English / Spanish

Interviews:

- Random Residents
- Random Staff
- PREA Coordinator

- Facility Director

Findings (By Provision):

115.254 (a): The facility PREA policy states that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. A review of the agency's website confirms that third parties can report on behalf of a resident. Third parties can report directly to the facility director, the PREA Coordinator, the Human Resources Director and the Clinical Supervisor. Reports can also be made anonymously to the Corpus Christ Police Department or the Nueces County Sheriff's Department and can do so through written format, verbally and anonymously.

Based on a review of the PREA policy and the agency's website, this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (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 ☐ No

115.261 (c)

- 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 ☐ No
- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures. Pp. 6, 16, 17.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Random Staff
- Medical / Mental Health Staff
- Facility Director
- PREA Coordinator

Findings (By Provision):

115.261 (a): The facility PREA policy outlines the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any resident or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.261 (b): The facility PREA policy describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information except for the requirement to complete a written report of the incident.

115.261 (c): The facility PREA policy indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform residents of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform residents of the limits of confidentiality.

115.261 (d): The facility PREA policy indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Facility Director indicated that they had not had any of these reports but if they did, the facility would report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The facility PREA policy indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported. The PAQ along with the interview with the Facility Director confirmed that this is the practice.

Based on a review of the PAQ, the facility PREA policy and interviews with medical, mental health, the PREA Coordinator and the Facility Director confirm this standard appears to be compliant.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 13, 16, 19.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Head
- Facility Director
- Random Staff

Findings (By Provision):

115.262 (a): The facility PREA policy indicates that when the agency learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The PAQ noted that there were no residents who were determined to be at risk of imminent sexual abuse. Interviews with random staff indicated that if a resident is having issues with other residents, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and the Facility Director indicated that any resident at risk would be removed from the situation immediately and an investigation would commence. The resident's job assignment, housing assignment and programming assignments would be reviewed. The resident may be moved to a different dorm, or moved to a new facility. Interviews with random staff indicated that they would immediately remove the resident from the situation.

Based on a review of the PAQ, the facility PREA policy and interviews with the Agency Head, Facility Warden and random staff indicate that this standard appears to be compliant.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 6, 20.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Head
- Facility Director
- PREA Coordinator

Findings (By Provision):

115.263 (a). The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will contact the outside entity where the abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility has not had any residents report that they were abused while confined at another facility.

115.263 (b): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, a head of the facility will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has not had any residents report that they were abused while confined at another facility.

115.263 (c): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has had no reports of sexual abuse received from another facility.

115.263 (d): The facility PREA policy indicates that if the facility receives information from another agency head that a resident alleged they were sexually abused while housed at the facility, the allegation will be immediately investigated. The PAQ indicated that during the previous twelve months, the facility has had no allegations of sexual abuse received from other facilities.

Based on a review of the PAQ, the Safe facility PREA policy and interviews with the Agency Head, the Facility Director and the PC this standard appears to be compliant.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 6, 19, 20.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Quick Reference Card for Staff – 1st Responder Duties
- PREA Coordinated Response Plan

- Sexual Assault Information Sheet

Interviews:

- Security Staff and Non-Security Staff First Responders
- Residents Who Reported a Sexual Abuse
- Random Staff
- PREA Coordinator

Findings (By Provision):

115.264 (a): The facility PREA policy describes staff first responder duties. Specifically, it requires that upon learning that a resident was sexually abused, the first staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been 2 allegations of sexual abuse (harassment). None of these allegations involved sexual abuse. The random staff interviewed were well versed in the specifics of their first responder duties. The staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct the residents not to destroy any physical evidence. Of the 2 allegations, there were no instances in which a staff member was the first to respond in which they separated the alleged victim and abuser. In the past 12 months there were no allegations in which staff were notified within a time period that still allowed for the collection of physical evidence. The allegations made were for sexual harassment and not for sexual abuse. The residents interviewed who reported a sexual abuse (harassment) stated that staff responded quickly and that they were separated from the alleged abuser immediately. The residents interviewed indicated that they believed that the situation was handled appropriately.

