

PREA Facility Audit Report: Final

Name of Facility: Minnie Rogers Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/24/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Derek Craig Henderson	Date of Signature: 04/24/2023

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	03/26/2023
End Date of On-Site Audit:	03/27/2023

FACILITY INFORMATION	
Facility name:	Minnie Rogers Juvenile Justice Center
Facility physical address:	5326 Hwy 69 South, Beaumont, Texas - 77705
Facility mailing address:	

Primary Contact	
Name:	Dennis Copeland
Email Address:	dennis.copeland@jeffcotx.us
Telephone Number:	4097227474

Superintendent/Director/Administrator	
Name:	Dennis Copeland
Email Address:	dennis.copeland@jeffcotx.us
Telephone Number:	4097227474

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

Facility Health Service Administrator On-Site	
Name:	Lashea Jones
Email Address:	lashea.jones@jeffcotx.us
Telephone Number:	4097227474

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	14
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	1-4
Number of staff currently employed at the facility who may have contact with residents:	30
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Jefferson County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	5326 Hwy 69 South, Beaumont, Texas - 77705
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Dennis Copeland	Email Address:	dcopeland@co.jefferson.tx.us

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-26
2. End date of the onsite portion of the audit:	2023-03-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

- The auditor interviewed a representative from the Garth House, who confirmed that a resident victim of sexual abuse from the detention facility can be referred to Garth House for a forensic interview and family advocacy. It was further explained that the Garth House works closely with a multi-disciplinary team of specialized professionals and organizations, with ensuring a forensic medical exam is arranged with the Rape Crisis Center (SANE/SAFE exams are conducted at Saint Elizabeth Hospital in Beaumont, TX). The Garth House representative also indicated that the victim advocate, who is able to remain with the victim throughout the entire process, is made available by the Rape Crisis Center, with the Garth House only providing family advocacy services.
- A representative from the Rape Crisis Center in Beaumont, TX was interviewed by the auditor over the phone, and this representative answered through the 24/7 hotline number. The representative confirmed the organizations practice of providing counseling and advocacy services to any child victim of sexual abuse, including a resident referred from the Jefferson County Juvenile Detention Center. She explained the process of providing a victim and specially trained victim advocate who is able to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. It was also confirmed that if a forensic medical examination is necessary, this would be conducted by a SANE/SAFE nurse at the Saint Elizabeth or Baptist local

hospitals (with, going through the hospital's ER to provide a licensed SANE/SAFE).

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0

39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0

<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>33</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected a representative sample of residents from the agency's resident roster, which included taking into consideration the length of stay, housing assignment, age, gender, and race.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>During the onsite, the auditor was advised that there were not any residents in the facility who had a physical disability or who were limited English proficient. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who had a physical disability (including Blind or low vision) or who were limited English proficient. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who had a physical disability (including Blind or low vision and Deaf or hard-of-hearing) or who were limited English proficient. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who had a physical disability (including Blind or low vision) or who were limited English proficient. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who identified as transgender or intersex. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who identified as transgender or intersex. This was also verified by the auditor through the facility inspection, informal conversations with residents, and formal interviews.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who reporting being a victim of sexual abuse at the facility. This was also verified by the auditor through a comprehensive documentation review, the facility inspection, informal conversations with residents, and formal interviews.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor was advised that there were not any residents in the facility who were being isolated due to a PREA related situation. This was also verified by the auditor through a comprehensive documentation review, the facility inspection, informal conversations with residents, and formal interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No barriers or issues experienced with interviewing residents or staff. 9</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	N/A
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the onsite, the auditor observed signs throughout the inside and outside of the facility, which included posters titled, "End the Silence." These "End of Silence" posters include the agency's zero tolerance policy statement and how to report to any sexual harassment or sexual abuse directly to the Texas Juvenile Justice Department (TJJD). The TJJD Abuse Hotline number is also included, and the PC walked the auditor through the process of how a resident can request to call this hotline from inside the facility's Library room. Each PREA related poster observed by the auditor was legible and provided clear documentation on how residents can make a report of sexual abuse or sexual harassment directly to staff or the TJJD Hotline. The PC advised that the only number the library phone is programmed to call is the TJJD Hotline, which is automatically called when the phone is lifted off the receiver. The auditor used this time to conduct a test call in the same manner that a resident can make a call to the hotline and was able to successfully reach a TJJD hotline operator within a few rings. The TJJD operator was very helpful and confirmed that a resident can report any type of abuse or harassment to the hotline and translation services are available if needed. After completion of the test call, the auditor was provided an email communication between the PC (who is also the Facility Administrator of the facility) and the TJJD Office of Inspector General's Office that proved the hotline test call was made and communicated back to the facility within minutes. Furthermore, the auditor confirmed that a resident can make the TJJD hotline call confidentially, without staff or other individuals listening in, by a staff member able to remain outside the library and only providing visual supervision through the library windows to ensure safety and security. Lastly, the auditor also observed the facility's resident grievance process, which includes a secured grievance box that is located in the cafeteria. The PC explained how any resident

or staff can place a grievance, or any other letter for that matter, in this box, which is only unlocked and checked by a facility supervisor or administrative staff.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

A comprehensive documentation review was completed by the auditor, which included analysis of the following documents:

- Investigative files for the last sexual abuse allegation made in the facility (2021)
- Staff, volunteer, and contractor PREA training verifications
- Resident PREA orientation and comprehensive education acknowledgement forms
- Intake Behavioral Screenings (risk screening) and periodic re-assessments
- PREA data and annual PREA reports
- Specialized PREA investigator training verifications
- Staff and resident rosters
- Staff schedules
- Criminal history and child abuse history reports and associated proof documents
- Disciplinary seclusions
- Isolation logs
- Grievances

Upon the auditor's review of the proof documents listed above, there are no issues to report at this time with oversampling or barriers experienced.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	<p>The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months.</p> <p>Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.</p> <p>This was confirmed through a comprehensive document review, facility inspection, and through interviews onsite.</p>
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>

Inmate-on-inmate sexual abuse investigation files

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

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

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

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no resident sexual harassment allegations made in the facility in the past 12 months. This was confirmed through a comprehensive document review, facility inspection, and through interviews onsite.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months.</p> <p>Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016. This information was also confirmed by the agency in the Pre-Audit Questionnaire.</p> <p>This was confirmed by the auditor through a comprehensive document review, facility inspection, and through interviews onsite.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Sexual Abuse PREA Policy 12.5 - Agency's Organizational Chart <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's designated PREA Coordinator (PC) while onsite, who is employed as the agency's Superintendent (also known as the <i>Facility Administrator- FA</i>) of the Jefferson County Juvenile Detention Center. The PC has been employed with the agency for 28 years, and he has been the agency's PC since PREA was first implemented at the facility in 2015. The PC has been the primary point of contact for the past three PREA audits conducted at the facility, and he provided the auditor contracted for this audit all the requested documentation required throughout all stages of the audit process. The PC explained in his interview during the onsite that he has sufficient time and authority to fulfill all his PREA required duties, such as to develop, implement, and oversee agency efforts to comply with the PREA standards. The PC elaborated further on how this is achieved, in which he explained how he is able to prioritize his duties and tasks to ensure compliance with all the applicable PREA Standards. He indicated that he is able to delegate his regular, non-PREA related duties of being the FA to other administrators and supervisors, which allows him time to focus on PREA and any PREA related deficiencies discovered. Lastly, the PC confirmed his authority in the hierarchy of the agency's organizational chart, in which he reported directly to the Director of the agency and directly supervises all staff employed to work within the facility. <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the onsite inspection, the auditor observed computers located in each Dorm control room, which, as per the PC, provides all staff a way to access the agency's policies and procedures, including the agency's PREA Policy. Additionally, during the onsite the auditor observed several zero tolerance posters throughout the inside of the facility and in the public waiting area, which were titled, "<i>End the Silence.</i>" These posters were in Spanish and English and included the agency's zero tolerance policy against sexual abuse and sexual harassment, as well as the TJJD Abuse Reporting Hotline number. <p>Explanation of determination:</p> <p>115.311 (a-c):</p>

Upon the auditor's review of the agency's PREA Policy (Policy 12.5), it was determined the agency has established an agency-wide policy that clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment and sufficiently outlines how the agency's plan for preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, the agency's PREA Policy and Organizational Chart ensures the agency's PREA Coordinator has the sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards.

