

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: March 19, 2022

Auditor Information

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Company Name: PREA Auditors of America	
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Telephone: 225-302-0766	Date of Facility Visit: January 25-26, 2022

Agency Information

Name of Agency: Harris County Community Supervision and Corrections Department			
Governing Authority or Parent Agency (If Applicable): Criminal Justice Assistance Division			
Physical Address: 49 San Jacinto Street		City, State, Zip: Houston, TX 77002	
Mailing Address: Same as above		City, State, Zip: Same as above	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx			

Agency Chief Executive Officer

Name: Dr. Teresa May	
Email: teresa.may@csc.hctx.net	Telephone: 832-927-3361

Agency-Wide PREA Coordinator

Name: Kelly Doyal	
Email: Kelly.doyal@csc.hctx.net	Telephone: 346-286-6322
PREA Coordinator Reports to: Trina Willis	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Dual Diagnosis Residential Program (DDRP)

Physical Address: 2310 ½ Atascocita Road

City, State, Zip: Humble, TX 77396

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.theharriscenter.org/About/Contact/PREA-Reporting>

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:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None reported

Facility Director

Name: Kelly Doyal

Email: kelly.doyal@csc.hctx.net

Telephone: 346-286-6322

Facility PREA Compliance Manager

Name: Dania Gonzalez

Email: dania.gonzalez@csc.hctx.net

Telephone: 281-459-8142

Facility Health Service Administrator N/A

Name: Lawrence Granger

Email: lawrence.granger@csc.hctx.net

Telephone: 346-286-6327

Facility Characteristics

Designated Facility Capacity:

138

Current Population of Facility:

112

Average daily population for the past 12 months:	92
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:	17 - 62
Average length of stay or time under supervision	123 days
Facility security levels/resident custody levels	Low, low/moderate, moderate, high (TRAS)
Number of residents admitted to facility during the past 12 months	360
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	359
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	333
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 checked="" 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: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	101
Number of staff hired by the facility during the past 12 months who may have contact with residents:	55
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:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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.	12
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.	6
Number of single resident cells, rooms, or other enclosures:	2
Number of multiple occupancy cells, rooms, or other enclosures:	48
Number of open bay/dorm housing units:	2
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 <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: _____)</p>
<p>Investigations</p>	
<p>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>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 <input type="checkbox"/> Agency investigators <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 type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input type="checkbox"/> N/A</p>
<p>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>7</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 <input checked="" type="checkbox"/> Agency investigators <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 <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Dual Diagnosis Residential Program (DDRP) is located at 2310 ½ Atascocita Road, Humble, TX 77396. DDRP is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above on January 25-26, 2022. The assigned PREA auditor, is an independent sub-contractor, working for the primary contract holder. Following coordination preparatory work and collaboration with the agency PREA coordinator (APC), some pre-audit work was completed prior to traveling to the facility for the on-site portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the resident count was 112 with a designated capacity of 138.

PRE-AUDIT PHASE

November 22, 2021, the auditor signed a contract to complete the DDRP PREA audit.

December 10, 2021, the auditor introduced herself via email to the Program Director.

December 12, 2021, the Program Director was provided information regarding specialized staff interviews.

December 12, 2021, the Program Director was sent a request for personnel information for facility staff.

December 24, 2021, the auditor initiated a paper audit with the PREA Resource Center for DDRP. Confirmation was received from the PREA Resource Center, that a new paper audit had been created for DDRP the next day.

January 12, 2022, the Program Director was provided a listing of what resident PREA education documentation would need to be available for review during the audit.

December 22, 2021, the PAQ and supporting documentation were received from the Program Director. Included with the supporting documentation were photos of the posted audit notices, in English and Spanish. These photos were received 6 weeks prior to the on-site audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

December 10, 2021, the Auditor requested SANE contact information from the Program Director. This information was received December 21, 2021.

December 15, 2021, the Auditor interviewed the SAFE/SANE nurse at Memorial Hermann Northeast Hospital, 18951 W Memorial Dr, Humble, TX 77338; 281-540-7700.

Pre-Audit Section of the Compliance Tool: On December 22, 2021, the Program Director provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

This is the first PREA audit for DDRP.

There were no barriers in touring the facility. The staff accompanying the Auditor on the tour were helpful, professional, and accommodating. Gateway Corrections as an agency, which includes DDRP, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

ON-SITE PHASE

January 25, 2022, the auditor arrived at DDRP and participated in an entrance meeting with the Program Director, Agency PREA Coordinator, and Facility Health Services Administrator.

During the meeting, the agenda was discussed, specifically the facility tour. Staff and resident interviews, as well as document reviews. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary point of contact for the on-site audit was the agency Program Director and the Facility Health Services Administrator.

Upon arrival at DDRP the auditor received an alphabetized copy of the staff roster. The auditor also received a copy of the current resident roster, including identification numbers, housing assignments and which residents were part of targeted populations as defined in the PREA Auditor Handbook.

The majority of DDRP staff work (8) eight-hour shifts, (5) five days a week. The staff roster was utilized to create a list of staff randomly selected for interviews. The only selection criteria used for staff were individuals working the days of the on-site audit and at least one individual from each shift was chosen. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations,

for internal and external investigations

- Complete list of contractors who have contact with residents
- Complete list of volunteers who have contact with residents

The Auditor had previously requested a listing of residents classified into the following categories:

- Disabled Residents
- Limited English Proficient Residents
- Residents Identified as LGBTI
- Residents in Segregated Housing or Isolation
- Residents who Reported Sexual Abuse
- Residents who reported Sexual Victimization during Risk Screening

Note: At the time of the on-site audit, no youthful residents were in residence at DDRP. This was confirmed on the day of the audit by a review of the DDRP resident roster, as well as a visual inspection of the housing units and facility, and no youthful residents were present.

In addition to the resident and staff lists the Auditor requested the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation. DDRP reported there were none.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation. DDRP reported there were five.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded. DDRP reported there were five.
- All hotline calls made during the 12-months preceding the audit. DDRP reported there were none.

Additional information received provided an overview of the administrative and criminal cases, including their status. In the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

An extensive amount of internet research was conducted regarding DDRP and nothing was discovered. There was no information discovered regarding sexual abuse or sexual harassment, or sexual violence. The agency website was reviewed for PREA information, which was found as required.

During the research to prepare for this audit, the Auditor learned Texas law requires any person to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

January 4, 2022, Just Detention International and Houston Area Women's Center were emailed requesting information related to the sexual abuse or harassment reports from DDRP. January 6, 2022, Just Detention International responded "a review of our database indicates that we have not received any information regarding DDRP in the past 12 months".

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. DDRP does utilize an extensive camera and video surveillance system. The cameras are strategically placed throughout the facility for maximum coverage, mitigating blind spots.

The females are housed in one building and the males in another building, yet they are identical in layout. The sleeping areas are rooms with multiple beds. The bathrooms are separate from the bedrooms and ensure privacy by providing single occupancy showers stalls. Additional areas toured in DDRP were dining hall, day rooms, administrative offices, re-entry specialist station, recreational area, computer lab, library, programming area, storage closets, and laundry.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and residents, inspected bathrooms, showers and toilets to identify potential cross-gender viewing concerns, checked for blind spots, observed staff-to-resident ratios, etc.

During the on-site tour residents were observed watching television, in their bedrooms, in the laundry area, in the dining area, in the day room, and cleaning up around the facility.

In all resident areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether residents were in positions of supervision over other residents. When opposite-gender staff were observed entering a housing unit, a staff member made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times, with a lengthy pause before staff entered the area. During the interviews, several residents indicated some of the opposite gender staff will not enter the bathroom areas under any circumstances and will always defer that responsibility to a same gender staff member.

During the on-site audit, the Auditor was able to discuss the classification process with staff. The staff was able to guide the Auditor through the intake screening process, by explaining the intake and classification process. The staff discussed the documents and assessments utilized in the process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, and/or staff demonstrated

proper procedures.

During the tour, the auditor observed numerous postings of the Notice of PREA Audit as well as PREA Posters posted neatly behind plexiglass on bulletin boards. Following the tour, the auditor began the interview process, interviewing staff and residents. After the on-site audit, the auditor conducted an exit briefing with the Program Director and the PREA Coordinator.

During the audit period, the following individuals participated in the interview process as specialized staff members. Due to logistics, some of these interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. All in-person interviews occurred in a private space. Each of these individuals were interviewed using the applicable interview protocols.

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	20
Specialized Staff (Total)	18
Total Interviewed	38
Breakdown of Specialized Staff Interviews	
• Agency Head	1
• Agency PREA Coordinator	1
• Facility Head - Program Director	1
• Facility PREA Compliance Manager	1
• Intermediate or Higher-Level Staff	1
• Intake Staff	1
• Classification Staff	1
• SAFE/SANE Nursing Staff	1
• Investigative Staff	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• HR Staff	1
• Medical	1
• Mailroom	1
• Monitor(s) of Retaliation	1
• First Responder - Custody	1
• First Responder – Non-Custody	1
• Contractor	1

Note: in some instances, a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Twelve staff were interviewed, using eighteen protocols.

Specialized Staff Interviews: Eighteen specialized protocols were used to interview twelve different staff members. Nine were facility level staff, two were agency level staff, and one SANE/SAFE staff. Using the list of specialized staff received from the Program Director, the Auditor was able to obtain interview responses from specialized staff. All questions were based on the line of questioning on the interview protocols. All answers were typed directly onto the protocol form. The Auditor provided clarification when requested, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: the grievance procedure; “confidential” letters can be mailed out of the facility; through PREA hotline calls; third party reporting; or through notifying a staff member. Depending on whether the PREA complaint is administrative or criminal, determines who will investigate. In the event the complaint is categorized as resident-on-resident sexual harassment, it is assigned to the agency or facility investigators for follow-up. If during the investigation it is determined, a criminal act has occurred, the administrative investigation stops, and the complaint is immediately turned over to the Harris County Sheriff’s Office for investigation.

Random Staff Interviews: There are 101 total staff positions currently at DDRP. Thirty-two individuals were interviewed, twenty were random DDRP staff, nine were specialized DDRP staff, two were agency level staff, and one was SAFE/SANE staff. The random staff were selected by choosing staff members who were present the days of the audit, who were not specialized staff.

DDRP Program Director was given a list of individuals to be interviewed and she would arrange for them to come to the private office provided for conducting interviews. The interviewer would introduce herself, communicate the introductory statement to the staff and proceed to ask the questions from the interview protocol for random staff, recording all answers by hand. The Auditor would provide clarification as needed, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

Due to the COVID-19 pandemic, all staff and the Auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a safety measure.

Custody staff work 8-hour days, five days a week. Non-custody staff work 8-hour days Monday through Friday. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

DDRP does not utilize volunteers currently, due to COVID-19 protocols. Therefore, a volunteer was not interviewed.

The Auditor conducted the following resident interviews:

Category of Residents	Number of Interviews Conducted
Random Residents (Total)	20
Targeted Residents (Total)	0
Total Residents Interviewed	20
Breakdown of Targeted Resident Interviews	
• Residents who reported sexual abuse	0
• Residents who disclosed prior sexual victimization during risk screening	0
• Residents who identify as Lesbian, Gay or Bisexual	0
• Residents who identify as Transgender or Intersex	0
• Residents in segregated housing for risk of sexual victimization	0
• Residents with physical disability	0
• Residents with LEP	0
• Residents with cognitive disability	0

Random Resident Interviews: The facility head count the first day of the on-site audit was 112. At the time of the on-site there were not any residents in a target group assigned to the program.

At the beginning of each formal interview the Auditor made clear to the resident why she was at the facility, what her role was in the PREA process and explained why interviews were needed. She discussed the resident's participation as voluntary and while helpful, was not required or mandated in any way. She asked the resident if he wanted to participate and if so, could she ask him a few questions. Once being given the resident's permission to proceed, she would ask the protocol questions. All random residents willing participated in the interview process. All responses were recorded by hand.

During the on-site tour, the Auditor had several conversational encounters with residents regarding PREA, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

Targeted Resident Interviews: The Auditor conducted zero interviews of residents, as none were assigned to the program at the time of the on-site visit. Out of the eight possible categories, there were residents who fell into zero categories. DDRP reported there were no residents who fell into the targeted areas. During the on-site tour the auditor did not observe any individuals who obviously fell into a targeted category.

During the resident interviews, no PREA issues were revealed, no other interview protocols were accessed. All residents interviewed responded they were aware of the zero-tolerance policy, they knew how to report an incident, and knew they could report anonymously.

The Auditor did not receive any correspondence because of the PREA audit announcement posting.

Document Reviews:

A thorough review of the DDRP, as well as the DDRP facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site, and Post- Audit.