115.264 (b): The facility PREA policy describes staff first responder duties. Specifically, it requires that staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff are to tell the resident not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been 2 allegations of sexual harassment, but not sexual abuse. There were no instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) and random staff confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.

Based on a review of the PAQ, the facility PREA policy and interviews with staff first responders and residents who reported a sexual harassment, this standard appears to be compliant.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 6, 16, 20, 21.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Coordinated Response Plan Checklist

Interviews:

- Facility Director
- PREA Coordinator

Findings (By Provision):

115.265 (a): The PAQ indicated that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response plan shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Facility Director and PC confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response plan and the interview with the Facility Director and the PC, this standard appears to be compliant.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Head
- PREA Coordinator
- Facility Director

Findings (By Provision):

115.266 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any residents. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

115.266 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any residents. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

Based on a review of the PAQ and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 1, 12.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Retaliation Monitoring Report Form

Interviews:

- Agency Head
- Facility Director
- Staff Charged with Monitoring Retaliation
- Residents Who Reported a Sexual Abuse (Harassment)

Findings (By Provision):

115.267 (a): The facility PREA policy outlines the agency's method for protection against retaliation. It addresses that the agency will protect all residents and staff who report sexual abuse and sexual harassment from retaliation by other residents and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Coordinator or the Resident's Counselor (if appropriate) are responsible for monitoring for retaliation.

115.267 (b): The facility PREA policy outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect residents and staff. These measures include housing changes, facility transfers, removal of the alleged staff abuser from contact with the victim, work changes for residents, and, if necessary, emotional support services. There have been no allegations of retaliation nor any reported fear of retaliation at the facility in the past 12 months. All residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, the Facility Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline.

115.267 (c): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will monitor the residents or staff for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the resident or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any resident's disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The PREA Retaliation Monitoring Report is utilized by staff for monitoring staff and residents. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. As previously stated, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Retaliation monitoring staff indicated that they would review the resident for at least 90 days and would check the resident's disciplinary reports, housing change and program changes. Retaliation monitoring staff also indicated they would check performance reviews and post assignment changes of staff.

115.267 (d): The facility PREA plan outlines the agency's protection against retaliation. It addresses that the facility will monitor the resident for at least 90 days following a report of sexual abuse and will conduct periodic status checks. The agency has a policy that outlines the procedure and utilizes the PREA Retaliation Monitoring Report to ensure all requirements are met and staff and residents are safe from retaliation. Additionally, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the resident for at least 90 days and would perform periodic in person status checks. A review of the files for residents who have made a sexual abuse or harassment allegation indicated that the retaliation reviews were completed for all of the resident files reviewed.

115.267 (e): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and Facility Director indicated that they would employ the same protective measures as stated previously related to staff and residents to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.267 (f): The facility PREA policy states that if an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

Based on a review of the PAQ, the facility PREA policy and the PREA Retaliation Monitoring Report and interviews with the Agency Head, Facility Director, staff charged with monitoring for retaliation, residents who reported a sexual abuse or harassment, as well as a review of the completed retaliation monitoring forms, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (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 ☐ No

115.271 (c)

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

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

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

115.271 (i)

- 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 ☐ No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures. pp. 6, 22, 23.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Investigation Reports for two (2) allegations during the past twelve (12) months
- PREA Specialized Training for Investigators – PRC Instructors Guide
- Investigators Training Records
- Resident Allegation Status Notification
- Sexual Abuse Incident Review
- Record Retention Schedule

Interviews:

- Investigative Staff
- Residents Who Reported a Sexual Abuse (Harassment)
- Facility Director
- PREA Coordinator

Findings (By Provision):

115.271 (a): The facility PREA policy states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There were 2 allegations of sexual abuse or harassment at the facility for the previous twelve months. The interview with the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively. A review of the investigations for these allegations indicated that the criteria of this provision was met.

115.271 (b): The PAQ indicated that currently there are three (3) facility investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the criminal investigations are conducted by a local law enforcement entity. The facility investigators received specialized training through the agency.