Furthermore, Policy 12.5 includes the following sections related to preventing, detecting, and responding to sexual abuse, sexual harassment, retaliation for reporting, and staff neglect:

- General Rules
- Definitions
- Detecting Sexual Abuse and Sexual Harassment
- Reporting Sexual Abuse and Sexual Harassment
- Actions Taken in Response to Allegations of Sexual Abuse and Sexual Harassment
- Disciplinary Action in Regards to Allegations of Sexual Abuse and Sexual Harassment
- Medical and Mental Health Services
- Prevention Procedures
- Prevention and Staff Training
- Confidentiality
- Counseling
- Reporting to Other Facilities
- Sexual Abuse Incident Reviews
- Data Collection
- Annual Review of Policy 12.5

The agency does not designate PREA Compliance Manager, and the auditor determined this is not required due to the size of the agency, the fact the agency only operates one facility, and the PC is able to fulfil all the responsibilities related to develop, implement, and oversee agency efforts to comply with the PREA Standards.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Sexual Abuse PREA Policy 12.5 - Contract & Agreement for Short Term Detention of Juvenile Offenders from Surrounding Counties (total of 5) - Contracts for Placement of Jefferson County Juveniles to Residential Treatment Centers (Placements- total of 4) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's Placement Supervisor, who has worked for Jefferson County Juvenile Probation Department (JCJPD) for eight years. The Supervisor advised that the agency includes the requirements of this PREA Standard in all placement and short term detention contracts, as also verified by the auditor upon the documentation review for this standard. Furthermore, the Supervisor explained how JCJPD ensures that each contracted agency complies with the requirements of this standard in practice by reviewing the annual PREA data that is submitted for any new and renewed contract. <p>Explanation of determination:</p> <p>115.312 (a-b):</p> <p>The auditor learned through the documentation review and in discussions with the PC that the Jefferson County Juvenile Probation Department (JCJPD) has current executed contracts with private agencies or other entities, which provide placement services for juveniles who are court ordered to be placed at contracted placement facilities/programs. JCJPD contracts with a total of four (4) residential treatment centers for the placement of adjudicated juveniles. Further, the agency contracts with surrounding counties (<i>total of 5</i>) for the confinement of the contracted department's juveniles at the Jefferson County Juvenile Detention Center (JCJDC).</p> <p>Upon the auditor's review of the contracts provided, it was apparent that all nine (9) contracts include the elements of this PREA Standard, as well as PREA Standards 115.387, 115.388, and 115.389. The contracts include the following language in Article XII as it relates to the requirements of this PREA Standard:</p> <ul style="list-style-type: none"> • Service Provider shall comply with all federal, state, county, and city laws, ordinances, regulations and standards applicable to the provision of services described herein and the performance of all obligations undertaken pursuant to this contract, including the Prison Rape Elimination Act of 2003 (PREA) which establishes a zero-tolerance standard against sexual assault of

incarcerated persons, including juveniles, and addresses the detention, elimination, prevention, and reporting of sexual assault in facilities housing adult and juvenile offenders.

- Under PREA, Service Provider shall make available to CPO all incident-based aggregated data reports for every allegation of sexual abuse at its facility or facilities, and all such data may be requested by the Department of Justice from the previous calendar year, no later than June 30 (PREA 115.387 (e) and (f)).

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Policy 3.8 (Staffing Requirements) - Staffing Plan Assessments Conducted in 2022 and 2021 - Annual Review of Sexual Abuse/Sexual Harassment Incidents - Samples of Unannounced Round Documentation <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's Superintendent, who is also designated as the agency's PREA Coordinator (PC). The PC explained how the agency has developed and implemented a compliant Staffing Plan, which is reviewed annually by the administrative team. The Staffing Plan is also approved by the agency's Director annually. The PC further elaborated how the Staffing Plan is regularly evaluated and reviewed, which includes monitoring the schedules and staffing assignments of staff to meet existing needs of the facility regarding safe and effective supervision of residents. The PC confirmed to the auditor that there has never been a situation in which the agency has had to deviate from their Staffing Plan; however, if such a situation were to occur, the agency includes in their Staffing Plan and PREA Policy that this must be justified and documented. The PC explained how the maximum capacity of the facility is 48, with six different pods that include a total of eight (8) rooms per pod. The facility includes both male and female residents, with the males housed and programed completely separate from the females. Additionally, same gender staff are assigned to work with each group of residents, and the facility has always had at least one male and one female staff on duty at all times. It was clarified that Juvenile Supervision Officers (JSOs), who are the facility's security staff, are essential staff of the county and required to remain at work until either relieved by a staff member or advised to leave by their immediate supervisor or administrative staff. The PC confirmed the required 1:8 and 1:16 staff to resident ratios and clarified that staff assigned to the facility's control room, which is staffed 24/7, are not included in this 1:8 or 1:16 ratio requirement. Lastly, the PC acknowledged that if there is a risk of falling below the minimum staff ratios, facility supervisors, Juvenile Probation Officers, other JSO's not on the schedule, and/or administrative staff can be called in to assist with supervision at the facility. - The auditor also interviewed on of the agency's supervisors, who conducts unannounced PREA rounds at the facility. This supervisor explained his practice of ensuring the unannounced rounds are completed as required by the agency's PREA Policy, in which he clarified that the rounds are completely random and staff are prohibited from alerting other staff of the rounds being conducted. He walked the

auditor through the process of how he begins the rounds, with going through all areas of the facility to assess for any issues such as unlocked doors, residents not being properly supervised, or policy violations. The supervisor explained how the unannounced round walk thru is documented on an agency's Unannounced Rounds form, and this form is turned into either the Superintendent or Casework Manager. Lastly, the supervisor acknowledged the difficulty of conducting the unannounced rounds when he is called in to assist a shift due to being short staffed; however, he knows what is required and does the best he can.

Site Review Observations:

- During the onsite, the auditor observed and took note of the movement and location of the residents and staff in the facility. For example, during the onsite inspection, the auditor observed eight (8) male residents walking with one (1) male JSO to the outdoor recreation area, which confirmed the practice of maintaining a 1:8 staff to resident ratio during waking hours, as well as the agency's practice of having same gender staff supervision. Additionally, the auditor later observed 8 male residents and one male staff on one of the male housing units, as well as observed three (3) female residents with one (1) female JSO walking to a dayroom area. In each instance, the facility maintained the required ratios of 1:8 during waking hours. Furthermore, during the onsite the auditor reviewed the staff scheduled to work each of the shifts during the two days the auditor was onsite, and each shift included the minimum ratio requirements of both waking (*7-3 and 3-11 shifts*) and sleeping hours (*11-7 shift*). The auditor also was provided access to the facility's control room, which was being staffed by a JSO who was able to view all areas of the facility through the surveillance video system. The facility utilizes a touch screen door locking system and has approximately 88 cameras in operation at the facility. The main control room provides control room staff with multiple views of all areas of the facility, and the camera views are displayed on two large monitors above where the control room staff sits. Additionally, each of the resident's rooms has a call button and speaker, and this allows for all residents to call the control room staff directly if needed. The camera views provide extensive coverage of the inside and outside areas of the facility; however, it is important to note that there is no direct view inside any private resident changing area. The shower areas and restroom areas are not on camera view, and the PC and staff interviewed onsite clarified that all residents shower one at a time and it is against facility rules for a resident to leave the shower area or their room without being properly clothed. One area that does not include a camera, in which the PC advised residents are not allowed, is the facility's laundry room. However, it is important to note that the doors leading into the laundry room are on a camera view, which allows the agency to review any individual who enters this area of the facility. It is recommended, as a means of best practice, to have a camera installed in the laundry room in order to eliminate this blind spot area.