Prior to conducting the on-site visit to the facility, the Auditor requested the facility identify a comprehensive list of residents, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the on-site portion of the PREA audit. From these lists, the auditor selected representative samples (i.e., residents and staff) for interviews and document reviews during the on-site portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all residents
2. Roster of Residents with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities)
3. Roster of residents who are Limited English Proficient (LEP)
4. Roster of residents in segregated housing or isolation
5. Roster of residents who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of residents who are or perceived to be Intersex or Transgender
7. Roster of residents who reported prior sexual victimization during risk screening
8. Roster of residents who reported sexual abuse that occurred in DDRP or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with residents
14. Complete list of volunteers who have contact with residents
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
16. Copies of all grievances submitted over the past 12-months which claim allegations of sexual abuse, sexual harassment, or retaliation.
17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3rd party reports of resident sexual abuse, sexual harassment, or retaliation
19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by the facility

Upon arrival at the facility, the Auditor was provided the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and

documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	101	35
Training Records	101	35
Resident Records	112	20
Grievances	0	0
Incident Reports	4	4
Investigation Records (SA and SH)	4	4

Personnel and Training Files:

There were thirty-five staff record reviews conducted. All the records contained the required documentation, i.e., initial criminal background check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal background check, when applicable.

Resident Records:

Twenty resident records were reviewed. Each reviewed record had a signed acknowledgment sheet, had received an orientation booklet, a Client and Family Handbook and PREA material. All 20 residents had received PREA information during intake and had their PREA screening within 72-hours of admission. Every resident who had been in residence longer than 30 days had been re-assessed within 30-days of their 72-hour intake screening. Every resident who had been in residence longer than 30-days had received comprehensive PREA education within thirty (30) days of arrival.

Grievances:

On the PAQ, DDRP indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months. Therefore, no documentation was reviewed.

Incident Reports:

On the PAQ, DDRP indicated they had four sexual abuse and sexual harassment allegations received during the previous 12-months. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

Investigation Files:

On the PAQ, DDRP indicated they had four sexual abuse and sexual harassment allegations received during the previous 12-months. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff on resident sexual abuse. After investigation, three were deemed unsubstantiated. All were handled administratively. The resident-on-resident sexual harassment was never closed because both residents were released before the investigation was completed. Residents were given timely notice of the outcome of the investigation. Sexual abuse incident reviews were completed for both of the unsubstantiated sexual abuse incidents.

On the PAQ, DDRP indicated they had zero SAFE/SANE examinations in the past 12-months. Therefore, no documentation was reviewed.

The Auditor scheduled the exit briefing with the Program Director, which was conducted January 26, 2021. During this exit briefing the Program Director was provided with an overview of what had been observed and information about the interim or final report which is due no later than March 19, 2022.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

Audit Section of the Compliance Tool: The Auditor reviewed on-site documentation, notes, staff and resident interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the on-site audit should be reviewed to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the

compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Facility Characteristics

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

The Harris Center and HCCSCD provides programs for residents who live in a congregate setting. DDRP programs administer assessments, monitor compliance with treatment plan goals and involve clients in direct treatment services that address their criminogenic tendencies, as well as mental health, and substance abuse. Random breathalyzer or urinalysis, cognitive behavioral groups, and case management assist the client in maintaining stability leading to successful release and community transition.

The Dual Diagnosis Residential Program (DDRP) is located at 2310 ½ Atascocita Road, Humble, TX 77396, on a campus with two other facilities. Each facility is fenced off from the other but has locked gates, that when opened, serve as walk through areas for sharing services such as food service. The male residents are in one building and the female residents are in another building. Each building consists of staff offices, resident sleeping quarters, recreation area, and meeting rooms. All shower and toilet areas allow residents to shower ensuring their privacy from staff direct viewing. This area is also monitored by video surveillance.

The Dual Diagnosis Residential Program (DDRP) is located at 2310 ½ Atascocita Road, Humble, TX 77396. DDRP is an adult, co-correctional dual diagnosis residential program. The DDRP program provides six-month residential substance abuse treatment integrated with mental health treatment services to clients identified with co-occurring mental health/substance abuse through the CAC. The clients participate in mental health counseling on an individual and group basis to address their co-occurring disorders. A Booster Track is available to clients who upon release struggle in the transition and need a short-term intervention. Aftercare services are provided for all clients. Upon completion of the MH Residential Program cases will be placed in the Mental Health Initiative Specialized Caseloads.

Eligibility Criteria:

- Low-Moderate to high risk on the TRAS
- Significant mental health issue (Major Depression, Psychotic Disorders, Bipolar Disorders)
- High Substance abuse or dependency issues as identified on the TRAS or TRAS Trailers
- Global Assessment Functioning (GAF) level of 50 or below
- Significant barriers to maintaining stability in the community

Services include room and board, needs assessment and development of individual treatment plans, employment readiness, financial management, GED, housing referrals, cognitive

behavioral groups, problem solving life skills and individual and group counseling. The services at DDRP are available to males and females ages 17 and older. The facility provides space for programming, dining hall, recreation, computer lab, as well as administrative and support services.

At the time of the on-site audit, no youthful residents were in residence at DDRP.

The facility grounds are well maintained. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and residents.

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: 1
List of Standards Exceeded: 115.233

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21

- DDRP, *Clients & Family Handbook*, revised December 13, 2021
- DDRP, Inc. Organizational Chart

Interviews with the following:

- PREA Coordinator (PC)

Provision (a)

The Pre-Audit Questionnaire (PAQ) reflects DDRP has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the house, as well as any contracts over which it has control. The PAQ indicates the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

DDRP Prison Rape Elimination Act, RRI-10 revised 05-11-21, p. 1, states DDRP has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment within their facilities and program activities, including consensual sexual contact within its facility.

DDRP, *Clients & Family Handbook*, revised December 13, 2021, p. 11, states the DDRP shall maintain a zero tolerance for sexual misconduct in its treatment program or during patient stays. Sexual misconduct among clients and by staff towards clients is strictly prohibited.

Provision (b)

DDRP Prison Rape Elimination Act, RRI-10 revised 05-11-21, p. 5, specifically addresses the requirements of this provision. Additionally, it identifies the role and responsibilities of the PC and relates directly to the implementation, management, and monitoring of DDRP's compliance with PREA Standards, including collaboration with the various levels of management. The reviewed policy is consistent with the PREA Standards.

DDRP Prison Rape Elimination Act, RRI-10 revised 05-11-21, p. 5, states the PREA coordinator is responsible for coordinating and monitoring PREA related activities, including:

- i. Procedures to identify, monitor, and track sexual misconduct incidents in the DDRP.
- ii. Oversee the process of reporting incidents and complaints, monitoring the incident response process, and guiding the process of evaluation and program correction related to PREA.
- iii. Maintain statistics and reports regarding incidents, complaints and events related to PREA.
- iv. Maintain statistics and reports regarding incidents, complaints and events related to PREA

The PC is an executive level staff as confirmed through a review of the agency organization chart. According to the DRPP Organizational Chart, the PC reports to both the agency COO and CEO.

The PC provides training to all new Program Directors (PD) as they are hands on at each facility. She is a resource for the PD and interacts with them via email, telephone, and in-person, when she visits their facilities.

Through the interview process, it was confirmed the PC has the responsibility to ensure the facility's compliance with the PREA standards and has the authority to address all PREA issues.

During the interview process, the PC indicated she has sufficient time to complete her responsibilities. Throughout the audit process, the PC proved to be highly motivated, conscientious, and knowledgeable of PREA standards and guidelines. She responded quickly and efficiently to all requests made and provided complete and accurate information when needed. It is evident that she is extremely knowledgeable of the expectations and responsibilities of her position and is competent to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard, which addresses zero-tolerance of sexual abuse and sexual harassment and PREA Coordinator. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21
- Interlocal Contract between MHMRA and DDRP, dated March 5, 2014

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

The PAQ revealed DDRP requires all entities who contract with them for the confinement of residents to adopt and adhere to PREA standards. All agency contracts for confinement of residents contain PREA specific language, expectations, and requirements. DDRP does not individually contract for the confinement of residents.

During the interview process, the APC indicated all contracts for confinement of residents include PREA specific language. The PAQ indicates DDRP has entered into one contract with private providers since August 20, 2012.

Provision (b)

Interlocal Contract between MHMRA and DDRP, dated March 5, 2014, outlines the agreement between Harris Center and HCCSCD for the confinement of residents for the purpose of psychological and substance abuse treatment.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 1 states Harris County Community Supervision and Corrections Department (HCCSCD) and its contracted vendors, including The Harris Center for Mental Health and IDD (The Harris Center), shall comply with the Prison Rape Elimination Act (PREA) of 2003 Community Confinement Standards in the operation of the Dual Diagnosis Residential Program (DDRP). This policy describes the procedures and criteria under which DDRP, and its contract vendors will implement their approach to preventing, detecting and responding to sexual misconduct. It goes on to say, the Harris Center and the HCCSCD have entered a contract to operate the DDRP which includes compliance with the Prison Rape Elimination Act (PREA) Community Confinement Standards.

Provision (c)

The Harris Center and HCCSCD contract for the confinement of DDRP residents meet the PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard, which addresses contracting with other entities for the confinement of residents. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21

- *DDRP Master Staffing Plan, LD-07, revised 05-10-20*

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

On the PAQ, DDRP indicated they have a staffing plan, and it takes into consideration the physical layout of the facility; the composition of the resident population; the prevalence of the substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 6, c, i – vi indicates:

- i. DDRP has developed a staffing plan that provides for expected levels of program supervision and monitoring, to ensure that the facility is safe and secure. The plan addresses these factors:
 1. The physical layout of each campus
 2. The composition of the resident population
 3. The prevalence of substantiated and unsubstantiated incidents of misconduct
 4. Any other relevant factors
- ii. While emergent issues may result in deviation from the plan, at no point will staffing in any building fall below a ratio of one paid staff member for every 32 residential clients. The DDRP Manager of Residential Services must not allow any schedule or emergent issue to result in violation of this requirement.
- iii. If a published schedule or emergent issue results in a deviation from the facility staffing plan, the Lead Nurse must document the reason for the deviation and the response. Documentation is sent to PREA Coordinator for review and filing.
- iv. Video monitoring is only present in selected common areas to enhance safety and security of the program. Video monitoring is not used in restrooms or shower areas / facilities.
- v. On at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the DDRP Residential Manager, DDRP PREA Coordinator, DDRP Lead Nurse, HCCSCD Manager or Residential Services, and HCCSCD PREA Coordinator to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider these factors:
 1. Prevailing staffing patterns
 2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
 3. The resources the facility has available to commit to ensure adequate staffing levels.

- vi. The DDRP Residential Manager will provide documentation of this review and any recommendations in memo form to the Vice President for Forensic Services for The Harris Center during the budget preparation process. The Harris Center Executive Leadership will forward this information to the HCCSCD Executive Leadership during the budget preparation process.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 6, c, v indicates on at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the DDRP Residential Manager, DDRP PREA Coordinator, DDRP Lead Nurse, HCCSCD Manager or Residential Services, and HCCSCD PREA Coordinator to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider these factors:

1. Prevailing staffing patterns
2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
3. The resources the facility has available to commit to ensure adequate staffing levels.

Through the interview process with the APC and the PD it was revealed random reviews of the staffing levels and how they affect the resident programming are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, resident population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

Provision (b)

The PAQ reflects DDRP did not have any staffing deviations in the past 12-months. The APC confirmed that DDRP did not have any staffing deviations in the past 12-months.

In the event a mandatory post is vacant, the post is filled with overtime staff. On the PAQ, DDRP did not list reasons for staffing deviations, as they had none in the past 12-months. DDRP has established a minimum staffing requirement. The minimum staffing pattern is predicated on a resident population of 92.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 6, c, v indicates on at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the DDRP Residential Manager, DDRP PREA Coordinator, DDRP Lead Nurse, HCCSCD Manager or Residential Services, and HCCSCD PREA Coordinator to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider these factors:

1. Prevailing staffing patterns

2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
3. The resources the facility has available to commit to ensure adequate staffing levels.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard regarding supervision and monitoring, ensuring that the safety of staff and residents is a priority. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21

- Staff attendance sheets for 2021 PREA training

Observations made during on-site review

Interviews with the following:

- Random Staff
- Residents

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, II, p. 6, a-b, states DDRP prohibits strip searches and visual body cavity searches and b) cross gender, strip searches and visual body cavity searches are not permitted under any circumstances.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, II, p. 7, g, states staff performing a pat search must have completed training on techniques and the preservation of safety, respect, and dignity of the resident before conducting searches. Nursing staff and a psychiatric technician who is the same gender of the resident, if needed, upon a resident's admission will visually inspect the resident's external body, excluding any crevices or cavities, for the presence of contraband, in a private room after disrobing and prior to dressing in the DDRP issued uniform. This process is standard for trained medical staff, and such staff provide supervision and training to psychiatric staff in doing the same in an as-needed fashion.

Every staff member questioned reported cross gender searches of any kind are not allowed at DDRP. When probed about cross-gender search practices and how the female staff would proceed if a male staff member was not available, they all indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff (both male and female) reported cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

Each of the residents interviewed confirmed they had never been part of a cross-gender search.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, II, c, p. 6, specifies female residents receive the full scope of services and programming at a separate physical location from male residents.

Provision (c)

On the PAQ, DDRP reported there had not been any cross-gender searches of any kind, i.e., strip, visual or pat conducted in the past 12 months.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient same sex

staff members available to conduct any searches that needed to occur, and that a same sex staff would be diverted to address this issue if needed. They further indicated cross-gender searches are not allowed at DDRP.