115.271 (c): The facility PREA policy discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were no allegations of sexual abuse at the facility for the previous twelve months. The two allegations received were for sexual harassment. The investigations were reviewed and included electronic evidence collection as well as interviews. Due to the nature of the allegations, physical evidence was not applicable. The interviews with investigative staff confirmed that in the event of a sexual abuse, that an investigator would respond immediately, would require the victim to be taken for a “rape kit” and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable. Since the local law enforcement handles any criminal investigation, the facility investigator’s role would be as initial gatherers of information and preserving and securing the scene. Contact would be made with local law enforcement and support would be given to the investigation as needed.

115.271 (d): The facility PREA policy states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the investigative staff confirmed that they would consult with the law enforcement entity conducting the criminal investigation and that the law enforcement entity would consult the prosecutor prior to the interview.

115.271 (e): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s status as an inmate or staff member. Additionally, it indicates that residents would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigative staff confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on residents who allege sexual abuse. Also, interviews with residents who reported a PREA allegation confirmed that they were not required to take a polygraph test or anything equivalent.

115.271 (f): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Two (2) administrative investigations were conducted in the previous twelve months. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigations indicates that all of the aforementioned information is included as part of the investigative file.

115.271 (g): The facility PREA policy states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the investigative staff confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with investigative staff confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred, however, this would not be referred by the facility, but by the law enforcement agency conducting the criminal investigation.

115.271 (i): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that all written are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or control of the agency shall not provide a basis for terminating an investigation. The interview with investigative staff confirmed that all investigations are completed regardless of whether staff leave/resign or if residents depart the facility or agency's custody.

115.271 (k): N/A

115.271 (l): The facility PREA policy states the facility shall enter into a written Memorandum of Understanding with the outside agency investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. 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. Interviews with the Facility Director, PREA Coordinator, and Investigative Staff indicated that the agency and the local law enforcement have a MOU and have a great relationship and that information is shared from them with the PC who is also one of the facility investigators.

Based on a review of the PAQ, the facility PREA policy, investigative reports, training records and information from interviews with the Agency Head, Facility Director, PREA Coordinator, and investigative staff, and a resident who reported sexual abuse (harassment), this standard appears to be compliant.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 6, 24.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Investigation Reports for two (2) allegations during the past twelve (12) months

Interviews:

- Investigative Staff

Findings (By Provision):

115.272 (a): The facility PREA policy describes the administrative investigation process. Specifically, it indicates that the agency does not impose a higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that 2 sexual abuse/harassment administrative investigations were completed within the previous twelve months. Interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.

Based on a review of the PAQ, the facility PREA policy, the PREA Investigations Training and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 25.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Resident Allegation Status Notification form
- Notification of Outcome of Allegation (2)

Interviews:

- Facility Director
- Investigative Staff
- Residents Who Reported a Sexual Abuse (Harassment)
- PREA Coordinator

Findings (By Provision):

115.273 (a): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into an resident's sexual abuse allegation, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 2 administrative investigations completed within the previous twelve months. The notifications from these investigations were reviewed. The documents reviewed indicated that the residents were notified of the outcome of the investigation via memo. The interviews with the Facility Director and the Investigative staff confirmed that residents are informed of the outcome of the investigation into their allegation. Interviews were conducted with residents who had filed an allegation of sexual abuse and/or sexual harassment. These residents stated

to the auditor that they were notified of the outcome of the investigation. Documentation of this was noted in the investigation files of these residents.

115.273 (b): The facility PREA policy states that if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. A local law enforcement entity is responsible for conducting all criminal and certain administrative investigations for the agency. The law enforcement entity provides the outcome of the investigation to PREA Coordinator who in turn provides the memo to notify the resident. The PAQ indicated that there were no investigations completed within the previous twelve months by an outside agency.

115.273 (c): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into an resident's sexual abuse allegation against a staff member, the agency will inform the resident as to whether the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegations of sexual abuse/sexual harassment committed by a staff member against a resident in the previous twelve months.

115.273 (d): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into an resident's sexual abuse allegation by another resident, the agency will inform the resident as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which a staff member was indicted in the previous twelve months.

115.273 (e): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were two (2) notifications made during the audit period. The documents reviewed indicated that the residents were notified of the outcome of the investigation via memo.