Explanation of determination:

115.313 (a-e):

The auditor was provided agency Policy 3.8 (Staffing Requirements), and upon the auditor's review, it was confirmed that this policy includes all the requirements set forth in this PREA Standard. Policy 3.8 outlines facility specific details related to how the agency ensures full compliance with their Staffing Plan and according to the procedures outlined in this Policy, the following requirements are set forth therein:

- Requirement for the Superintendent to regularly evaluate and review staffing assignments to meet existing and changing requirements.
- The Staffing Plan shall be used to help determine adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.
- Requirement for the PC to assess, determine, and document if any adjustments are needed to the agency's Staffing Plan.
- Requirement for the Facility Administrator (FA) to approve the Staffing Plan that was developed for each living unit that includes, but is not limited, the eleven (1-11) elements of provision (a) of PREA Standard 115.313.
- General provisions related to establishing a written staffing plan that describes the staffing levels allowed, staffing requirements, security level, and programming schedule of each housing unit.
- Facility design bed capacity (48)
- Staff to resident direct supervision ratios to not exceed one staff to every eight residents during waking (programming hours) and one staff to every sixteen residents during sleeping hours (non-program hours)
- How resident room assignments are assigned
- Programming schedule
- Cafeteria mealtime schedule
- Evening schedule
- Video monitoring (operations & placement)
- Facility dynamics associated with the male and female housing units
- Staffing schedule
- Blind spots
- Educational programming for the residents
- PREA supervision requirements (*unannounced supervisory rounds*)
- Requirements associated with staffing plan deviations and the required annual review of the plan.

The auditor was also provided the agency's Staffing Plan Assessments completed in 2022 and 2021, which are approved and signed by the PC/Superintendent, Casework Manager, and Chief Juvenile Probation Officer. The Staffing Plan Assessments include documentation on how the agency conducted the annual assessments to assess, determine, and document whether adjustments are needed to the Plan to ensure juveniles are protected from sexual abuse. The review process includes:

- evaluating the number of certified security staff (*Juvenile Supervision Officers/JSOs*) on shift during waking and sleeping hours;

- a review of facility monitoring systems (*89 total cameras in operation*);
- documenting any pertinent notes related to the Staffing Plan;
- documenting any applicable findings of inadequacy from judiciary, federal investigative agency, or internal/external oversight body;
- addressing surveillance blind spots;
- consider the juvenile populations, numbers and placement of staff supervising juveniles, any applicable state, local, or federal laws or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse (*review of: Annual Review of Sexual Abuse/Sexual Harassment Incidents Report*);
- documenting the resources available and committed to ensuring adherence to the Staffing Plan; and
- reviewing the agency's Facility Policy and Procedure Manual.

The agency reported no deviations to the Staffing Plan since the last PREA audit; however, if a deviation were to occur, the incident is required, per agency Policy, to be fully documented and corrective action will be immediately implemented. Furthermore, the agency includes their intermediate-level or higher-level supervisors unannounced round procedures in Policy 3.8, as confirmed by the auditor, which includes the following required practice:

- Unannounced rounds are performed during all shifts throughout the areas of the facility and are performed by the Detention Superintendent and the two Detention Casework Supervisors at least weekly at random unscheduled times and dates during their rotation. Documentation of this will be reflected in the Supervisor Unannounced Rounds log. The department shall prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The unannounced round Policy, as described above, is also included in the agency's annual Staffing Plan review process. The provided Staffing Plan reviews include a section requiring the administrative team (*PC, Casework Manager, and Director*) to review the policy and practice related to unannounced PREA rounds.

Lastly, the auditor was provided samples of unannounced PREA rounds that were completed at the facility by intermediate-level or higher-level supervisors in the past 12 months, with the auditor requesting the unannounced rounds from each of the three shifts (*7-3, 3-11, & 11-7*) for four randomly selected months. The auditor was provided completed "Unannounced Rounds" sheets for each of the four months selected; however, upon the auditor's review, it was determined that two selected months were missing the Unannounced Rounds sheets for the 3-11 shifts and another month selected was missing the Unannounced Rounds sheets for the 3-11 and 11-7 shifts. This discrepancy was included on one of the Issue Logs that the auditor provided the PC during the pre-onsite phase of the audit, and it was later determined that the Unannounced Round sheets for the four shifts requested above

were not available. Due to this lack of proof documentation provided to demonstrate full compliance with the requirements associated with PREA Standard 115.313 (e), the agency was found to not be in full compliance with this PREA Standard. However, it is important to note that the facility's Superintendent and the Supervisor interviewed expressed how they conduct periodic and frequent "informal" walk throughs of the facility operations in order to ensure the safety and security of the facility. Additionally, the auditor learned that the Superintendent and supervisors will work random shifts that are unpredictable by security staff working in the facility, just as when they were both working on the first day of the onsite, which was a Sunday. Furthermore, it is important to clarify that the facility is small, with two dorms that include three housing units of 8; therefore, it is reasonable to conclude that both documented and undocumented unannounced rounds of the facility are likely to be conducted by the Superintendent and supervisors on a regular basis. The sample of unannounced round documentation analyzed by the auditor reflects that the facility conducts numerous unannounced rounds per month, and the months missing the particular shifts may have been due to human error and the upper-level staff forgetting to complete the Unannounced Rounds form. Nonetheless, the auditor had no choice but determine the agency as in non-compliance with all the requirements associated with PREA Standard 115.313 (e).

Corrective Action:

Within days after the unannounced rounds discrepancy was shared with the leadership team during the exit meeting on the last day of the onsite, the Director of the agency provided the auditor with a memo that outlined the agency's plan of action in response to the issue. The Director advised that the Casework Manager will review on the 15th of each month the Unannounced Round Log to ensure that unannounced rounds are conducted on each shift, as required by PREA Standard 115.313 (e). Additionally, the PC emailed the auditor the completed Unannounced Rounds documents for each of the three shifts for the month of April, as well as the proof documentation of the Caseworker Manager's review of the Unannounced Rounds Log. Upon the auditor's review of the proof documentation associated with the prompt corrective action implemented at the facility, the auditor determined the agency as fully compliant with PREA Standard 115.313 (e).

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required at this time.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1230 589" style="list-style-type: none"> - Agency Policy 9.8 (Searches of Locations and Juveniles) - Agency Policy 14.3 (Bathing and Hair Care Facilities for Juveniles) - Agency Training Agenda for 2023 <p data-bbox="280 631 459 665">Interviews:</p> <ul data-bbox="280 707 1481 2063" style="list-style-type: none"> - The auditor interviewed the agency's Superintendent, who is also designated as the agency's PREA Coordinator (PC). The PC explained how the maximum capacity of the facility is 48, with six different pods that include a total of eight (8) rooms per pod. The facility includes both male and female residents, with the males housed and programed completely separate from the females. Additionally, same gender staff are assigned to work with each group of residents, and the facility has always had at least one male and one female staff on duty at all times. It was clarified that Juvenile Supervision Officers (JSOs), who are the facility's security staff, are essential staff of the county and required to remain at work until either relieved by a staff member or advised to leave by their immediate supervisor or administrative staff. Lastly, the PC acknowledged that if there is a risk of falling below the minimum staff ratios, facility supervisors, Juvenile Probation Officers, other JSO's not on the schedule, and/or administrative staff can be called in to assist with supervision at the facility. - The auditor interviewed a representative sample of JSOs during the onsite, which included a total of twelve (12) randomly selected JSOs from each of the three shifts (7-3, 3-11, and 11-7) and with part-time and full-time status included. All the JSOs interviewed confirmed that opposite gender searches of any kind are strictly prohibited, with never being involved in any type of opposite gender search situation. It was reported by all 12 staff that there has always been at least one male and one female staff on-duty at all times; however, if an exigent situation were to occur and the administrative approved for opposite gender pat-searches due to an extreme situation involving safety and security, they all confirmed that they have been trained on how to conduct pat-searches, including opposite gender and transgender/intersex pat-searches, in the most respectful and professional manner possible. The 12 staff also were asked questions related to cross-gender viewing of residents, in which all staff clarified how same gender staff are only assigned to work with residents during all times in which residents are changing, going to the restroom, or showering. For example, the staff interviewed explained further how female staff are assigned to work with the female residents and male staff are assigned to work with the male residents. All the staff advised that residents are able to change their clothes, use the restroom, and shower in private, without staff