Provision (d)

On the PAQ, DDRP indicated they allowed residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, II, d, pp. 6-7, indicates residents are able to shower, perform bodily functions, and change clothing without staff viewing their body, buttocks or genitalia, except in exigent circumstances, program functions e.g., drug testing) or when such viewing is incidental to routine security checks. Staff of the opposite gender are not permitted to view residents performing bodily functions, bathe or change clothing without specific direction from an administrator or above. Staff of the opposite gender must announce their presence when entering residents' living quarters, especially sleeping rooms, restrooms or shower areas.

DDRP did not have any transgender or intersex residents at the time of the audit.

When staff were specifically asked would transgender or intersex residents be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all bathrooms throughout the facility are private with individual showers and provide privacy to each resident.

Further, each staff member stated a transgender or intersex resident would have the opportunity for input into the decision-making process of alternative shower times and the resident's input would carry great weight in the decision-making process.

During the facility tour, when opposite-gender staff were observed entering a housing unit or restroom, a staff member made an announcement. The Auditor was also announced by DDRP staff when entering male resident housing and bathroom areas as she was of opposite gender.

In response to the question of whether opposite gender announcements are made in sleeping areas, each resident interviewed reported they were. Residents also affirmed opposite gender staff announce their presence before entering the bathroom areas.

Bathrooms are separate from the bedrooms. All showers have doors that protect against opposite gender viewing. Likewise, the toilets are protected against opposite gender viewing.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, II, e, p. 7, states DDRP prohibits searches and physical exams to determine the resident's genital status.

Each of the residents interviewed confirmed they had never been part of a cross-gender search.

Staff were questioned about transgender and intersex resident search practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying a resident's genital status.

DDRP did not have any transgender or intersex residents at the time of the audit.

Provision (f)

The Auditor reviewed copies of the 2021 PREA training for DDRP staff. The Auditor verified the names listed in attendance correlated to an existing DDRP staff members listed on the staff roster, ensuring staff received the required training. Training topics included, but were not limited to, zero tolerance, support resources, PREA education for residents with special comprehension problems, reporting sexual abuse and sexual harassment, first responder duties, vulnerable adults, what is considered sexual abuse, coordinated response, sexual violence assessment tool, PREA re-assessment, writing the incident reporting, etc.

When staff were asked how they would proceed if an opposite gender staff member were not available, each indicated there was never an instance when an opposite gender staff is not on duty and would be directed to the area to conduct the search to ensure cross-gender searches are not performed.

During the facility tour, opposite gender staff were observed entering the sleeping areas and announcements of their presence were made. DDRP staff, when entering the resident bedrooms and bathrooms, announced the opposite gender Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding the limits to cross-gender viewing and searches.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21

Observations of PREA posters during on-site tour of facility

Interviews with the following:

- Facility Head – Program Director (PD)
- Random Staff
- Residents with disabilities or LEP

Provision (a)

On the PAQ, DDRP reported established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 7, IV, a, states DDRP staff shall ensure that every effort is made to provide every client, especially those with disabilities with equal opportunities to participate in programming and benefit from all aspects of DDRP. Residents with disabilities and/or limited language proficiency include those residents with hearing or visual impairment, residents with intellectual, psychiatric, or speech disabilities, residents with limited English proficiency residents with limited reading or writing skills, or those who are otherwise physically disabled or those with cognitive impairment. All residents will have an equal opportunity or benefit from all aspects of DDRP's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Auditor reviewed written documents, training materials, as well as PREA brochures, which were in both English and Spanish that are given to the resident population. During the tour, the Auditor also observed the PREA posters were prominently displayed throughout the facility, in both English and Spanish.

Through the interview process, the PD shared that DDRP has established procedures to provide residents with disabilities or residents who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Google Translate, interpreters, written correspondence, etc.

DDRP can utilize Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the residents of the facility. Currently, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, pp. 7-8, IV, b, states to ensure effective communication, DDRP staff will notify the DDRP Practice Manager for interpreters for any resident whose primarily language is not English. Staff that have been approved by The Harris Center to act as an agency interpreter on the unit will be utilized. If no staff are available on the unit, then the DDRP Residential Manger or his designee will request Interpreter Services unit.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 8, IV, c, states as Spanish is another major language is this county, DDRP will provide Spanish language form and brochures about PREA to the residents. In addition, those with visual impairments will be provided large print brochures, forms regarding PREA. Information.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 8, IV, e, indicates if a resident interpreter is used, the staff member must notify the DDRP Residential Manager and the Lead Nurse immediately verbally and document the incident immediately in writing.

There were no LEP residents in house at the time of the audit.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 8, IV, d, indicates DDRP does not allow resident interpreters, readers, or other types of assistants except where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties under 115.264, or the investigation of the resident's allegations.

DDRP requires that only professional interpreters or translation services, including sign language, are available to assist residents in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states residents are not authorized to use interpretation/translation services from other residents, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of the first responder duties under §115.64 or the investigation of the resident's allegations.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding residents with disabilities and residents who are limited English proficient. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21
- Harris Center Employee PREA Questionnaire
- Personnel records reviews

Interviews with the following:

- Human Resource (HR) Staff

- Random Residents

Provision (a)

On the PAQ, DDRP reported having 101 staff with 55 new hires in the past 12-months. Further, they reported one contractor and zero volunteers who have contact with residents.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, a, i–iii, p. 8, states the Harris Center policy prohibits hiring or promoting anyone who may have contact with DDRP residents, and shall not enlist the services of any contractor who may have contact with DDRP residents, who:

- i. 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);
- ii. 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 does not consent or was unable to consent or refuse; or
- iii. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (ii) of this section.

Harris Center Employee PREA Questionnaire is a questionnaire that applicants complete prior to being hired. This questionnaire contains the following questions

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion, or if the victim did not consent, or was unable to consent or refuse?
3. Have you ever been civilly or administratively adjudicated to have engaged in the behavior described in the questions above?
4. Has an employer, school, or other institution investigated a complaint of sexual harassment against you?
5. Have you had sexual contact with a client of a correctional facility?

The Auditor reviewed thirty-five records of staff. Each of the records reviewed contained all items required by the standard, which included documentation and criminal background check information. The Auditor was able to verify all records reviewed contained the items required by the standard, including PREA documentation and verification of the completed criminal background checks.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, i-iii, states prior to hiring a new employee who will have contact with residents, DDRP will have the Human Resources Department of the Harris Center to:

- i. The Harris Center shall conduct a criminal history clearance on all employees considered for promotion.
- ii. The Harris Center shall consider all substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse and ensure best efforts are made to contact all prior employers, including institutional employers, for information related to the allegations or investigation. The Harris center may consider any information obtained related to allegations, resignations or investigations of sexual abuse to be a contraindication to employment or individual contract provider, volunteer or student intern status.
- iii. The Harris Center shall conduct a pre-employment criminal history clearance on all applicants for employment, individual contract providers, student interns, and volunteers for the DDRP prior to permitting the individual to have any contact with DDRP residents or who may have unescorted contact with residents.

Through the interview process the agency Human Resources staff indicated a potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items and the completion of the Harris Center Employee PREA Questionnaire. The HR staff stated DDRP takes an active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required criminal background checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel records and verified the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, iv-ix, states in part that prior to hiring a new employee who will have contact with residents, DDRP will have the Human Resources Department of the Harris Center to

- iv. HCCSCD performs a criminal record check of current employees, volunteers, and contractors who have contact with residents at minimum once every two years.
- v. the Harris Center Human Resource Department shall complete annual background checks on all employees, individual contract providers, volunteers and student intern the DDRP program.
- vi. The Harris Center Human Resource Department will ask all applicants and employees who may have contact with residents directly about previous misconduct as describe paragraph (a) of this section in written applications or an interview for hiring and promotional opportunity, and in any interview or written self-evaluation conducted a part of review of current employees. Employees are advised they are to disclose any such misconduct.
- vii. Any person who falsely answers any questions, any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

- viii. Once they commence an employment or contractual relationship with the Harris Center, every employee, individual contact provider, volunteer or student intern has continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against t individual and any adverse adjudication. Failure to do so may be grounds for discipline up to and including termination.
- ix. The Harris Center Human Resources Department will 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, unless prohibited by law.

Through the interview process, the HR staff indicated DDRP requires background checks on all new hires, promotions, and existing staff every two years.

In the preceding 12-months, DDRP reported there were 55 persons hired who may have contact with residents who had a criminal background check completed.

The Auditor conducted a review of thirty-five personnel records and verified all records contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, viii, once they commence an employment or contractual relationship with the Harris Center, every employee, individual contact provider, volunteer or student intern has a continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against the individual and any adverse adjudication. Failure to do so may be grounds for discipline, up to and including termination.

On the PAQ, DDRP reported there was two contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor reviewed information that confirmed these criminal background record checks were current.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, iii. states, in part, the Harris Center shall conduct a pre-employment criminal history clearance on all applicants for employment, individual contract providers, student interns, and volunteers for the DDRP prior to permitting the individual to have any contact with DDRP residents or who may have unescorted contact with residents.

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, ix, indicates once they commence an employment or contractual relationship with the Harris Center, every employee, individual contact provider, volunteer or student intern has a continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against the individual and any adverse adjudication. Failure to do so may be grounds for discipline, up to and including termination.

Through the interview process with HR, it was indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

Provision (g)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, viii. states in part, any person who falsely answers any questions, any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Provision (h)

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, V, c, ix, indicates the Harris Center Human Resources Department will 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, unless prohibited by law.

Through the interview process with HR, it was confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding hiring and promotion decisions. No corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21

Observations during on-site review

Interviews with the following

- Facility Head – Program Director (PD)
- Agency PREA Coordinator (APC)

Provision (a)

This is DDRP's first PREA audit. On the PAQ, DDRP reported they have made substantial expansions or modifications of the existing facility since August 20, 2012. Per the PAQ, DDRP has installed or updated video monitoring system, electronic surveillance system or other technology since August 20, 2012.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 9, V1, a, specifies HCCSCD

in collaboration with The Harris Center Upper Management will consider the effect of the design, acquisition, expansion, or modification upon the ability to protect residents from sexual abuse when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities.

The PD reported any construction, renovation or modification would be done with full consideration of all PREA standards. Further reporting there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings the executive staff would meet with all key staff and agency personnel to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

DDRP has cameras throughout the facility. The cameras are strategically located in areas to maximize coverage area. Cameras are not in the bathrooms. Security and accountability are enhanced by staff making frequent rounds of the facility and property.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21
- Memorandum Agreement between Harris County Community Supervision and Corrections Department (HCCSCD) and Houston Area Women's Center (HAWC) dated September 10, 2018.

Interviews with the following:

- Random Staff
- SAFE/SANE Personnel
- Facility Head – Program Director (PD)
- Agency PREA Coordinator (APC)

Provision (a)

On the PAQ, DDRP reported the facility is responsible for conducting administrative investigations. The local Sheriff's Department is responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 9-10, VII, a, specifies DDRP staff will not conduct criminal investigations or forensic medical examinations in incidents of sexual assault. When a resident reports that he or she has been the victim of a sexual assault, staff must explain the importance of preserving evidence of the alleged act and request that the resident not take any action that could destroy such physical evidence. Such acts include bathing, brushing teeth, changing clothes, drinking, smoking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe. Under no circumstances will a victim be charged with a rules violation if he or she refuses to follow these directives.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, VII, p. 10, g, states the Harris County Sheriff's Office (HCSO) shall investigate allegations of sexual abuse in accordance with State laws and PREA guidelines.

The auditor interviewed staff about the rules of evidence, and their understanding of the process when a resident reports an alleged sexual abuse or sexual harassment incident. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

At the time of the on-site audit, no youthful residents were in residence at DDRP.

Provision (c)

On the PAQ, DDRP reported all treatment services are provided to the victim without financial cost.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 10, VII, c, indicates victims of sexual abuse will be offered access to a Sexual Assault Nurse Examiner (SANE) at Memorial Hermann Northeast at no cost to the victim.

DDRP *Prison Rape Elimination Act*, RRI-10 revised 05-11-21, p. 10, VII, b-e, indicates:

- b. Victims of sexual assault will receive a forensic medical examination through the Memorial Herman Northeast Hospital.
- c. Victims of sexual abuse will be offered access to a Sexual Assault Nurse Examiner (SANE) at Memorial Hermann Northeast at no cost to the victim.

d. Victims will be offered a victim advocate from the Houston Area Women's Center (HAWC). HAWC provides advocate services to males and females. HCCSCD has entered into an MOU with HAWC to provide services to all residents of the HCRTC campus, which includes DDRP.

e. The HAWC victim advocate will be available upon the request of the victim to accompany and support them through the SANE exam and investigative interviews. The HAWC advocate will provide emotional support, crisis intervention, information, and referrals.

During the interview with the APC, she confirmed in the past 12-months there were zero residents transported for SAFE/SANE services.

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Memorial Hermann Northeast Hospital, 18951 W Memorial Dr, Humble, TX 77338; 281-540-7700. The Sexual Assault Nurse Examiner (SANE) provides timely, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations through the Houston Area Women's Center, 1010 Waugh Dr, Houston, TX 77019; 713-528-2121.

SAFE/SANE personnel at Memorial Hermann Northeast Hospital confirmed the residents are not charged for the forensic exams.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination.