115.273 (f): N/A

Based on a review of the PAQ, the facility PREA policy, notifications and information from interviews with the Facility Director and investigative staff and residents who had reported a sexual abuse or sexual harassment, this standard appears to be compliant.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 26.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Employee Code of Conduct

- Employment Application Supplement form
- Conditions of Employment form

Interviews:

- Agency Head
- PREA Coordinator
- Facility Director
- Human Resources Manager

Findings (By Provision):

115.276 (a): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.276 (b): The facility PREA policy indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.276 (c): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.276 (d): The facility PREA policy indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, the PREA policy, this standard appears to be compliant.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 26.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Facility Director
- PREA Coordinator

Findings (By Provision):

115.277 (a): The facility PREA policy describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is

prohibited from contact with residents and will be reported to law enforcement and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.277 (b): The facility PREA policy and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Facility Director and the PC indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.

Based on a review of the PAQ, the facility PREA policy and information from interviews with the Warden and PC, this standard appears to be compliant.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (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 ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 25, 26.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Resident Handbook

Interviews:

- Facility Director
- Medical / Mental Health Staff
- PREA Coordinator

Findings (By Provision):

115.278 (a): The facility PREA policy describes the disciplinary process for residents. Specifically, it states that residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months.

115.278 (b): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director and PC indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.278 (c): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the disciplinary process will consider whether the resident's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable. Prior to any discipline the resident would be seen by mental health and the mental health staff would complete a form indicating if the resident's mental health contributed to the actions.

115.278 (d): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits.

115.278 (e): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where residents have been disciplined for sexual contact with staff.

115.278 (f): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that residents will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where residents have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.278 (g): The facility PREA policy describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the facility PREA policy and information from interviews with the Facility Director, PC and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 17.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Memorandum of Understand with The Purple Door

Interviews:

- Medical / Mental Health Staff
- The Purple Door – staff
- Residents Who Reported a Sexual Abuse (Harassment)
- Random Staff
- PREA Coordinator
- Contact with Local Hospital providing SAFE/SANE Exams

Findings (By Provision):

115.282 (a): The facility PREA policy describes the residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. All areas were private and allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that residents receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours.

115.282 (b): The facility PREA policy and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the resident would be transported to the nearest hospital emergency room

that had medical staff qualified to conduct forensic medical examinations. The interviews with first responders indicated the resident would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the resident the required medical attention. During the past 12 months, there have been two instances in which residents were transported to the local hospital for a forensic exam. Documentation of this is also in the investigative files. The facility has a MOU with Doctor's Regional Medical Center in Corpus Christi, Texas (a local hospital) for outside medical services to include forensic exams. A review of the website for this hospital describes the forensic services that are provided both to citizens in the community and to correctional facilities in the area.

115.282 (c): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, they indicate that resident victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that residents receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.282 (d): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility who had reported a sexual abuse, however, interviews with the residents who had reported sexual harassment and received mental health services stated that they were not charged for this service.

Based on a review of the PAQ, the facility PREA policy and information from interviews with medical and mental health care staff as well as interviews with residents indicated that this standard appears to be compliant.

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- 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 ☐ No ☐ NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Memorandum of Understanding with The Purple Door
- PREA Brochure for Residents

Interviews:

- Medical / Mental Health Staff
- Residents Who Reported a Sexual Abuse (Harassment)
- Random Residents
- PREA Coordinator
- The Purple Door – Staff
- Contact with Local Hospital

Findings (By Provision):

115.283 (a): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room which was private and allowed for adequate confidentiality.

115.283 (b): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. It also describes services for those inmates being released from the agency's custody. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. There were no residents who reported sexual abuse at the facility during the onsite phase of the audit nor in the past 12 months, however interviews with residents who had reported sexual harassment indicated that they were offered and some received mental health counseling services through the community service provided, The Purple Door.

115.283 (c): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations.

Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.283 (d): The facility PREA policy states that female resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests.

115.283 (e): The facility PREA policy states that female residents who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to all lawful pregnancy related medical services.

115.283 (f): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. There were no forensic exams conducted in the past 12 months for this facility.

115.283 (g): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility during the onsite audit who had reported a sexual abuse and there have not been any reports of sexual abuse at the facility in the past 12 months preceding the audit, however, interviews with inmates who reported sexual harassment indicated that they were not charged for any services they received.