of the opposite gender viewing, and all residents shower alone and one at a time. All the JSOs shared with the auditor how they make their opposite gender staff announcement when entering the male or female housing area, which is called over the radio and announced loudly when entering the opposite gender housing unit. Lastly, the JSOs explained how if a resident who identifies as transgender/intersex is admitted into the facility, the process of working with such a resident would be staffed by management and handled on a case-by-case basis to ensure the resident feels safe and less vulnerable to abuse or harassment. For example, some of the staff interviewed, those aware of the agency's intake process, explained how facility supervisors/administrators are notified of all juveniles who are pending referred to the detention center in order to make the final decision if the juvenile is going to be admitted into the facility or not; therefore, supervisors/administration would be involved with how to properly deal with a transgender/intersex situation before the youth is ever admitted into the facility. Additionally, all the JSO indicated that agency leadership would staff each transgender/intersex resident to determine, on a case-by-case basis, who should conduct the pat-search and where the resident should be housed, with taking into account the resident's own perception of safety and vulnerability.

- The auditor also interviewed eleven (11) total residents during the onsite, which represented a representative sample of residents from each housing unit, as well as targeted residents who fell under the applicable PREA classification. The total population of residents during the onsite was twenty-two (22), with 19 males and 3 females. With a representative sample of 50% of the facility's population interviewed, the auditor was able to gain an effective insight into the overall practice of PREA within the facility. The 11 residents were asked questions related to cross-gender viewing and searches, in which all the residents advised that they had never been involved in any type of opposite gender search of any kind, and they have not witnessed such a search being performed while in the facility. The residents explained how they have heard opposite gender staff make announcements when entering their pod or dorm; however, in most all instances, the residents reported that same gender staff were assigned to work their pod. Furthermore, the resident advised that staff of the opposite gender had never watched them in a state of undress, such as during showers, using the restroom, or changing their clothes. Each resident explained they are able to do all these things in private, either in their room or in the shower area. All the residents confirmed the facility's practice of showering one at a time and advised, in every case, it has been a same gender staff on the pod during shower times.

Site Review Observations:

- During the onsite, the auditor observed and took note of the movement and location of the residents and staff in the facility. For example, during the onsite inspection, the auditor observed eight (8) male residents walking with one (1) male JSO to the outdoor recreation area, which confirmed the practice of maintaining a 1:8 staff to resident ratio during waking hours, as well as the agency's practice of having same gender staff supervision. Additionally, the auditor later observed 8 male residents and one male staff on one of the male housing units, as well as

observed three (3) female residents with one (1) female JSO walking to a dayroom area. The auditor also was provided access to the facility's control room, which was being staffed by a JSO who was able to view all areas of the facility through the surveillance video system. The facility utilizes a touch screen door locking system and has approximately 88 cameras in operation at the facility. The main control room provides control room staff with multiple views of all areas of the facility, and the camera views are displayed on two large monitors above where the control room staff sits. Additionally, each of the resident's rooms has a call button and speaker, and this allows for all residents to call the control room staff directly if needed. The camera views provide extensive coverage of the inside and outside areas of the facility; however, it is important to note that there is no direct view inside any private resident changing area. The shower areas and restroom areas are not on camera view, and the PC and staff interviewed onsite clarified that all residents shower one at a time and it is against facility rules for a resident to leave the shower area or their room without being properly clothed. Lastly, it is important to note that during the onsite the PC reported that there was not a resident currently in the facility who identified as transgender or intersex, and this was also confirmed throughout the time the auditor was onsite by the auditor making a point to observe for any residents who may identify as gender non-conforming or transgender.

Explanation of determination:

115.315 (a-f):

The auditor reviewed agency Policy 9.8 (Searches of Locations & Juveniles) and confirmed that the requirements set forth in provisions (a-c) and (e-f) are included therein. Furthermore, Policy 9.8 outlines specific procedures on how the agency ensures that all resident searches are conducted by a same gender staff and performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. According to agency Policy, detention supervisors and Juvenile Supervision Officers (JJO) are required to be trained on proper search techniques and the importance of conducting searches in a professional manner, with the steps involved in conducting pat-down searches of juveniles in the facility to include the following procedures:

- Quietly and simply inform the resident being searched of the process.
- The juvenile should not be touched any more than is necessary to conduct a comprehensive search which means authorized staff conducting searches shall refrain from excessively forceful touching, prodding, or probing that may cause pain or injury and shall also refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia and buttocks.
- Staff shall conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the juvenile being searched, or the juvenile's body or physical appearance.
- Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and

- efficient search and to provide for juvenile, staff, and facility safety.
- Every effort shall be made to prevent embarrassment or humiliation of the resident when conducting searches.

The agency indicated in the PAQ that there has not been a cross-gender search situation of any kind in the last 12 months; however, if such a situation were to occur, the agency has institutionalized a policy to ensure the applicable PREA Standards are adhered to and the proper documentation is completed.

In addition, the auditor was provided agency Policy 14.3, which includes the requirements of provision (d) of this PREA Standard. The agency requires staff of the opposite gender to announce their presence when entering a resident housing unit, and this practice was confirmed by the auditor during the onsite visit. The facility programs and houses male residents with complete sight and sound separation from female residents, which was confirmed by the auditor during the onsite. Furthermore, residents are housed in single occupancy rooms, which include a toilet and sink, and these rooms provide residents a private area to change their clothes and use the restroom. The showers on each pod have a large curtain that allows for residents to shower in private, with only same gender staff able to be on the pod, per agency Policy, during shower time. Lastly, the agency's PREA Policy states that staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

The auditor was provided randomly selected samples of completed training verification documentation that included proof that the five (5) staff selected by the auditor attended training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs (f). Additionally, the PC provided the auditor with a 2023 Agency Training Agenda, which includes not only PREA training as an annual refresher but also training on cross-gender pat downs and searches of resident who identify as transgender/ intersex.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy 12.5 - Interpreting Services Email Communication and Informational Documentation - Spanish Language Services Interpreter Contract <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the owner and operator of Abshire Interpreting Services, who is a Certified Interpreter, and she confirmed that Abshire Interpreting Services is able to provide sign-language interpreting services on an as needed basis to any resident who is Deaf or hard of hearing, with the department billed accordingly. It was also explained that language translation services for residents who are LEP could be arranged with proper notice; however, Abshire Interpreting does not currently have any employees or contracted vendors available to provide such services. - During the onsite, the auditor also interviewed eleven (11) total residents during the onsite, which represented a representative sample of residents from each housing unit, as well as targeted residents who fell under the applicable PREA classification. The total population of residents during the onsite was twenty-two (22), with 19 males and 3 females. With a representative sample of 50% of the facility's population interviewed, the auditor was able to gain an effective insight into the overall practice of PREA within the facility. Out of the 11 residents interviewed, two were identified by the PC as targeted, with having a cognitive disability of some kind. The 11 residents, including the two targeted residents, were asked questions related to their understanding of PREA and how to report sexual abuse and sexual harassment, and all the residents sufficiently answered each question and provided the auditor with feedback of their own unique level of understanding of the PREA information and education provided by the facility. All the residents explained the different ways to report and confirmed that intake staff provide PREA information within a few hours after they were admitted into the facility, and they each watched a PREA video after being released from their three-day quarantine due to COVID-19 related precautions. Some residents elaborated how they have seen the PREA video numerous times, with being able to recite some of the lines they learned from the actors in the video. The residents all felt safe and each confirmed that they have never been involved in any type of sexual harassment or sexual abuse incident while being detained in the facility. - The auditor also interviewed the agency's Director, who explained the following as

it relates to providing residents with disabilities and residents who are LEP 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:

- The department shall take reasonable steps to ensure meaningful access to all aspects of the department 's effort to prevent, detect and respond to sexual abuse and sexual harassment to juveniles who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. Juvenile with disabilities have equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect and respond to sexual abuse and sexual harassment. The department does not use residents to interpret for other residents except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the juvenile safety, the performance of first response duties or the investigation of the juvenile's allegation. It was explained that the agency has multiple interpreting services available, as well as staff who can translate for Spanish speaking residents.