Memorandum Agreement between Harris County Community Supervision and Corrections Department (HCCSCD) and Houston Area Women's Center (HAWC), dated September 10, 2018, provides documentation that advocacy services are provided to the DDRP residents.

During the interview with the APC, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. During the examination, the resident meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the advocate, in collaboration with mental health services.

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there was four sexual abuse and sexual harassment allegation received during the previous 12-months One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled

administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

At the time of the audit, the information received indicated in past 12-months there were zero forensic examinations completed.

Provision (e)

As stated in Provision (d) during the examination, the resident meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) the facility is responsible for conducting administrative investigations. Harris County Sheriff's Office is responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, VII, p. 10, g, states the Harris County Sheriff's Office (HCSO) shall investigate allegations of sexual abuse in accordance with State laws and PREA guidelines.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined DDRP meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with:

- Agency PREA Coordinator (APC)
- Random Staff
- Investigative Staff

Provision (a)

DDRP refers all administrative investigations to the facility/agency investigators and all criminal investigations to the Harris County Sheriff's Office.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 10, VIII, a-d, states:

- a. The PREA Coordinator shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. A DDRP PREA Investigation is completed for all allegations of sexual misconduct, including those also referred for criminal investigation.
- b. This fact finding will be completed by a properly trained investigator appointed by the DDRP Residential Manager/ Lead Nurse/PREA Coordinator or Manager of Residential Services. The investigator cannot be someone who is a participant or witness to the matter under investigation. In instances where criminal behaviors have been alleged, the HCSO will be contacted to complete the investigation.
- c. The HCSO will complete PREA investigations in accordance with State laws and PREA guidelines.
- d. DDRP staff assigned to conduct an administrative investigation receive specialized training for this role that will include topics related to the dynamics of sexual trauma, crisis intervention, HAWC and SANE protocols, investigative protocols related to Miranda, Garrity, evidentiary standards and investigative techniques. This training is documented in respective training records. DDRP staff responsible for administrative investigations shall follow DDRP policy on conducting such investigations.

In the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

In the past 12-months there were zero SAFE/SANE examinations.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to report to the Program Director, Duty Officer, or supervisor.

Provision (b)

The policies regarding DDRP's obligation to thoroughly investigate all matters relative to sexual abuse and sexual harassment are provided in Provision (a).

DDRP ensures all allegations are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. Administrative allegations are investigated by the APC. The ones which might be criminal in nature are investigated by the Harris County Sheriff's Office, then referred to the appropriate jurisdiction for prosecution if it is deemed a criminal act was committed. If it is deemed a criminal act was not committed it is sent back to the APC for administrative handling.

Provision (c)

As stated in Provision (a) the agency and facility refer all administrative investigations to facility/agency investigators and all criminal investigations to the Harris County Sheriff's Office.

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard, which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- PREA Training Documentation 2021

Interviews with the following:

- Random Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 10-11, IX, a, specifies all DDRP employees will be trained on the topics listed below, as well as the agency's policies and procedures on sexual abuse and sexual harassment within one year of hire, and annually thereafter. Training will be tailored to the gender of the residents and employees who are reassigned to a work with residents of a different genders shall receive additional training.

- i. Zero tolerance policy for sexual abuse and sexual harassment;
- ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response to policies and procedures;
- iii. Residents' rights to be free from retaliation for reporting sexual abuse and sexual harassment;
- iv. The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- v. The dynamics of sexual abuse and sexual harassment in confinement;
- vi. The common reactions of sexual abuse and sexual harassment victims;
- vii. How to detect and respond to signs of threatened and actual sexual abuse;
- viii. How to avoid inappropriate relationships with residents;
- ix. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside agencies.

DDRP's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of thirty-five staff training records. Each record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all the sign-in sheets for PREA training for the past 12-months which were confirmed by staff signatures, each of the employees at DDRP had acknowledged receiving the PREA training.

Each of the staff interviewed recalled attending the initial PREA training when they were hired. All staff interviewed confirmed they receive PREA training annually.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.11, IX, b-c, states:

- b. all DDRP employees will be trained annually on PREA standards and reporting requirements, along with the Harris Center's requirement regarding sexual abuse and harassment.
- c. DDRP will document, through employee signature or electronic verification that employees understand the training they have received.

The training provided by the DDRP, addresses both male and female issues. The Auditor reviewed the training materials utilized for the staff at DDRP. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that

houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the resident population.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at DDRP, verifying attendance of DRPP staff.

Provision (c)

According to the PAQ, DDRP staff receive training annually. Of the 101 staff presently assigned to DDRP, the Auditor reviewed records of thirty-five staff. The reviewed records revealed the staff had received PREA training in the past 12-months.

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging their attendance at training. The auditor review copies of PREA training attendance logs for the past 12-months. Attendance logs confirmed all staff had attended PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that DDRP meets the standard which addresses policies regarding employee training.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Contractors

Provision (a)

On the PAQ, DDRP reported two individual contractors, who have contact with residents, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 11, X, a, states DDRP will ensure all volunteers and contractors who have contact with residents complete a training on their responsibilities under the DDRP sexual abuse and sexual harassment prevention, detection, and response policies and procedures, which includes PREA requirements.

Provision (b)

As stated in Provision (a), DDRP reported two individual contractors, who have contact with residents, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 11, X, b, regular volunteers and contractors will receive training based on the services provided and level of contact they have with the residents. All volunteers and contractors will be notified of DDRP's **zero tolerance policy** against sexual abuse and sexual harassment and the manner in which they are to report such incidents.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 11, X, d, all DDRP volunteer and contractor training will be documented, and a list maintained and updated by the PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- DDRP, PREA Employee Acknowledgement Form
- DDRP, Clients and Family Handbook, revised 12-13-21
- PREA Posters
- Miscellaneous Training Materials

Observations during on-site review:

Interviews with the following:

- Intake Staff
- Residents

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, XI, a, states all residents receive information explaining DDRP's zero tolerance policy regarding sexual abuse and sexual harassment. In addition, they also receive information on:

- i. how they may report incidents or suspicious of sexual abuse and sexual harassment,
- ii. their rights to be free from sexual abuse and sexual harassment,
- iii. their right to be free from retaliation for reporting such incidents, and
- iv. DDRP's policies and procedures for responding to such incidents.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, XI, e, specifies posters and handbooks with PREA education and information are made available to residents and/or visibly posted

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, XI, d. indicates DDRP maintains documentation of resident participation in these education sessions.

DDRP Clients and Family Handbook, revised 12-13-21, p. 11, explains DDRP shall maintain a zero tolerance for sexual misconduct in its treatment program or during patient stays. Sexual misconduct among clients and by staff towards clients is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.

The *DDRP Clients and Family Handbook*, orientation material, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

During interviews with intake staff, it was confirmed residents are provided written PREA materials, *DDRP Client and Family Handbook*, and information about the facility's zero-tolerance policy and ways to report upon arrival. The resident signs the acknowledgment form which is retained in the resident record.

The facility has telephones designated for resident use. Using any of these telephones, a

resident can call a PREA hotline to report an incident of sexual abuse or sexual harassment. The call is free of charge, not recorded and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with residents, all reported receiving written PREA materials, *DDRP Client and Family Handbook* and information about the facility's zero-tolerance policy and ways to report. The Auditor reviewed twenty resident records for PREA Education documentation. In each of the records, the residents had received and signed for PREA information at intake. All residents who had been in the program 30-days had been re-assessed within 30 days of their 72-hour assessment. Likewise, they had all been provided PREA Comprehensive Education within 30 days of arrival.

A review of twenty resident records was conducted and the signed PREA acknowledgment document was part of every record.

Provision (b)

Per the PAQ, DDRP reported during the past 12-months there were 360 residents admitted to the DDRP program. Consequently, DDRP provided PREA information, which included their right to be free from sexual abuse, as well as the policies and procedures for reporting to all 360 residents. DDRP reported 100% of the residents admitted to their facility in the past twelve 12-months received the mandated information.

During interviews with intake staff, they indicated residents receive their PREA training immediately upon arrival, prior to their bed assignment. They reported the residents are not allowed to leave the intake area until they have completed their initial PREA orientation.

During interviews with residents, each were asked to briefly outline what they learned during PREA training. Most responded with answers similar in nature and were generally: zero-tolerance for sexual abuse or harassment, how to report, to dial the PREA Hotline and call the number on the posters around the facility.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, XI, c, states residents are provided education in formats accessible to all, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

As indicated in Provision (b) 100% of residents who entered the facility during the past 12-month period received the required PREA training. This training at intake, is facilitated through staff going over material and answering any questions the resident may have. Upon arrival, the resident is also provided a *DDRP Client and Family Handbook* and PREA information. At the end of the orientation process is a question-and-answer period to reinforce retention of the information presented.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon

arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility residents are given orientation materials, including PREA related materials, before being assigned a bed. This is a requirement for all residents, whether they are a new intake or a transfer from another facility.

Provision (d)

As stated in previous provisions, all residents are required to sign a *PREA Acknowledgement* once they have completed PREA education. A copy of this acknowledgment is retained in the resident record as documentation.

As stated in provision (a), a review of twenty resident records was conducted, and the signed acknowledgment documentation was in every resident record.

Provision (e)

Using varying formats, the resident population receives important information in user friendly, comprehensible ways. The *DDRP Client and Family Handbook* is an excellent tool which specifically lays out the prevention of sexual violence, zero-tolerance policy and includes multiple methods residents can seek assistance regarding sexual violence.

DRPP has a variety of PREA posters, in both English and Spanish. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with residents, many reported the PD, and other staff check with them formally and informally about PREA issues and practices.

Conclusion:

Residents in the DDRP program are very well informed and educated in how to prevent, detect and report PREA allegations. Based upon the review and analysis of all the available evidence, the Auditor has determined the DRPP exceeds the standards for resident education. No recommendations or correction action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

- National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*

Interviews with the following:

- Agency PREA Coordinator (APC)
- Investigative Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.14, XII, a, states DDRP staff assigned to conduct an administrative investigation receive specialized training for this role that will include topics related to the dynamics of sexual trauma, crisis intervention, HAWC and SANE protocols, investigative protocols related to Miranda, Garrity, evidentiary standards and investigative techniques. This training is documented in respective training records. DDRP staff responsible for administrative investigations shall follow DDRP policy on conducting such investigations. DDRP will maintain documentation that the designated investigators have completed the required specialized training in conducting sexual abuse investigations.

All PREA allegations that are criminal in nature are investigated by the Harris County Sheriff's Office. This agency trains their officers in investigation in a confinement setting. They use the National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*.

Provision (b)

This is addressed in Provision (a).

Through a review of training records and an interview with an investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

The Auditor reviewed documentation, certificates, and lesson plans for the investigative trainings.

- April 16, 2019 - National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*

A review of the lesson plan shows this training meets the requirement of this standard.

Provision (d)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

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.) 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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, DDRP has 25 medical or mental health care workers.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, b, states in addition to the training noted in standard 115.231, all full and part time medical and mental health care practitioners who regularly work in DDRP will be trained in the :

1. How to detect and respond to signs of threatened and actual sexual abuse;
2. How to preserve physical evidence of sexual abuse;

3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, b, states DDRP medical staff do not conduct forensic examinations. Residents will be transported to Memorial Hermann Northeast for such examinations.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 14, c, DDRP maintains documentation that medical and mental health practitioners have received the trainings referenced in standards 115.231 and 115.235.

The APC confirmed that DDRP maintains documentation of all training.

Provision (d)

DDRP employs 25 medical and mental health staff. The training medical and mental health care practitioners receive is outlined in Provision (a).

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the DDRP meets the standard, which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interview with the following:

- Staff Responsible for Risk Screening
- Residents

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, a, indicates all residents are assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents within 72 hours of arrival at the facility. All DDRP programming occurs at one campus.

All residents interviewed recalled being asked questions relative to their concern about sexual abuse and if they felt like they were going to harm themselves. A review of resident records revealed all residents had been asked the questions on the day they arrived.

During the on-site audit, the Auditor discussed processes with screening staff. The staff was able to guide the Auditor through the intake screening process, by explaining the process that each resident is required to participate in during the initial screening and ongoing screening processes. The screening staff member discussed each of the documents and assessments utilized as we proceeded through the processes.

Provision (b)

As stated in (a), according to the listed policies all residents must be screened within 72-hours of arrival.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, d-f, says the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessment residents for risk of being sexually abusive. Each resident will be reassessed for victimization or abusiveness based upon additional, relevant information received by the campus since the intake screening. A resident's risk level for victimization or abusiveness shall be reassessed within 30 days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, b, specifies the assessment is conducted using an objective screening instrument and is considers, at minimum, the following criteria for risk of sexual victimization:

- i. Whether the resident has a mental, physical, or developmental disability;
- ii. The age of the resident;
- iii. The physical build of the resident;
- iv. Whether the resident has previously been incarcerated;
- v. Whether the resident's criminal history is exclusively nonviolent;
- vi. Whether the resident has prior convictions for sex offenses against an adult or child;
- vii. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- viii. Whether the resident has previously experienced sexual victimization; and
- ix. The resident's own perception of vulnerability.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 359 residents were screened for the risk of sexual victimization or sexual abusiveness within 72-hours of their entry into the facility.