115.283 (h): The facility PREA policy indicates that a mental health evaluation of all known resident-on-resident abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical and mental health staff confirm that resident-on-resident abusers would be offered mental health services.

Based on a review of the PAQ, the facility PREA policy and information from interviews with medical and mental health care staff as well as residents indicate that this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 21, 22.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Abuse Incident Review Form
- Sexual Abuse Incident Reviews for two (2) allegations (sexual harassment)

Interviews:

- Facility Director
- PREA Coordinator
- Incident Review Team

Findings (By Provision):

115.286 (a): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that there were two (2) resident-on-resident sexual harassment investigations completed at the facility in the past 12 months. Both of these were substantiated and a sexual abuse incident review was conducted. There were no allegations of sexual abuse.

115.286 (b): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review shall ordinarily occur with 30 days of the conclusion of the investigation. The PAQ indicated that 2 reviews were completed for resident-on-resident sexual harassment allegations within the previous twelve months. There were no allegations of sexual abuse.

115.286 (c): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health. The interview with the Facility Director and PC confirmed that these reviews are being completed and they include upper management officials. A review of the investigative files indicated that incident reviews are conducted and include upper-level management officials with input from other staff in the facility.

115.286 (d): The Sexual Abuse Incident Review Form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The completed incident review will be forwarded to the Facility Director and the PREA Coordinator. Interviews with the Facility Director, PC and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will adjust the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.

115.286 (e): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, the facility PREA policy, the Sexual Abuse Incident Review Form, completed Sexual Abuse Incident Review forms and information from interviews with the Facility Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

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

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, pp. 27, 28.

- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2018 Survey of Sexual Victimization
- 2019 Survey of Sexual Victimization
- 2020 Survey of Sexual Victimization

Interviews:

- Agency Head
- PREA Coordinator
- Facility Director

Findings (By Provision):

115.287 (a): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at S.A.T.F using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards.

115.287 (b): The facility PREA policy outlines how PREA data is collected. A review of collected data confirmed that the agency aggregates sexual abuse data at least annually.

115.287 (c): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the incident-based data collected shall 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.

115.287 (d): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents, including reports investigation files and sexual abuse incident reviews.

115.287 (e): N/A

115.287 (f): N/A

Based on a review of the facility PREA policy, and the 2018, 2019 and 2020 Survey of Sexual Victimization as well as interviews with the Agency Head, the PC and the Facility Director, this standard appears to be compliant.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 28.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2018-2020 Survey of Sexual Victimization
- 2018-2020 Annual Reports
- Link to Website

Interviews:

- Agency Head
- PREA Coordinator
- Facility Director

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. The Agency Head indicated that the data is used to determine appropriate interventions, such as enhanced training, policy updates, infrastructure modifications etc. The data is also utilized to compile the annual report and to ensure that appropriate action is taken at every level of the organization. A

115.288 (b): The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action.

115.288 (c): The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved, it is distributed as required. A review of the website confirmed that the current annual report as well as previous reports are available to the public online.

115.288 (d): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the annual report and the website, as well as interviews with the Agency Head, Facility Director and PC, this standard appears to be compliant.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

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

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 28.

- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2018-2021 Survey of Sexual Victimization

Interviews:

- PREA Coordinator

Findings (By Provision):

115.289 (a): The facility PREA policy states that the facility PREA Team shall ensure that data collected is securely retained. PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained by password protected technology.

115.289 (b): The facility PREA policy states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.289 (c): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.289 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted.

Based on a review of the PAQ, the facility PREA policy, the records retention schedule, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☒ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures, p. 28.
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Facility Director
- PREA Coordinator

Findings:

This is the facility's second PREA audit and was audited in Year 3 of the 3rd Audit Cycle. This auditor had access to, and the ability to observe all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. The auditor was able to conduct private interviews with residents. Residents were permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor, however, did not receive any confidential correspondence from residents or staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years

PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Facility Director
- PREA Coordinator

Findings:

115.403 (f): The facility was previously auditing on September 6, 2019. The final report dated September 19, 2019 is posted and available for public review on the facility website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Cynthia Kay Swier

March 24, 2022

Auditor Signature

Date

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

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