- The auditor interviewed a random JSO, who is bilingual, and speaks fluent English and Spanish. The bilingual JSO confirmed how he is able to assist with Spanish translation services on an as needed basis and is able to assist even on his days off. Additionally, all the 12 JSOs interviewed advised that a resident would never be used to translate for another resident for a PREA related matter, and a professional interpreter/translator or staff member would be called in to assist.

Site Review Observations:

- During the onsite, the auditor observed signs throughout the inside and outside of the facility, which included posters in English and Spanish titled, "End the Silence." These "End of Silence" posters include the agency's zero tolerance policy statement and how to report to any sexual harassment or sexual abuse directly to the Texas Juvenile Justice Department (TJJD). The TJJD Abuse Hotline number is also included, and the PC walked the auditor through the process of how a resident can request to call this hotline from inside the facility's Library room. The PC advised that the only number the Library phone is programmed to call is the TJJD Hotline, which is automatically called when the phone is lifted off the receiver. The auditor used this time to conduct a test call in the same manner that a resident can make a call to the hotline and was able to successfully reach a TJJD hotline operator within a few rings. The TJJD operator was very helpful and confirmed that a resident can report any type of abuse or harassment to the hotline and translation services are available if needed. After completion of the test call, the auditor was provided an email communication between the PC (who is also the Facility Administrator of the facility) and the TJJD Office of Inspector General's Office that proved the hotline test call was made and communicated back to the facility within minutes. Furthermore, the auditor confirmed that a resident can make the TJJD hotline call confidentially,

without staff or other individuals listening in, by a staff member able to remain outside the Library and only providing visual supervision through the Library windows to ensure safety and security.

- Throughout the onsite, the auditor observed for any resident who was limited English proficient (LEP); however, after speaking with most the residents in the facility, it was clear that all the residents the auditor interacted with understood and spoke English fluently. Additionally, the PC advised that there currently was not a resident in the facility who was LEP and all spoke and understood English as their primary language.

Explanation of determination:

115.316 (a-c):

The auditor confirmed that agency Policy 12.5 includes the requirements set forth in provisions (b) and (c) of this PREA Standard on page 4, which outlines how the agency ensures residents who are disabled and/or limited English proficient (LEP) are ensured meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in the facility. Such steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Furthermore, the agency has written PREA related materials for residents that were provided to the auditor, which are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Agency Policy also indicates that the agency will 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Lastly, the agency does not allow for residents to interpret for other residents in situations involving a serious PREA matter, such as reporting sexual abuse, sexual harassment, retaliation for reporting, or staff neglect.

In order to demonstrate how a resident who is LEP can be provided PREA information in a language he/she can understand, the PC provided the auditor with their Spanish Language Service interpreting contract. The auditor reviewed this contract and confirmed that the contracted language service provider is able to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The interpreting service employs three bilingual specialists, who can provide interpreting services on an as needed basis.

Additionally, the auditor was provided an email communication from Abshire Interpreting Services, which is a local interpreting services company that provides a variety of services including, but not limited to, sign language interpreting, consults,

and in-service and disability awareness training. The documentation provided to the auditor about the schedule and rates for Abshire Interpreting Services indicate that the interpreting services are available with a 24 or 48 hour notice and the department would be charged by the hour.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1458 918" style="list-style-type: none"> - Agency Policy 3.10 (Background Checks for Employees, Volunteers, Vendors, and Contractors) - Department of Public Safety Website - DPS Criminal History Reports - PREA Questionnaire - DFPS Child Abuse Registry Checks (confirmation clearing emails) - Institutional Reference Check Documentation - Email from the Beaumont ISD HR Specialist <p data-bbox="280 954 461 990">Interviews:</p> <ul data-bbox="280 1025 1481 2065" style="list-style-type: none"> - The auditor reviewed the requirements of this PREA Standard with the Casework Manager for the agency, who has 31 years of experience and is knowledgeable in the hiring and promotion decisions of the agency. The Manager explained how the background checks are completed per Texas Juvenile Justice Department (TJJD) and PREA standards, with a local check completed prior to the FBI background and child abuse registry check. These steps are also taken for contractors and volunteers who may have contact with residents. Any history related to sexual abuse or sexual harassment for all new hires, employees, contractors, and volunteers will be reviewed by the Director to determine the outcome going forward, with taking into account the required disqualifying criminal behavior. The Manager indicated that a Texas Department of Family and Protective Services (DFPS) child abuse registry check is completed for all individuals who are contracted, employed, or volunteer at the facility and have contact with residents. However, it was clarified that the DFPS child abuse registry check is <u>not</u> completed for the teachers who provide classroom instruction to the residents in the facility. The Fingerprint Application Subscription of Texas (FAST) System was explained as the criminal history clearinghouse subscription service that is utilized by the agency to ensure any disqualifying criminal history is captured by the agency. The Manager confirmed that all applicants and employees who may have contact, or have contact, with residents in the facility are asked about previous misconduct described in section (a) of PREA Standard 115.317. Lasty, it was explained that the agency imposes a policy of requiring all staff to disclose any PREA related misconduct, and the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to another agency, unless prohibited by law.

Explanation of determination:

115.317 (a-h):

The auditor confirmed that agency Policy 3.10 includes all the requirements of this PREA Standard, with the agency utilizing the TX DPS Fingerprint-based Applicant Clearinghouse of Texas (FACT) subscription service and the Department of Family and Protective Services (DFPS) child abuse registry check system to not only ensure applicants do not have any disqualifying criminal history but also to capture criminal activity and/or child abuse history for current employees, volunteers, and contractors. The agency's vetting process outlined in Policy 3.10 ensures that individuals are not hired or promoted who may have contact with residents who have any of the disqualifying criminal history or activity set forth in provision (a) (1-3) of this PREA Standard. According to Policy 3.10, the agency is required to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency Policy also indicates that all detention employees are required to answer the questions pursuant to PREA Standard 115.317 (f) (a). Lastly, the agency views material omissions regarding any PREA related misconduct, or the provision of material false information, as grounds for immediate termination, and substantiated allegations of sexual abuse or sexual harassment involving a formal employee may be shared with other institutional employers, if a formal request is provided and unless prohibited by law.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor randomly selected eight (8) security staff (JSOs) to review the applicable PREA proof documents pursuant to the requirements of this PREA Standard. The auditor was provided the following proof documentation for each of the 8 JSOs, which sufficiently demonstrates how the agency is compliant with the employee requirements of this PREA Standard in practice:

- DPS Criminal History Reports (with FACT subscription for TCIS and NCIS)
- Department of Family & Protective Services (DFPS) child abuse registry check emails
- PREA Questionnaire (includes the PREA questions required by provision (f) of this PREA Standard)
- Institutional Reference Check forms