The Auditor reviewed twenty resident records to ensure they were screened upon arrival. All 20 records had verification that the initial screening had occurred within 72-hours of arrival.

All residents interviewed recalled being asked questions specific to previous sexual abuse & harassment within three days of their arrival at the facility. A review of resident records revealed all residents had been asked the questions on the day they arrived.

As stated in (a), the Auditor was able to specifically question classification staff about the required questions. The classification staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, b, specifies the assessment is conducted using an objective screening instrument and is considers, at minimum, the following criteria for risk of sexual victimization:

- i. Whether the resident has a mental, physical, or developmental disability;

- ii. The age of the resident;
- iii. The physical build of the resident;
- iv. Whether the resident has previously been incarcerated;
- v. Whether the resident's criminal history is exclusively nonviolent;
- vi. Whether the resident has prior convictions for sex offenses against an adult or child;
- vii. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- viii. Whether the resident has previously experienced sexual victimization; and
- ix. The resident's own perception of vulnerability.

Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 333 residents have been re-assessed for the risk of victimization or risk of abusiveness of other residents within 30-days of their entry into the facility.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, f, mandates a resident's risk level for victimization or abusiveness shall be reassessed within 30 days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

All residents interviewed recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks after arrival. All records reviewed had documentation of a thirty-day reassessment.

Out of the 20 resident records which were reviewed by the auditor, all who had been in the program 30-days had been re-assessed within 30-days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, e, each resident will be reassessed for victimization or abusiveness based upon additional, relevant information received by the campus since the intake screening.

As stated in (a) the Auditor was able to speak with screening staff who were able to explain to the Auditor the intake screening and classification process. Screening staff indicated they monitor the resident population, and reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the resident's risk of victimization or abusiveness.

Provision (h)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, g, states residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to (b)(i), (b)(vii), (b)(viii), or (b)(ix) in this section.

Screening staff indicated they do not discipline any resident for their refusal to answer these questions during an assessment, rather each indicated he/she would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the resident chose not to respond.

Provision (i)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p.15, XIII, h, states DDRP will not disclose 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.

As stated in (a), the Auditor interviewed screening staff. The screening staff indicated access to the resident's screening information is secured, with controlled access by administrative staff.

During the interview process the Auditor learned administrative staff and programming staff have access to the screening information collected during intake and screenings. Everyone else is on a need-to-know basis.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interview with the following:

- Agency PREA Coordinator (APC)
- Staff Responsible for Risk Screening

Provision (a):

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 15, XIV, b, indicates the facility, room/bed and program assignments for transgender or intersex residents will be made on a case-by-case basis, focusing on the resident's health and safety,

and whether the placement would present management or security problems.

The APC indicated every assessment completed by staff is factored into the placement and programming of each resident. She further stated the resident's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every resident, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of 20 resident records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

During interviews with staff who are responsible for risk screening, the Auditor was informed that because of the assessment procedures being utilized, each resident is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual resident when making classification and housing decisions.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21 p. 15, XIV, a, states the results of the screening process described in section XV will be used to inform housing, bed, and program/education assignments or restrictions with the goal of keeping separate residents at risk of being victimized from residents with risk of being sexually abusive. These decisions will be made on an individualized basis.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XIV, d, says in part a transgender and intersex resident's own views with respect to their own safety is given serious consideration

During interviews with intake staff that are responsible for risk screening, it was indicated the transgender or intersex residents view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each resident is evaluated individually.

There were no transgender or intersex residents in the DDRP program at the time of the audit. Therefore, no interviews were conducted.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XIV, d, says in part a transgender and intersex resident's own views with respect to their own safety is given serious consideration

During interviews with the APC and staff responsible for screening, all specified the

transgender or intersex resident's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These residents are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XIV, d, transgender and intersex resident's own views with respect to their own safety is given serious consideration and they will be afforded the opportunity to shower and manage personal care needs in privacy separate from other residents when so desired.

According to the APC and the staff responsible for risk screening, each indicated the transgender or intersex resident's views of their own safety is given serious consideration when providing showering options. In addition, they clarified, transgender or intersex residents would be able to shower separately from other residents by utilizing alternate shower times.

As previously identified, each of the bathrooms have shower stalls and toilets that are not easily seen by staff. The random staff who were interviewed indicated that if a transgender or intersex resident asked to shower separately, they would arrange a separate shower time from the other residents. Additionally, a transgender or intersex resident would be allowed to go into the bathroom and lock the outside door to ensure no one entered while the resident was showering.

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XIV, e, states DDRP does not maintain facilities dedicated to LGBTQI status.

The interview with the APC indicated that DRPP is not under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. She indicated all LGBTI residents are housed within the general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the DDRP meets the standard requiring the use of screening information. No recommendation or corrective action is required.

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*)
- 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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- PREA Posters in English and Spanish

Observations during on-site review

Interview with the following:

- Agency PREA Coordinator (APC)
- Random Staff
- Random Residents

Provision (a):

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XV, a, states DDRP will provide multiple ways for resident's staff, and third parties to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These options include those listed below, and may be reported anonymously by all parties:

- i. Written or verbal reports to any staff member
- ii. The Harris Center Agency Right's Officer
- iii. Contacting the Texas Department of Protective and Regulatory Services
- iv. The HCCSCD PREA or HAWC Hotline
- v. Emailing the confidential HCCSCD PREA email address
- vi. DDRP formal grievance process
- vii. Contacting the HCCSCD or State Ombudsman by mail, phone, or email.

Residents may report sexual abuse or sexual harassment verbally or in writing, through a third-party or anonymously. Residents may file a grievance, call the PREA hotline, contact a staff member or they may tell any staff member and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

The staff interviewed, all indicated they would accept a report or allegation from a resident and provide it to their supervisor for further direction. They each also verbalized residents can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, filing a grievance, or telling a family member. Staff interviewed

stated residents can privately report sexual abuse or sexual harassment as well through the hotline number.

The residents interviewed, all reported that they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the program director, have family member contact the facility, contacting a staff member, and writing a grievance. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous resident telephones throughout the facility, and all were in working order and readily available in each housing unit.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XV, d, states all residents, third party, or staff may use the Houston Area Women's Center (HAWC) hotline number to make reports. The HAWC MOU provides for immediate notification to the PREA Coordinator, the DDRP Residential Manager, the HCCSCD Manager of Residential Services and/or law enforcement of complaints related to sexual abuse or sexual harassment received via the hotline. The resident may remain anonymous upon request.

The APC was interviewed regarding the process for providing one way for the resident population to report abuse or harassment to a public or private entity. She indicated the residents can use the PREA hotline and leave an anonymous message.

The residents interviewed were all familiar with the telephone number posted throughout the facility that residents could call for free.

During the on-site tour, the hotline number 832-927-PREA (7732) was tested and was functional.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XV, b, states staff shall promptly document any verbal reports.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XV, e, states upon receipt of notice of a PREA report the PREA Coordinator shall notify the HCCSCD Manager of Residential Services and implement administrative fact finding and the HCSO and HAWC as appropriate.

Of residents interviewed regarding this provision, 100% indicated they were aware they can

make reports of sexual abuse or sexual harassment in person, in writing and verbally.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XV, d, states all residents, third party, or staff may use the Houston Area Women’s Center (HAWC) hotline number to make reports. The HAWC MOU provides for immediate notification to the PREA Coordinator, the DDRP Residential Manager, the HCCSCD Manager of Residential Services and/or law enforcement of complaints related to sexual abuse or sexual harassment received via the hotline. The resident may remain anonymous upon request.

Staff are expected to report any knowledge or suspicion of abuse or misconduct. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted.

Through interviews with staff, several methods for staff to privately report sexual abuse of residents were identified. All staff indicated they may choose to make a private report to their direct supervisor, call the PREA hotline, or call the Agency PREA Coordinator.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined DDRP meets the standard relative to resident reporting. No recommendation or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Observations during on-site review

Interview with the following:

- Agency PREA Coordinator (APC)
- Random Staff
- Residents

Provision (a):

The PAQ reflects, DDRP had zero grievances for sexual abuse or sexual harassment in the past 12-months.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XVI, a, states DDRP has no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XVI, b, states residents will not be required to utilize any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

When asked, staff reported they would accept a grievance form from a resident for a PREA related issue.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XVI, a, states DDRP has no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XVI, b, states residents will not be required to utilize any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 16, XVI, c, states a resident may submit a grievance to any staff member. At no time shall a resident be required

to submit a grievance regarding a staff member to that individual; nor may any staff member share knowledge of the grievance with the target of the grievance

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVI, c, states a resident may submit a grievance to any staff member. At no time shall a resident be required to submit a grievance regarding a staff member to that individual; nor may any staff member share knowledge of the grievance with the target of the grievance

During the facility tour, the Auditor observed the grievance box in plain view and easily accessible to the residents of the facility. The grievance box is checked once a shift by a staff member to ensure grievances are addressed in a timely fashion.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVI, d, states DDRP will issue a final agency decision on the merits of any one portion of a grievance alleging sexual abuse or sexual harassment expeditiously, but within 90 days of the initial filing of the grievance.

- i. The 90-day time period will not include time consumed by residents in preparing any administrative appeal.
- ii. Should DDRP require additional time to respond, which will not exceed an additional 70 days, the resident should be notified in writing and provided a date by which a decision will be made.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVI, f, states regardless of a resident declining to pursue a grievance filed on his or behalf, reports or grievances alleging sexual misconduct will require staff follow the fact finding and advocacy processes called for in this chapter.

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVI, i, states in all cases alleging imminent risk, an immediate corrective action may be taken. The initial response is to be provided within 48 hours, and the final decision provided within 5 days. Both the initial response and the final agency decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Provision (g)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVI, j, states if an investigation or fact finding establishes that a resident filed a grievance related to sexual misconduct in bad faith, the resident may be subject to normal disciplinary action for lying or filing false reports. In no other situation may a resident face sanction or disciplinary action for filing a report alleging sexual misconduct.

There were no grievances alleging sexual abuse, sexual harassment or that a resident was at substantial risk of sexual abuse during the past 12-months. This was confirmed through the interview process with administrative staff and the reviewed Pre-Audit Questionnaire. In their interviews, residents stated the grievance process as one way they could report. When asked, none of the interviewed residents had ever filed a grievance related to PREA.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- DDRP, *Clients & Family Handbook*, revised December 13, 2021
- MOU with Houston Area Women's Center, dated 9-10-18
- PREA Posters

Observations during on-site review

Interviews with the following:

- Residents

Provision (a)

On the PAQ the facility reported it provides 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 numbers) for local, state, or national victim advocate or rape crisis organizations
- Enable reasonable communication between residents and these organizations in as confidential a manner as possible.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVII, a, states DDRP provides residents with access to HAWC, an outside agency which provides victim advocates for emotional support services related to sexual abuse by providing mailing addresses and free telephone numbers. Residents have reasonable access to communication with HAWC in a manner which is as confidential as possible.

DDRP has an MOU with Houston Area Women's Center, 1010 Waugh Dr, Houston, TX 77019; 713-528-2121. to provide the residents with access to outside support services related to sexual abuse. The hotline number, which the Auditor verified, is 832-927-PREA (7732)

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Memorial Hermann Northeast Hospital, 18951 W Memorial Dr, Humble, TX 77338; 281-540-7700. The Sexual Assault Nurse Examiner (SANE) provides timely, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations through the Houston Area Women's Center, 1010 Waugh Dr, Houston, TX 77019; 713-528-2121.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters regularly stated, "You have a right to be free from sexual assault" or "zero-tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. Postings around the facility, the *Client and Family Handbook*, the PREA materials dispersed upon arrival, let residents know the ability to notify the APC, or other staff member, the PREA hotline, etc., of any incident of sexual abuse or harassment.

Provision (b)

On the PAQ, DDRP reported it tells residents the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 17, XVII, b, indicates staff will notify residents of the extent to which such communication is monitored, and the extent to which reports of sexual abuse will be forwarded to authorities.

Provision (c)

DDRP has an agreement with Houston Area Women's Center, 1010 Waugh Dr, Houston, TX 77019; 713-528-2121. to provide the residents with access to outside support services related to sexual abuse. The Auditor was provided a copy of the agreement to review.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has

determined the DDRP meets the standard regarding resident access to outside confidential support services. No recommendations or corrective action is required.

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

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- HCCSCD PREA Website
[https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 18, XVIII, a, states DDRP provides multiple ways for third parties to report sexual abuse and sexual harassment, retaliation by other residents or staff and staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These options include those listed below:

- i. Written or verbal reports to any staff member
- ii. The Harris Center Agency Incident Report
- iii. Contacting the Texas Department of Protective and Regulatory Services
- iv. The HCCSCD PREA or HAWC Hotline
- v. Emailing the confidential HCCSCD PREA email address
- vi. DDRP formal grievance process
- vii. Contacting the HCCSCD or State Ombudsman by mail, phone, or email

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 18, XVIII, b. states reporting options are detailed on the Zero Tolerance postings and on the HCCSCD website. The PREA Coordinator shall ensure these postings are prominently posted in all common areas utilized by residents, staff, and visitors.

This link provides multiple ways for PREA reporting by residents, third parties or staff.

[https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding third-party reporting. No recommendations or corrective action is required.