The auditor requested information on how the Beaumont Independent School District (BISD) teachers, who provide residents with the required Texas Educational Agency classroom instruction, are screened pursuant to the contractor requirements of this PREA Standard. Furthermore, it is important to clarify that the teachers provide the state required education services in the facility; however, they are never left unsupervised with residents in the facility. The JSOs supervising the resident escort the residents into the classrooms within the facility, and the residents remain directly supervised by the JSOs during class time. The PC provided the auditor with an email from the HR Support Specialist/Recruiter for the BISD, which sufficiently

describes the process of how the ISD screens all teachers for disqualifying criminal history before they are allowed to work with BISD students, which include residents of the facility. Furthermore, The BISD requires all teachers to be subscribed to the FAST service with the DPS, which is the same DPS Rap Back NCIC and TCIC criminal history subscription service utilized by the Jefferson County Juvenile Probation Department. The Director of the agency advised that if the BISD Human Resource Department learns of a situation involving a facility teacher being terminated for disqualifying criminal activity, the principal would notify the facility administrator/superintendent. The juvenile administration would then immediately take that person off the teacher roster, which in turn they would not be allowed back into the facility. In addition to the criminal history background checks noted above, the auditor determined that the BISD or the Jefferson County JPD is required to ensure a child abuse registry check is completed on all teachers who have regular contact with residents in the facility. However, it was discovered onsite that the juvenile agency nor the BISD completes child abuse registry checks on such teachers, which causes the agency to not be in full compliance with the child abuse registry requirements of PREA Standard 115.317 (d).

It is important to add that the agency exceeds one element of this PREA Standard by conducting criminal history checks and child abuse registry checks on all volunteers who have regular contact with residents in the facility. The same FACT/FAST process and DFPS check is completed for all such volunteers, to include the volunteers that enter the facility on a regular basis who work for the organization called Inspire, Encourage, Achieve (IEA). The PC provided the auditor with DPS reports and DFPS emails for two randomly selected IEA volunteers, which prove the background checks were conducted and they are subscribed to the Rap Back service with the DPS.

Note: Per the Department of Public Safety (DPS) website, all applicants are added to the FACT by going through the FAST service on behalf of an agency. This is the process that allows the applicants fingerprints to be retained by TX DPS. Some highlights of the FACT are: consolidated Texas and Federal Bureau of Investigation (FBI) criminal history responses, **subscription services** for like purposes, **Texas Rap Back services, and FBI Rap Back services**. It is important to note that you must use the Fingerprint Applicant Services of Texas (FAST) to participate in FACT.

Corrective Action:

Upon the Director of the agency being advised of the non-compliance issue associated with the teacher background requirements of 115.317 (d), specifically not being able to provide proof documentation that the child abuse registry checks have been completed, the Director immediately took action and developed a plan to ensure the BISD teachers who teach in the facility are screened through the DFPS child abuse registry check system. This action was taken soon after the onsite was completed, and the auditor was provided the DFPS emails for each of the seven (7) teachers within 45 days after the last day of the onsite. The DFPS emails confirmed that each teacher was cleared of any child abuse history and no further action is required at this time. The auditor advised the Director and PC that any new

teachers who will work regularly in the facility and have contact with residents will require the same DFPS check before entering the facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Memo Signed by the Director of the Agency <p>Interviews:</p> <ul style="list-style-type: none"> - The Director and Superintendent of the agency both advised that no expansions or modifications of the facility has been made and no updated video monitoring equipment or software has been implemented since the last PREA audit. <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the onsite, the auditor did not observe any signs that would indicate newly constructed expansion or modification of existing facilities or newly installed or updated video monitoring equipment. <p>Explanation of determination:</p> <p>115.318 (a-b):</p> <p>Per the PAQ response by the agency and a signed memo by the Director, the agency has not made any applicable building modifications or additions or enhanced their video monitoring system since their last PREA audit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy 12.5 - Cooperative Working Agreement Between Jefferson County Juvenile Probation Department & Rape and Suicide Crisis of Southeast, TX - Crisis Center of Southeast Texas Website (Get Help Now Crisis Center of Southeast Texas (crisiscenterofsoutheasttx.org)) - MOU Between Children's Advocacy and Jefferson County - Garth House (Mickey Mehaffy Children's Advocacy Program, Inc.) Best Practices Guidelines: Jefferson County Working Protocols - Garth House Website Information (https://www.garthhouse.org/) - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed a representative from the Garth House, who confirmed that a resident victim of sexual abuse from the detention facility can be referred to Garth House for a forensic interview and family advocacy. It was further explained that the Garth House works closely with a multi-disciplinary team of specialized professionals and organizations, with ensuring a forensic medical exam is arranged with the Rape Crisis Center (<i>SANE/SAFE exams are conducted at Saint Elizabeth Hospital in Beaumont, TX</i>). The Garth House representative also indicated that the victim advocate, who is able to remain with the victim throughout the entire process, is made available by the Rape Crisis Center, with the Garth House only providing family advocacy services. - A representative from the Rape Crisis Center in Beaumont, TX was interviewed by the auditor over the phone, and this representative answered through the 24/7 hotline number. The representative confirmed the organizations practice of providing counseling and advocacy services to any child victim of sexual abuse, including a resident referred from the Jefferson County Juvenile Detention Center. She explained the process of providing a victim and specially trained victim advocate who is able to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. It was also confirmed that if a forensic medical examination is necessary, this would be conducted by a SANE/SAFE nurse at the Saint Elizabeth or Baptist local hospitals (with, going through the

hospital's ER to provide a licensed SANE/SAFE).

- The auditor interviewed 12 randomly selected JSOs while onsite, and each staff sufficiently articulated their understanding of how the Jefferson County Juvenile Probation Department (JCJD) is responsible for conducting ONLY administrative investigations into any PREA related allegations or incident, with the Jefferson County Sheriff's Office (JCSO) responsible for conducting any such criminal investigations. It was also clarified that juvenile staff are trained as first responders and to preserve and protect the scene and any usable physical evidence of any sexual abuse incident, with the Jefferson County Sheriff's Department responsible for the collection of physical evidence as part of conducting their criminal investigation. Furthermore, JSO provided the auditor with the names of the internal administrative investigators for the agency, and how these investigators would be notified directly for any allegation or incident of sexual abuse or sexual harassment from within the facility. Lastly, the staff interviewed explained how they would immediately report any sexual abuse allegations or suspicion of such abuse directly to their immediate supervisor, TJJD, and the JCSO, and each staff confirmed that they have never been involved in any type of sexual abuse situation that alleged to have occurred in the facility.

- The agency does not employ SANES/SAFEs, and as noted in this section of this PREA report, a resident victim of sexual abuse in need of a forensic medical examination would be transferred from the facility to one of the local hospitals for the forensic medical examination to be conducted by a specially trained medical professional.

Explanation of determination:

115.321 (a-h):

The auditor reviewed the agency Policy 12.5, which includes the requirements set forth in provisions (a) - (e) and (g) - (h). The auditor was also provided a document that outlines the working protocols used by the local children's advocacy organization (Garth House) and Jefferson County. The mission of the Garth House is stated to prevent child abuse and neglect and to reduce the trauma to child victims of sexual and severe physical abuse during the investigation, prosecutorial, and healing process. This document is extensive and includes how the Garth House facilitates the coordination of a multidisciplinary team (MDT) response to allegations of child abuse in Southeast Texas, which ensures an age appropriate uniformed evidence protocol is followed that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Furthermore, for all internal administrative investigations, agency Policy explains how uniformed evidence protocols should be followed in order to maximize the effectiveness of the investigation and reliability of the usable physical evidence. It is important to note that the agency does not conduct any type of forensic medical examination or forensic interview process within the facility; these procedure would be performed at either the Garth House or at a local hospital (*as explained below*).

Per the signed and executed MOU, the Garth House is able to provide the following victim services:

- victim advocacy;
- case tracking;
- mental health services;
- forensic interviewing;
- Forensic Nurse Examinations (SAFE/SANE); and
- family advocacy.