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

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 18, XIX, a, states DDRP staff are required to report immediately and according to policy the following:

- i. Any a knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a campus (whether it is a DDRP campus, HCRTC campus or any other campus).
- ii. Any knowledge of retaliation against residents or staff who reported such an incident, and
- iii. Any knowledge of staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During interviews with staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, etc. All staff indicated PREA related allegations and reports go to their supervisor, the duty officer, or the PD, who then notifies the APC.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 18, XIX, b, states staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy to make treatment, investigation and other security and management decisions

During interviews with staff, all were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, duty officer, etc.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 18-19, XIX, c, indicates unless otherwise precluded by Federal, State or local law, DDRP staff will be required to inform residents of the duty to report the alleged sexual abuse, and the limits of confidentiality at the initiation of services

During interviews with staff, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they understood the obligation of a practitioner to advise the victim (resident) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 20, XIX, i, states if the alleged victim is under the age of 18 all staff shall adhere to mandatory reporting requirements as required under Texas law (800-252-5400).

During the interview process, the APC confirmed that if the alleged victim is considered a vulnerable adult under State or local vulnerable persons statute, she would report the allegation to the designated State or local services agency under the applicable mandatory reporting law.

Interviews with the APC revealed she is aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the agency investigators.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 20, XIX, j, states all allegations of sexual abuse and sexual harassment, including third-party reporting and anonymous reports, are reported to the DDRP designated PREA investigators.

During the interview process, it was confirmed allegations of sexual abuse and sexual harassment are reported to the up the chain of command to the APC. If it is an allegation that can be handled administratively, the facility/agency investigators investigate the allegation. If it is deemed to be potentially criminal in nature, the Harris County Sheriff Department oversees the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

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

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Staff

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 20, XIX, h, indicates if a DDRP staff member is alerted to any indication that a resident is subject to substantial risk of imminent sexual abuse, immediate action will be taken to protect the resident. This includes providing a safe place for the resident and reporting this issue to a supervisor and a HCCSCD staff member without unreasonable delay. In all such circumstances a staff member must not assume a single report resolves a risk situation. Until safety concerns have been addressed and acknowledged by management the staff member is responsible for the resident's safety. This requirement applies equally when a resident has been identified as a threat to others.

The PD was interviewed and stated she would take immediate action to protect the victim (resident). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator if known, would be separated from the victim.

During staff interviews, all staff reported if they received an allegation from a resident, they would immediately separate the victim and the perpetrator, keep the victim safe, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding agency protection duties. No recommendations or corrective action is required.

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

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 20, XX, a, states upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the staff member who received the allegation shall notify the DDRP Residential Manager or PREA Coordinator. The DDRP Residential Practice Manager or PREA Coordinator will notify the HCCSCD Manager of Residential Services. The HCCSCD Manager of Residential Services shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 20, XX, b, indicates notice will be provided as soon as possible, but not later than 72 hours after receiving the allegation. Documentation of such notice will be kept by the PREA Coordinator in the form of a memo; including the date and name(s) of the persons(s) to whom it was reported.

Provision (c)

This is addressed in Provision (b)

Provision (d)

During the interview process the APC confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any facility will be investigated.

The PD indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately investigated. If the investigation is administrative, it is handled by the facility/agency investigators. If at any point the investigation deems the allegation might be criminal in nature it is turned over to the Harris County Sheriff's Department for investigation

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- DDRP, First Responders Checklist

Interviews with the following:

- Facility Head – Program Director (PD)
- First Responders

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 19, XIX, f, clarifies that upon learning of an allegation that a resident was sexually abused, DDRP staff shall separate the victim and perpetrator and summon aid from other staff on site immediately by calling loud for help or notifying other staff via phone or radio. Other campus staff are required to render aid and coordinate actions to fulfill these procedures while maintaining safety and security in the campus.

- If at any time it is determined the incident involves criminal behavior, the HCSO is contacted to begin a criminal investigation. At such time the administrative investigation will cease and await HCSO instruction. The PREA Investigator will ensure the safety of the victim and maintain the integrity of investigation and evidence (if any) until HCSO arrives.
- Staff will notify the PREA Coordinator or the PREA Investigator immediately to ensure that measures to safeguard the victim (if identified) are put in place immediately. The PREA Investigator will be responsible for communication and directing responses to the incident. Information related to the incident should not be reported to any persons outside of DDRP Administration (HCCSCD Manager or Residential Services, the DDRP Residential Manager, the Clinical Supervisor, the PREA Coordinator, and the Unit Lead Nurse).

- iii. Designated staff will secure scene of a sexual assault and prevent others from entering the area or tampering with items there.
- iv. Both victim and perpetrator are to be directed by the first responder to refrain from any actions that could destroy physical evidence. When a resident reports that he or she has been the victim of a sexual assault, staff must explain the importance of preserving evidence of the alleged act and request that the resident not take any action that could destroy such physical evidence. Such acts include bathing, brushing teeth, changing clothes, drinking, smoking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe. Under no circumstances will a victim be charged with a rules violation if he or she refuses to follow these directives.

On the PAQ, DDRP indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months.

DDRP reported, in the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

The PD indicated staff have been trained in the PREA process, and annual training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training and on-the-job training. Each verbalized the PD frequently reminds them of PREA policies and speaks with them regarding the importance of PREA and safety from sexual abuse or harassment.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 19, XIX, f, states in part, The staff member who discovered the incident or received the initial report is considered the first responder and will complete section I of the First Responder's Checklist. This checklist is used in incidents where an act of sexual abuse or assault is discovered or reported to have occurred on HCCSCD premises. This first responder must document their actions, observations, etc. on witness Statement.

Policy mandates the first responding staff member shall separate the alleged victim and abuser ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time that still allows for the collection of physical evidence. Additionally, the staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

Non-custody staff who were interviewed, all stated they would notify custody staff, their supervisor, the PD, or the duty officer, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

The Auditor's review of the PREA training curriculum that all staff received, confirmed it identifies whoever received the information first, as a first responder. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to their supervisor, PD, or duty officer.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Facility Head – Program Director (PD)

Provision (a)

On the PAQ, the facility reported they have developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioner, investigators and facility leadership.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 20-21, XXI, a-h, outlines the coordinated response plan:

- a. The PREA Investigator will have immediate responsibility to coordinate staff actions taken in response to an incident of sexual assault, including communication with DDRP Management Staff, HCSO, HAWC, HCCSCD Manager of Residential Services and medical responders.
- b. PREA Investigator or Lead Nurse will provide immediate verbal notice to the DDRP Residential Manager and PREA Coordinator.
- c. PREA Coordinator or DDRP Residential Manager shall assign staff duties as outlined below, including contacting HAWC and assigning the PREA investigator responsible for completing a fact-finding investigation.
- d. PREA Coordinator shall ensure all staff directly involved complete required written reports prior to leaving the campus or completing their shifts. These reports shall be provided to the PREA Coordinator or assigned Investigator. The reports should include the names of witnesses (residents, staff, volunteers and contractors) and confirmation a request written statements was made complete them at the earliest opportunity, i.e., for staff and volunteers that is within one business day of being requested.
- e. The assigned PREA Investigator will contact the HAWC within 24 hours of the incident report (if requested) to arrange contact between the victim advocate and the alleged victim. The advocate shall ensure that all follow-up and support available to the victim is facilitated by program staff, to include escort as needed.

- f. Any resident reporting an incident of sexual abuse shall be engaged with Harris Health and / or a HCRTC licensed practitioner to assess immediate needs and vulnerabilities. Residents shall receive services from Harris Health until they have been appropriately referred (as needed) to an outside medical facility. Onsite Harris Health staff are not permitted to perform SANE examinations.
- g. The PREA Investigator or designee will contact the HCCSCD Manager of Residential Services for direction concerning the need for immediate transfer of the complainant/victim from the program for his or her protection. The DDRP Residential Manager will also be apprised of the status of the alleged resident abuser, whether the individual has been taken into custody, or whether the individual should be removed from the program.
- h. The DDRP Residential Manager and Manager of Residential Services will ensure DDRP staff cooperates with any investigation by any supervising official or HCSO authority.

During the interview process the PD confirmed the above policy breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training and on-the-job training.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding coordinated response. The coordinated response at DDRP is well thought out and expertly implemented. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Facility Head – Program Director (PD)

Provision (a)

According to the PAQ, DDRP does not participate in collective bargaining.

When asked, the PD confirmed they do not have collective bargaining.

Provision (b)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding preservation of ability to protect residents from contact with abusers. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

According to the PAQ, the PCM has been identified as the individual who is primarily responsible for monitoring possible retaliation.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 21-22, XXII, a-h, explains:

- a. DDRP will not tolerate any form of retaliation against a resident or staff who reports an incident of sexual abuse or sexual harassment or cooperates with an investigation of an incident from other residents or staff members. If substantiated, the person(s) responsible for the retaliation may be subject to immediate disciplinary action up to and including termination or removal from the program.
- b. DDRP will provide for housing changes and potentially program transfers to protect alleged victims. Alleged abusers, including residents and staff, may be removed from the area in order to limit contact with victims, victim advocates, or other residents and staff who may fear retaliation. This may include removal from the facility.
- c. The Clinical Supervisor or designee will monitor for up to 90 days the conduct or treatment of residents or staff who reported the sexual abuse or sexual harassment to see if any changes occurred that might suggest possible retaliation by residents or staff. This monitoring will include periodic review of program plan updates, evaluation of resident behavior, or concerns with progress in the treatment program. Issues to be monitored include, but are not limited to, program compliance, program engagement, evidence of isolation, mood disorders or increased anxiety.
- d. The Clinical Supervisor or designee shall ensure supportive counseling is made available to the victim. Alleged resident perpetrators may also be referred for mental health assessment and intervention.
- e. If the retaliatory behavior is clear, repeated and/or shows the potential for imminent harm, the DDRP Residential Manager will consult with the HCCSCD Manager of Residential Services regarding removal or discharge of the perpetrator from the program.
- f. At least once every 30 days during this period the DDRP Residential Manager or designee will personally conduct a status check with the victim and any individuals who cooperated in the investigation(s) to determine if any issues need to be addressed.
- g. If the initial monitoring indicates a continuing need, the DDRP Residential Manager will continue such monitoring beyond 90 days.
- h. The PREA Coordinator will document on tracking Log when monitoring is no longer needed, e.g., the resident or staff member are no longer at the DDRP facility. PREA Coordinator will advise the DDRP Residential Manager and the HCCSCD Manager of Residential Services via email on the determination of stoppage of continual monitoring.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 21, XXII, c, states the Clinical Supervisor or designee will monitor for up to 90 days the conduct or treatment of residents or staff who reported the sexual abuse or sexual harassment to see if any changes occurred that might suggest possible retaliation by residents or staff. This monitoring will include periodic review of program plan updates, evaluation of resident behavior, or concerns with progress in the treatment program. Issues to be monitored include, but are not limited to, program compliance, program engagement, evidence of isolation, mood disorders or increased anxiety.

During the interview process the PD, it was revealed there are multiple measures used to protect residents and staff from retaliation. These measures include considering and monitoring if the resident is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

Provision (c)

According to the PAQ, the PCM generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, DDRP did not have any instances of retaliation in the past 12-months.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 21, XXII, c, states the Clinical Supervisor or designee will monitor for up to 90 days the conduct or treatment of residents or staff who reported the sexual abuse or sexual harassment to see if any changes occurred that might suggest possible retaliation by residents or staff. This monitoring will include periodic review of program plan updates, evaluation of resident behavior, or concerns with progress in the treatment program. Issues to be monitored include, but are not limited to, program compliance, program engagement, evidence of isolation, mood disorders or increased anxiety.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXII, e-g, states:

- e. If the retaliatory behavior is clear, repeated and/or shows the potential for imminent harm, the DDRP Residential Manager will consult with the HCCSCD Manager of Residential Services regarding removal or discharge of the perpetrator from the program.
- f. At least once every 30 days during this period the DDRP Residential Manager or designee will personally conduct a status check with the victim and any individuals who cooperated in the investigation(s) to determine if any issues need to be addressed.
- g. If the initial monitoring indicates a continuing need, the DDRP Residential Manager will continue such monitoring beyond 90 days

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXII, f, states at least once every 30 days during this period the DDRP Residential Manager or designee will personally

conduct a status check with the victim and any individuals who cooperated in the investigation(s) to determine if any issues need to be addressed.

During the interview process with the PD, the Auditor was told that retaliation is not tolerated at DDRP. The PD emphasizes to staff and residents that they are free to speak about PREA issues without fear of retaliation. She stressed if retaliation does occur, there would be prompt action taken against those responsible for the retaliation.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXII, a, states DDRP will not tolerate any form of retaliation against a resident or staff who reports an incident of sexual abuse or sexual harassment or cooperates with an investigation of an incident from other residents of staff members. If substantiated, the person(s) responsible for the retaliation may be subject to immediate disciplinary action up to and including termination or removal from the program.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Investigative Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, b, states The PREA Investigator shall ensure that a prompt, thorough and objective Fact-finding Investigation is completed for all allegations of sexual misconduct in any form. This includes reports

- i. from anonymous and third-party sources,
- ii. incidents that occurred prior to admission and
- iii. incidents that occurred off premises.

This requirement will be carried out regardless of whether the matter is also referred for criminal investigation.

At the time of the audit, DDRP had seven agency/facility investigators. The Auditor reviewed documentation confirming the investigators completed specialized investigative training. These investigators complete all administrative investigations. If the evidence suggests a crime has been committed, the Harris County Sheriff's Department will conduct the investigation. DDRP continues to work with the investigating agency to ensure an open and fluid investigation. All substantiated criminal cases are referred for prosecution.

During the interview with the investigative staff, it was indicated investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

Provision (b)

DDRP investigators, as well as Harris County Sheriff Department investigators, receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for resident

sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signature on the training sheet.

During the interview with investigative staff, it was confirmed she had attended these training sessions. The Auditor reviewed the investigators training records and verified her attendance and participation in all mandated training.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, c, iii-iv, states:

- iii. Administrative investigations will include collecting and evaluating staff witness statements, documentary and/or electronic records, video or other surveillance recordings
- iv. The administrative investigations will include interviews with the alleged victim and alleged perpetrator to determine credibility and culpability, however these interviews must be approved by the funder in advance and these must not interfere in or attempt to supplant criminal investigations being conducted by law enforcement. Issues of credibility must not be based on an individual's status as resident, employee or seniority.

During the interview, the investigative staff indicated that in administrative cases she will gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

She stated all her investigations follow practically the same investigative format. She stated it varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse. If it is an alleged sexual assault or sexual abuse incident, she will go to the hospital or dedicated SAFE/SANE location where the victim is being seen.

Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated she collects and secures all evidence. She reports she has been trained in evidence collection. The Auditor reviewed training records, which confirmed this training.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, c, v, states: DDRP investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process.

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop. The Harris County Sheriff Office (HCSO) read the perpetrator his/her Miranda rights and take over the case, including all evidence. At this point,

the DDRP investigative staff will only conduct compelled interviews after consultation with the HCSD or the prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, c, iv-v, states

- iv. the administrative investigations will include interviews with the alleged victim and alleged perpetrator to determine credibility and culpability, however these interviews must be approved by the funder in advance and these must not interfere in or attempt to supplant criminal investigations being conducted by law enforcement. Issues of credibility must not be based on an individual's status as resident, employee or seniority.
- v. PREA investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. She stated everyone is treated as credible and truthful unless the investigation proves otherwise. She confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, vi, states the PREA investigator will review staff activities before and during the reported incident to determine if all protocols were followed and whether any staff actions, inactions or negligence contributed to the incident.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, ix, indicates the staff member completing the Administrative/Fact Finding PREA Investigation will document all activities, findings, action taken and recommendations using the Witness /Investigation forms. This report, including copies of statements, documentation of interviews, video recordings or photographs, plus documentation explaining any extensions required, shall be forwarded to PREA Coordinator to draft final report which will be submitted to the DDRP Residential Manager and the HCCSCD Manager of Residential Services for review upon completion.

During the interview, the investigative staff reported in administrative investigations she follows the evidence as the investigation unfolds. In following the evidence, she attempts to determine if staff actions or failure to act contributed to the allegation. She summarizes all findings in her report. Lastly, she stated that she documents, in a written report, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

As previously stated, during the past 12-months there have been four allegations of sexual abuse or sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After

investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

Provision (g)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 22, XXIII, ix, vii, indicates in the case of a criminal investigation, the HCCSCD Manager of Residential Services and/or the DDRP Residential Manager will document a request for pertinent information from HCSO (or other investigative entity) in order to include this information in the investigation record.

When asked about handling criminal investigation, the investigative staff reported she thoroughly documents all steps of the process, including investigative steps, interviews, facts, and findings, up until the point she determines or suspects a criminal act occurred. At that point everything is handed over to the Harris County Sheriff's Department to complete the investigation.

During the interview process, the APC confirmed criminal investigations are documented in a written report that contains thorough description of physical, testimonial and documentary evidence with copies of all documentary evidence attached where feasible.

According to the PAQ, in the past 12-months there have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Per the PAQ, in the past 12-months there have been zero criminal cases referred for prosecution.

During the interview, investigative staff said when the evidence points to a crime being committed, the case is referred to the Harris County Sheriff's Department for investigation. If the investigation uncovers evidence that a crime has been committed the case is forwarded to the proper authorities for prosecutorial review.

Provision (i)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 24, XXIII, II, c, indicates upon completion of all investigations and reporting, the PREA Coordinator will secure all records of a sexual misconduct incident in archival storage for five years following the residents' discharge or staff members' termination. Documentation will be scanned and placed on appropriate drive for record retention.

During the interview process, the APC stated that DDRP retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Provision (j)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 23, XXIII, c, viii, states the departure or removal from the facility or employment of any alleged victim or perpetrator will not be grounds to stop or curtail the administrative/fact-finding process.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 23, XXIII, c, xi, states when outside agencies investigate sexual abuse, the HCCSCD Manager of Residential Services, shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the DDRP meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interviews with the following:

- Investigative Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 24, XXIII, II, b, states when the DDRP PREA Investigator and PREA Coordinator will use as a standard of proof a preponderance of the evidence when determining whether allegations of sexual misconduct can be substantiated.

During the interview process, investigative staff, confirmed all available evidence is reviewed and considered.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interview with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Investigative Staff

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 24, XXIII, III, a, states upon review and approval of the fact-finding investigation the DDRP Residential Manager or designee will provide the alleged victim and the HCCSCD Manager of Residential Services with a brief written or verbal report expressing the outcome of the investigation.

- i. The report and tracking log will document whether the fact finding resulted in a finding of substantiated, unsubstantiated or unfounded.
- ii. If an outside entity conducts the investigation, the HCCSCD Manager of Residential Services will request pertinent information from the investigative entity to inform the resident of the outcome of the investigation. The HCCSCD Manager of Residential Services will document this request in memo form with the fact-finding report.
- iii. If the allegation involved a staff member's substantiated sexual misconduct, the report will inform the resident whenever:
 1. The staff member is no longer posted within the resident's unit
 2. The staff member is no longer employed at the Facility.

3. HCCSCD or DDRP learns that the staff member has been indicted on any charge related to sexual abuse within the facility.
4. HCCSCD or DDRP PREA Coordinator learns that the staff member has been convicted of any charge related to sexual abuse within the facility

iv. If the allegation involved sexual assault by another resident in DDRP, the report would inform the victim whenever it is learned that the alleged abuser has been indicted on or convicted of any charge related to sexual abuse within the facility.

v. If information under a (iii) or a (iv) becomes available after the fact-finding report and response to the Resident has been completed, the DDRP Residential Manager or designee will be responsible for documenting and communicating this information to the resident.

1. If the resident refuses to accept or sign the report, the DDRP Residential Manager or designee will document this fact in memo form.
2. If the alleged victim is no longer a resident (or an employee) the report will document as such and filed with the rest of the documentation regarding this incident.

During the interview process with investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation. The PD was asked a similar question and she echoed the response of the investigative staff.

In the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

Provision (b)

According to the PAQ, during the past 12-months there have been zero criminal investigations by outside agencies.

During the interview process with investigative staff, the Auditor was instructed if DDRP does not conduct the investigation, it obtains all relevant information from the Harris County Sheriff Department to be able to inform the resident of the investigative findings. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation.

Provision (c)

During the interview process with the APC, she confirmed following a resident's allegation that a staff member has committed sexual abuse against the resident, DDRP informs the resident (unless the allegations are deemed unfounded), when:

1. The employee/staff is no longer posted within the resident's unit
2. The employee/staff is no longer employed at the facility
3. The employee/staff has been indicted on a charge related to the sexual abuse within the facility
4. The employee/staff has been convicted on a charge related to the sexual abuse within the facility

All notifications are documented in writing

Provision (d)

During the interview process with the APC, she confirmed following a resident's allegation that they have been sexually abused by another resident, DDRP will inform the victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications are documented in writing.

Provision (e)

During the interview process with the APC, she confirmed all notifications or attempted notification are documented in writing.

During the past 12-months there were four allegations of sexual abuse and sexual harassment. One was resident-on-resident sexual harassment. One was staff-on-resident sexual harassment. Two were staff-on-resident sexual abuse. After investigation, all four were deemed unsubstantiated. All were handled administratively. Three of the four residents were given timely notice of the outcome of the investigation. The victim of the resident-on-resident sexual harassment was not given notice because the victim was released before the investigation was completed. Sexual abuse incident reviews were completed for both unsubstantiated sexual abuse incidents.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding reporting to residents. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, IV, a-d, states:

- a. Violations of the Sexual Misconduct policy are a violation of standards of conduct and will result in disciplinary action up to and including termination. For incidents involving sexual abuse or assault by a staff member, termination of employment will be the presumptive action.
- b. Documentation of disciplinary responses will be reflected on the Agency Specific Corrective Action Form(s) as required.
- c. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- d. All terminations for sexual misconduct or resignations by staff who would have been terminated if they had not resigned are reported to relevant licensing bodies and law enforcement agencies unless the behavior was not criminal.

During the interview process the APC confirmed all staff are subject to disciplinary sanctions up to and including termination for violating DDRP sexual abuse or sexual harassment policies.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, IV, a, states violations of the Sexual Misconduct policy are a violation of standards of conduct and will result in disciplinary action up to and including termination. For incidents involving sexual abuse or assault by a staff member, termination of employment will be the presumptive action.

During the interview process the APC confirmed termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, IV, c, indicates the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

During the interview process, the APC confirmed disciplinary sanctions for violations of DDRP policies relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) is commensurate with the nature and circumstances of the act committed, the staff members disciplinary history and the sanctions imposed for comparable offense by other staff with similar histories.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, IV, d, all terminations for sexual misconduct or resignations by staff who would have been terminated if they had not resigned are reported to relevant licensing bodies and law enforcement agencies unless the behavior was not criminal.

During the interview process, the APC confirmed all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, (unless the activity was clearly not criminal. It is also reported to any relevant licensing body.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, V, a-c, states

- DDRP policy dictates that any contractor or volunteer who engages in sexual misconduct will be removed from the facility, banned from contact with residents and disallowed from future involvement with the organization.
- Any contractor or volunteer who engages in sexual abuse will be reported to law enforcement agencies and to relevant licensing bodies.
- Remedial measures taken by HCCSCD and the Harris Center for Mental Health and IDD for sexual misconduct violations by contractors or volunteers will be documented via memo or email by a member of the DDRP administrative team. This documentation will be included as part of the administrative investigation.

According to the PAQ, there were zero PREA investigations involving contractors or volunteers in the past 12-months.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, V, c, states remedial measures taken by HCCSCD and the Harris Center for Mental Health and IDD for sexual misconduct violations by contractors or volunteers will be documented via memo or email by a member of the DDRP administrative team. This documentation will be included as part of the administrative investigation.

During the interview process, the APC verified the policy of DDRP regarding corrective actions for contractors and volunteers.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21.
- DDRP, *Client and Family Handbook*, revised 12-13-21

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, VI, d, i-iii, states residents found culpable for sexual misconduct involving other residents or visitors will be subject to disciplinary actions. Residents found to be criminally responsible will be removed from the program subject to criminal prosecution.

- DDRP residents are subject to a formal disciplinary process, which is the only manner in which administrative sanctions may be imposed for sexual misconduct. The disciplinary process sets forth the potential consequences for violations of prohibited acts. These consequences exist within a framework of due process and progressive discipline that is based on the resident history, severity of the act, and mitigating and aggravating circumstances, including mental health issues.
- Resident referred under other contracts or programs will be subject to sanctions for sexual misconduct, up to and including program termination, only after formal consultation with the referral source or supervising officer. That consultation must include presentation and review of the agency Administrative/Fact Finding Investigation report and include consideration of the resident's history, mental health issues and consequences imposed in similar circumstances.
- DDRP prohibits sexual activity between residents. Consensual sexual activity will be subject to disciplinary sanctions as outlined above. If there is any evidence of coercion or force in an incident of sexual misconduct, DDRP Management staff will refer the matter for criminal investigation.

According to the PAQ, there were four PREA administrative and zero criminal investigations in the past 12-months.

During the interview process, the APC confirmed all residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, IV, c, indicates the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

During the interview process, the APC confirmed all residents' disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with

similar histories.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 25, VI, d, I, states DDRP residents are subject to a formal disciplinary process, which is the only manner in which administrative sanctions may be imposed for sexual misconduct. The disciplinary process sets forth the potential consequences for violations of prohibited acts. These consequences exist within a framework of due process and progressive discipline that is based on the resident history, severity of the act, and mitigating and aggravating circumstances, including mental health issues.

During the interview process, the APC confirmed a resident's mental disability or mental illness, if any, is considered to establish if it is a contributing factor when determining what type of sanction should be imposed.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 26, VI, b, states residents found to be involved in substantiated or unsubstantiated (but NOT unfounded) incidents of sexual misconduct may be referred for mental health assessment with the clinical staff. Follow-up services related to intervention or correction of underlying issues related to the misconduct will be provided on a case-by-case basis. If this referral is made pursuant to formal disciplinary sanction, compliance will be a condition of remaining in the DDRP program.