The auditor also discovered the following PREA related information about the services provided by the Garth House social service organization, from their website at: <https://www.garthhouse.org/>;

from their website at: <https://www.garthhouse.org/>: The auditor also found the following PREA related information about the Garth House, from their website at:

<https://www.garthhouse.org/>:

- Mission: To prevent child abuse and neglect and to lessen the trauma to child victims of sexual and severe physical abuse during the investigative, prosecutorial, and healing process.
- The Garth House opened in June, 1991. It provides an environment which reflects the physical and emotional atmosphere of a home, rather than that of clinic or an institution. Children who may have been sexually or physically abused are referred to the Garth House by law enforcement and Child Protective Services. We have interviewed over 11,400 alleged victims over the past years. The investigative agencies work as a team. The Garth House provides counseling for our young victims and their non-offending family members.
- Garth House currently serves Southeast Texas with locations in Beaumont, Kirbyville, Orange and Woodville.
- Services:
 - Professionals provide their services to the child at a single location.
 - A DVD is made of each interview. The DVD is available to the agencies involved, thus reducing the number of times the child must tell his/her story.
 - Law enforcement officers, the District Attorney's Office, and Child Protective Services may use the digitally recorded interview in the criminal or civil proceedings.
 - Weekly meetings are held so agencies can review and follow cases. Thus the communication and cooperation between the partner agencies is greatly improved
 - Counseling is provided for child victims and their non-offending family members.
- Funding:
 - The program is funded in part by Children's Advocacy Centers of Texas, Inc., and National Children's Alliance.

- The Garth House is now an independent 501(c)3 organization.
- Forensic Services:
 - The multidisciplinary team, which includes Garth House, collaborates together on the investigation and prosecution of child abuse cases to more effectively and rapidly respond to the needs of abused children. This team approach enhances the quality of assistance that is provided to children and families, improves investigations, and reduces the trauma to child victims.
- Counseling:
 - The Counseling Program provides specialized mental health services including trauma-focused counseling in order to meet the needs of child victims and their families.
 - Garth House is committed to providing evidence-supported "best practices", ensuring children and families receive culturally competent, developmentally appropriate, trauma focused therapy.
 - Garth House recognizes the profound importance of caregiver involvement in each child's healing and provides the mental health services and support needed to assist parents and other family members build on their personal strengths and community supports as they respond to their child's treatment needs. Services are offered to children, siblings and their non-offending caregivers free of charge.
 - Assessment for trauma.
 - Individual trauma-focused therapy for children, as well as family therapy.
 - Counseling at Garth House is provided by professionals with training, experience and expertise in working with child victims.
 - Length of time in counseling varies. The child's counselor will help the child set goals to be reached in therapy. An individual treatment plan will be reviewed periodically.

In addition, a signed Cooperative Working Agreement between JCJDP & Rape and Suicide Crisis of Southeast Texas was provided to the auditor, which sufficiently demonstrates how the agency ensures a resident victim of sexual abuse is provided a forensic medical exam (SANE/SAFE) and victim advocacy services through the non-profit Crisis Center of Southeast Texas.

Note: The following information was found on the Crisis Center of Southeast Texas website, as it relates to the services provided related to PREA:

- If a survivor chooses to go to the hospital to have a forensic exam done, they have the right to have state-certified advocate accompaniment. The Crisis Center of Southeast Texas trains and sends out **advocates** around the clock **free of charge** to meet survivors at the hospital and provide **support during the exam**. An advocate is dispatched when our center is contacted by the hospital telling us a survivor has arrived or is in route. They will stay

the duration of the exam and provide a number services to both the survivor and their friends and family who might have accompanied them.

- Advocate services include, but are not limited:
 - Filling out paperwork (i.e., victim forms)
 - Providing community resources
 - Emotional support
 - Ensuring no one has to go through the process alone
- We support survivors and their families with everyday needs free of charge—from shelter and housing to employment and legal assistance. We connect our clients and their families to community resources that can help with any concerns that impact a survivor’s healing process. Our goal is to not let survivors fall through the cracks without the support and resources they deserve, from the immediate crisis to the long-term. Along with referrals, we help clients directly by providing information (i.e. human trafficking resources), accompaniment to law enforcement and court, help completing applications like Crime Victims’ Compensation (CVC), and our Address Confidentiality Program, to name a few.
 - Ways We Help:
 - Providing information and resources
 - Law enforcement/court accompaniment
 - Applicant assistance (CVC, Medicaid, Food Stamps, etc.)
 - Address Confidentiality Program
- Legal aid for survivors of sexual assault {1-844-303-7233 (SAFE)}
 - The Legal Aid for Survivors of Sexual Assault (LASSA) network serves every Texas county, providing survivors of sexual assault with a wide range of free legal services from general advice to holistic, direct representation in civil legal matters stemming from the sexual assault.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> <li data-bbox="280 416 660 452">- Agency PREA Policy 12.5 <li data-bbox="280 488 927 524">- Memo Signed by the Director of the Agency <li data-bbox="280 560 775 595">- Memo from the PC of the Agency <p data-bbox="280 631 459 667">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="280 703 1453 775">- The auditor interviewed the agency's Director, who advised the following as it relates to the agency's policies to ensure referrals of allegations for investigations: <ul style="list-style-type: none"> <li data-bbox="352 846 1474 1886">• The detention Superintendent or designee shall notify the local Law Enforcement. The Detention Superintendent in consultation with the appropriate law enforcement agency, will take the following actions immediately upon receipt of the report: notify the victim's parent or guardian of the report, the report shall be made to the caseworker, take immediate steps to protect the victim by ensuring that the alleged victim and alleged perpetrator are physically separate pending an investigation, which may include but is not limited to dorm transfer or other placement within the facility, preserve evidence that may be pertinent to an investigation of the matter, report the allegation to TJJD. Ensure that the juvenile is promptly referred to health care staff and/or mental health provider for examination and treatment. Staff shall preserve and protect any crime scene until law enforcement arrives to investigate and collect any evidence. Shall ensure that the alleged victim do not take a shower, wash, change clothes, urinate, defecate, smoke or eat to preserve evidence. If the alleged abuse was oral, the victim will be advised to not drink or brush teeth, change clothes, urinate, defecate, smoke, drink or eat anything. Staff shall make sure the alleged abuser not take any action that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Local law enforcement will determine whether the alleged victim will be transported to the appropriate medical facility for a Sexual Assault Nurse Examiner exam. Provide the juveniles with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. <li data-bbox="280 1921 1474 2083">- The auditor also interviewed one of the agency's primary internal investigators, the PC, who explained the process of how any allegation or incident of sexual abuse is required to be immediately reported to TJJD and JCSO, as well as administratively investigated by, in most cases, the PC. The PC sufficiently explained the entire

administrative investigation process from start to finish, which included outlining the elements involved of reviewing video and applicable documentation, interviewing all individuals involved, and remaining informed of the criminal investigation through emails, phone calls, and a shared drive with Jefferson County criminal investigators. The PC also confirmed that the agency's PREA Policy related to criminal and administrative investigations are posted on the agency's website.

Explanation of determination:

115.322 (a-e):

The auditor reviewed Policy 12.5 and confirmed that all the elements set forth in this PREA Standard are included therein. According to this Policy, the agency will ensure that an administrative and, as applicable to the report situation, a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. It is clarified in Policy 12.5 that TJJ and local law enforcement (JCSO) will be notified immediately but no longer than one hour after receiving information regarding a sexual abuse allegation from within the facility. Per the TJJ website, TJJ has the authority to investigate administratively and/or criminally any allegations of sexual abuse or staff neglect involving a resident at the facility, through the Office of the Inspector General (OIG) of the TJJ.