During the interview process, the APC confirmed a resident will be referred for counseling, therapy, or other intervention if it is deemed the resident could benefit from such a referral as it relates to sexual abuse.

Provision (e)

DDRP, *Client and Family Handbook*, revised 12-13-21, p. 30, states sexual relationships and activities between clients are not allowed at the DDRP.

During the interview process, the APC confirmed a resident is only disciplined for sexual contact with staff if the staff member did not consent to sexual contact.

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 26, VI, b, states DDRP prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

DDRP prohibits disciplinary action for a report of sexual abuse made in good faith based upon

a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

During the interview process, the APC confirmed for the purpose of disciplinary action, a report of sexual abuse will be considered made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish enough evidence to substantiate the allegation.

Provision (g)

DDRP, *Client and Family Handbook*, revised 12-13-21, p. 30, states sexual relationships and activities between clients are not allowed at the DDRP.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding disciplinary sanctions for residents. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 26, VII, a, states DDRP management at all levels are responsible for ensuring that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

During the interview process, the APC verified the nature and scope of emergency medical treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgment.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 26, VII, iii, states if no qualified medical or mental health professional are on duty at the time of the report, security/psychiatric technicians shall take preliminary steps to protect the victim as outlined in 115.263

During the interview process, the APC confirmed that staff first responders take preliminary steps to protect the victim and immediately notify the PD or duty officer, who immediately notifies the appropriate medical and mental health practitioners.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 26, VII, iv, medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing.

During the interview process, the APC verified resident victims of sexual abuse are offered timely access to emergency contraception (female) and sexually transmitted infections prophylaxis (male and female).

Provision (d)

This is addressed in Provision (a).

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interview with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 27, VII, vi, indicates when a Resident is identified as a potential abuser or perpetrator, either as result of assessment or as result of a substantiated or unsubstantiated (but not unfounded) incident finding, the Resident will be referred to mental health practitioner for assessment within at least 60 calendar days.

1. This assessment will be conducted to attempt to identify behavioral or emotional issues that put the individual at risk for misconduct.
2. If ongoing services are clinically indicated and authorized by the contract funder, mental health staff will work with the Resident to minimize risk if possible and address mental health needs in general.
3. The DDRP Residential Manager or designee may choose to delay this assessment process for a Resident under criminal investigation for the incident until a decision regarding criminal charges has been made, however staff must provide clinically appropriate services sufficient to minimize risk to the individual, other residents and staff.

During the interview process, the PD confirmed DDRP offers medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse in a correctional setting.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 27, VII, b, states the victim advocate appointed by HAWC will ensure a victim's medical, emotional and mental health needs are met with referral to services, either via DDRP mental health program staff or services provided under MOUs appended to this chapter.

- i. DDRP licensed mental health counselors are available to provide crisis intervention and mental health assessment to all residents that meet facility standards of care.
 1. Ongoing counseling is also available through DDRP if indicated by clinical assessment as permitted by contract.
 2. Counseling and support services will also be available through HCCSCD's MOU with HAWC.
 3. Clinicians will consult with case managers to ensure referral for follow-up services are arranged prior to discharge or release.

During the interview process, with PD explained that treatment plans, follow-up treatment, and referrals for continued care are made as appropriate for each individual resident.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 27, VII, b, ii, HCCSCD's MOU with Memorial Herman Hospital ensures resident victims of sexual abuse will be offered medical intervention and follow-up treatment. This is a community hospital with a high standard of care.

During the interview process with PD confirmed all medical and mental health staff are contract workers from the community. All medical and mental health services are consistent with the community level of care.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 26-27, VII, iv, 1, states medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing.

1. If pregnancy is a consequence of the incident such victims shall receive timely medical information and timely access will also be provided for any lawful pregnancy-related medical services.

Provision (e)

This is addressed in Provision (d).

Provision (f)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, pp. 26-27, VII, iv, 1-2, states medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing.

2. If pregnancy is a consequence of the incident such victims shall receive timely medical information and timely access will also be provided for any lawful pregnancy-related medical services.
3. Victims of sexual assault will also be provided tests for sexually transmitted infections as medically indicated.

Provision (g)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 27, VII, i, indicates all treatment services indicated by medical or mental health assessment are provided to every victim in a timely fashion, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Provision (h)

This is addressed in Provision (a).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interview with the following:

- Agency PREA Coordinator (APC)

- Facility Head – Program Director (PD)
- Incident Review Team (IRT)

Provision (a)

The PAQ reflects in the past 12-months there have been zero criminal and four administrative investigations of alleged sexual abuse completed at the facility.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 28, VIII, b, i-ii, states the PREA Coordinator will convene a meeting of the HCTRC Campus Leadership Team LT to review the incident documentation, the administrative investigation report and recommendations within 30 days of conclusion of the investigation.

- i. This review is required for any incident found to be substantiated or unsubstantiated (but not unfounded).
- ii. The review will also include input from DDRP Residential Manager, Clinical Supervisor, Operations Manager, PREA Coordinator, and the administrative investigator and other clinical staff if needed.

During the interview process the PD confirmed in the past 12-months there has been zero criminal and four administrative investigations of alleged sexual abuse completed at the facility. All four were unsubstantiated. Two were for harassment and two were for sexual abuse. a sexual abuse incident review was held on the two sexual abuse allegations. These reviews were held within 30-days of the end of the investigation.

Provision (b)

The PAQ reflects in the past 12-months there have been zero criminal and two administrative sexual abuse incident reviews completed at the facility.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 28, VIII, b, states the PREA Coordinator will convene a meeting of the HCTRC Campus Leadership Team LT to review the incident documentation, the administrative investigation report and recommendations within 30 days of conclusion of the investigation.

As stated in Provision (a) the sexual abuse incident review is conducted within 30-days of the conclusions of all sexual abuse investigations including allegations that are found to be substantiated or unsubstantiated.

Provision (c)

As stated in Provision (a) the Incident Review Team includes the PREA Coordinator and the HCTRC Campus Leadership Team. It also includes input from DDRP Residential Manager, Clinical Supervisor, Operations Manager, PREA Coordinator, and the administrative investigator and other clinical staff if needed.

The multidisciplinary incident review team consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interviews with the APC, she confirmed her understanding of the composition of the review team and their willingness to consider and incorporated recommendations from team members.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 28, VIII, c, i-iv, states the review will be completed by DDRP Administration to determine if responses implemented have been appropriate, sufficient and effective. The review shall also consider the following:

- i. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- ii. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- iv. Assess the adequacy of staffing levels in that area during different shifts;
- v. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
- vi. This review with participating members recorded will also be documented on a memo and include but not necessarily limited to determinations made pursuant to the above considerations, and any recommendations for improvement

During the interview process, members of the IRT reported the team considers all criteria listed above, as required by PREA policy.

Provision (e)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 28, VIII, c, iv, states the sexual abuse incident review, with participating members recorded, will also be documented on a memo and include but not necessarily limited to determinations made pursuant to the above considerations, and any recommendations for improvement

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 29, IX, a, i-vi, specifies the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

- i. The report will be completed using SSV-IA surveys completed during the Review team review process (see X.A-5 above). The PREA Coordinator is responsible for ensuring the most current SSV-IA is used each year and that the PREA Summary Annual Report is updated to meet SSV standards annually.
- ii. This summary report will review all available incident-based documents including reports, investigation files, and sexual abuse incident reviews in the calendar year.
- iii. The PREA Coordinator will ensure records of all reports from the year under review are considered, whether reviewed by OLT or not.
- iv. The report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.
- v. The report will include the following topics:
 1. Identifying problem areas
 2. Taking corrective action on an ongoing basis
 3. A review of its findings for each campus as well as the agency as a whole.
- vi. The PREA Coordinator will include recommendations for any additional improvements in the report.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 29, IX, a, indicates the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 29, IX, a, i-ii, specifies the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

- i. The report will be completed using SSV-IA surveys completed during the Review team review process (see X.A-5 above). The PREA Coordinator is responsible for ensuring the most current SSV-IA is used each year and that the PREA Summary Annual Report is updated to meet SSV standards annually.
- ii. This summary report will review all available incident-based documents including reports, investigation files, and sexual abuse incident reviews in the calendar year.

During the interview process with the APC, she confirmed the incident-based data collected includes, 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.

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, e-f, specifies

- e. The PREA Coordinator shall retain all records of reports, investigations and responses in a secure manner during the calendar year.
- f. At the end of the calendar year after the annual PREA Summary is completed, these records will remain archived by the PREA Coordinator as required by The Harris Center's data retention policies; however, at a minimum, records of sexual misconduct incidents will be secured for five years following the victim's and perpetrator's discharge or termination
- g. The DDRP Residential Manager shall retain copies of annual PREA Summary reports for ten years.

During the interview process with the APC, she confirmed HCCSCD maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

Provision (e)

During the interview process with the APC, she confirmed she obtains and includes incident-based and aggregated data from every facility with which HCCSCD contracts for the confinement of its residents.

Provision (f)

During the interview process with the APC, she confirmed HCCSCD would provide any requested data from the previous calendar year to the Department of Justice no later than June 30, if requested.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding data collection. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- Harris County Community Supervision and Corrections Department (HCCSCD) website [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, a, i-vi, states the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

- i. The report will be completed using SSV-IA surveys completed during the Review team review process (see X.A-5 above). The PREA Coordinator is responsible for ensuring the most current SSV-IA is used each year and that the PREA Summary Annual Report is updated to meet SSV standards annually.

- ii. This summary report will review all available incident-based documents including reports, investigation files, and sexual abuse incident reviews in the calendar year.
- iii. The PREA Coordinator will ensure records of all reports from the year under review are considered, whether reviewed by OLT or not.
- iv. The report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.
- v. The report will include the following topics:
 - 1. Identifying problem areas
 - 2. Taking corrective action on an ongoing basis
 - 3. A review of its findings for each campus as well as the agency as a whole.
- vi. The PREA Coordinator will include recommendations for any additional improvements in the report.

Provision (b)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, iv, states the report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, d, i-iii, mandates the annual summary report will be available to the public through the HCCSCD 's website.

- i. The publicly available report will have personal identifying information redacted, including names, ages, ethnicities, and position titles of victims and perpetrators.
- ii. Any other information to be redacted must be limited information that would pose a potential threat to safety or security.
- iii. The nature of any redactions will be noted in the public version

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, b-c states:

- b. the complete report shall be submitted to HCCSCD Manager of Residential Services, DDRP Residential Manager, the Vice President of Forensic Services and the Harris Center's Compliance Department Rights officer.
- c. Approval will be completed by the last working day of July each year. The report will be submitted with full details of incidents and investigations to the BOP and any other funder as requested

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, d, i-iii, mandates the annual summary report will be available to the public through the HCCSCD 's website.

- i. The publicly available report will have personal identifying information redacted, including names, ages, ethnicities, and position titles of victims and perpetrators.

- ii. Any other information to be redacted must be limited information that would pose a potential threat to safety or security.
- iii. The nature of any redactions will be noted in the public version

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- Harris County Community Supervision and Corrections Department (HCCSCD) website [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency ensures that incident-based and aggregate data is securely retained.

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, e, states the PREA Coordinator shall retain all records of reports, investigations and responses in a secure manner during the calendar year.

During the interview process with the APC, the Auditor learned DDRP securely retains data. The data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the HCCSCD website for public access.

Provision (b)

This is DDRP's first PREA audit. There are no previous PREA reports or annual reports to be posted.

The HCCSCD PREA webpage provides information on how to report PREA allegations. Data can be accessed at: Harris County Community Supervision and Corrections Department (HCCSCD) website [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Provision (c)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, a, i-vi, states the annual summary report will be available to the public through the HCCSCD 's website.

- i. The publicly available report will have personal identifying information redacted, including names, ages, ethnicities, and position titles of victims and perpetrators.

- ii. Any other information to be redacted must be limited information that would pose a potential threat to safety or security.
- iii. The nature of any redactions will be noted in the public version

Provision (d)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, IX, g, states the DDRP Residential Manager shall retain copies of annual PREA Summary reports for ten years.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

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.

Documentation Reviewed:

- DDRP Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21
- Harris County Community Supervision and Corrections Department (HCCSCD) website [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Interview with the following

- Agency PREA Coordinator (APC)

Provision (a)

DDRP *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, XI, a, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, HCCSCD shall ensure that each campus operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

The APC reported this is the first PREA audit for this institution. Further the APC reported this facility will be audited every three years.

Harris County Community Supervision and Corrections Department (HCCSCD) website data can be accessed at [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Provision (b)

During an interview with the APC, the Auditor learned the audit for DDRP is in the third year of the new three-year audit cycle. Harris County Community Supervision and Corrections Department (HCCSCD) website provides the most recent report relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the APC, PD and other staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, DDRP provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During resident interviews, all residents reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

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.

Provision (f)

This is the first PREA audit for this facility; therefore, no reports are posted on the website. However, the APC confirmed all future PREA reports and annual reports will be posted on the Harris County Community Supervision and Corrections Department (HCCSCD) website. They will be able to be accessed at [https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://cscd.harriscountytexas.gov/Pages/Prison-Rape-Elimination-Act-(PREA).aspx)

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRP meets the standard regarding audit contents and findings. No recommendations or corrective action is required.

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.

Darla P. O'Connor

March 19, 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.