The PC indicated in the PAQ that the agency has not received a report of alleged sexual abuse or sexual harassment that occurred within the facility in the last 12 months and, therefore, no investigative documentation is available for any such incident in the past 12 months. However, if a sexual harassment or sexual abuse allegation were made at the facility, the agency's PREA Policy states that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Furthermore, the Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.331	Employee training
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1353 801" style="list-style-type: none"> - Agency PREA Policy 12.5 - Agency Policy 4.1 (Training & Staff Development) - PREA Training Curriculum (developed by the Moss Group Inc) - PREA Training Sign-in Sheets for Initial PREA and Subsequent Refreshers - Agency PREA Training Acknowledgment Forms - Agency Monthly Detention Training / Staff Meeting Agendas and Schedule <p data-bbox="280 844 461 878">Interviews:</p> <ul data-bbox="280 920 1473 1406" style="list-style-type: none"> - The auditor interviewed a representative sample of JSOs during the onsite, which included a total of twelve (12) randomly selected JSOs from each of the three shifts (7-3, 3-11, and 11-7) and with part-time and full-time status included. All the JSOs interviewed confirmed they have received PREA training as required by this PREA Standard. For example, the staff interviewed who were hired after PREA was implemented at the facility in 2015 advised that they completed a four-hour PREA training when they were first hired, during JSO orientation, and the facility provides all staff with a four-hour PREA refresher training annually. Each staff were able to sufficiently articulate their own knowledge related to PREA and the agency's zero tolerance policy. The staff were able to answer all the auditor's questions, and each staff had a clear understanding of the importance of keeping residents safe by adhering to the agency's PREA Policy. <p data-bbox="280 1449 759 1482">Explanation of determination:</p> <p data-bbox="280 1525 485 1559">115.331 (a-d):</p> <p data-bbox="280 1601 1473 1877">The auditor confirmed that the staff training requirements set forth in this PREA Standard are included in the Agency's PREA Policy (12.5) on pages 11-12. This Policy outlines the requirement of providing all staff, volunteer, and contractors with PREA training when first hired or before providing services inside the facility, as well as refresher PREA training at least annually. This Policy states that the PREA training must include, at a minimum, the eleven training elements set forth in this PREA Standard.</p> <p data-bbox="280 1919 1417 2033">Per agency Policy 4.1, a Juvenile Supervision Officer (JSO) must meet minimum requirements prior to providing residential supervision and being counted in the staff to juvenile ratio and the facility ratio, as outlined below:</p>

- currently certified as a juvenile supervision officer; or
- have been employed by the Jefferson County Juvenile Probation Department for less than 180 days; and
- have completed a minimum of 40 hours of training including the following mandatory topics;
 - Jefferson County Personnel Policies & Procedure Manual;
 - Juvenile Rights;
 - Texas Family Code and Related Laws;
 - **PREA {includes the eleven PREA training elements of provision (a)};**
 - Legal Liabilities;
 - Mental Health (recognizing and supervising youth);
 - Adolescent physical development and exercise related health risk;
 - HIV/Aids and other communicable diseases;
 - Code of Ethics;
 - CPR/SFA;
 - Handle with Care;
 - Abuse, Neglect, & Exploitation; and
 - Suicide Prevention & Intervention.

The auditor was provided the PREA curriculum training packet of material that is provided to each JSO during JSO Basic Training when first hired to work in the secure facility. The PREA training is a PowerPoint type presentation of five (5) training modules that were created by the Moss Group, Inc. The 5 training modules includes 109 pages of PREA training material. Upon the auditor's analysis of the training curriculum used by the agency for JSO initial PREA training, it was determined all the training topics required by provision (a) (1-11) are included therein and the training material is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. Additionally, the training provided to staff during JSO Basic, as well as during annual PREA training refreshers, includes a review of the agency's PREA Policy, 12.5. The PC also provided the auditor with the agency's training agendas for calendar year 2022 and 2023, which includes not only a stand-alone PREA training refresher training but also other annual trainings, to include, but limited to, the following topics:

- Abuse, Neglect, and Exploitation;
- Duty to Report;
- Notification and Reporting Abuse;
- Detention Issues;
- Suicide Assessments;
- Staff Teamwork;
- Sexual Misconduct Awareness;
- Safety & Security;
- Searches of Juveniles;
- Cross-Gender Pat Downs/Searches of LGBTI Juveniles;

- Recognizing and Responding to Mental Health Needs;
- Residents in Need of Referrals for Medical & Mental Health Services;
- Juvenile Rights;
- Grievances;
- Resident Supervision and Documentation Requirements; and
- Cognitive Life Skills

In order to assess the agency's level of compliance with this PREA Standard in practice, the auditor randomly selected JSO training files for eight (8) staff who currently work in the facility. Upon the auditor's analysis of the provided training documentation during the pre-onsite phase of the audit, it was apparent that all the selected JSOs have attended initial PREA training when first hired, as well as applicable PREA refreshers annually. Furthermore, the auditor was provided not only PREA training sign-in sheets but also PREA Acknowledgment forms for each of the 8 selected staff, which includes an acknowledgment of understanding statement that each employee, volunteer, and contractor signs upon completion of any PREA training. The acknowledgment of understanding statement sufficiently demonstrates how each employee, volunteer, and contractor is provided the eleven PREA training elements of PREA Standard 115.331 (a) (1-11), as well as fully understands the training provided. The training acknowledgment statement referenced here is provided below:

"I understand my responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. I also acknowledge the "zero tolerance" policy of this Department regarding sexual abuse and sexual harassment and my duty to report any allegations of abuse, neglect, and exploitation."

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.332	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1182 663" style="list-style-type: none"> - Agency PREA Policy 12.5 - PREA Training Curriculum (<i>*as documented in section 15.331</i>) - PREA Training Sign-in Sheets - PREA Training Acknowledgment Forms <p data-bbox="280 703 459 739">Interviews:</p> <ul data-bbox="280 779 1477 1715" style="list-style-type: none"> - The auditor interviewed two education staff while onsite, and each teacher confirmed the process of attending PREA training at the facility annually, before every school year begins. The teachers were able to sufficiently explain their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, which included reporting protocols and how to ensure residents are safe while in the classroom. The teachers were aware of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and advised that this policy is reviewed with them before every school year. - The auditor also discussed the PREA training received with one of the agency's volunteers with IEA. The volunteer advised that the PREA training is provided annually, and she indicated that the most recent PREA training she attended was a month ago. The volunteer explained how she is responsible for providing PREA training within her own organization; therefore, she attends PREA trainings quite often. The volunteer described the PREA training topics that are presented in their PREA trainings, such as the agency's zero tolerance policy and protocols for reporting. Furthermore, each volunteer is given a PREA training form with their volunteer application/background consent packet, and they are required to review the training material and sign to acknowledge receipt and understanding. Once a volunteer is cleared through the background process, a representative from the IEA organization personally explains and discusses the agency's PREA policy and responsibilities associated therein, which is part of the initial orientation process. <p data-bbox="280 1756 759 1792">Explanation of determination:</p> <p data-bbox="280 1832 485 1868">115.332 (a-c):</p> <p data-bbox="280 1908 1445 2056">The auditor confirmed that Agency Policy 12.5 includes the requirements of this PREA Standard on page 12. This Policy states that the agency will ensure all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment</p>

prevention, detection, and response policies and procedures, with the level and type of PREA training provided being commensurate with the level of contact they have with residents. Additionally, the PC clarified to the auditor that the same PREA training (*Moss Group PREA Training, Modules 1-5*) provided to security staff is also provided to all volunteers and contractors.

In order to assess the level of compliance with this PREA Standard at the facility for all contractors and volunteers, the auditor randomly selected two (2) volunteers and three (3) contractors who have contact with residents in the facility to review their most recent PREA training documentation. The PC provided the auditor with PREA training sign-in sheets, as well as PREA Training Acknowledgment forms, for each of the five selected individuals. It is important to note that the PREA Training Acknowledgment forms include an acknowledgment of understanding statement that each employee, volunteer, and contractor signs upon completion of any PREA training. The acknowledgment of understanding statement sufficiently demonstrates how each employee, volunteer, and contractor is provided the eleven PREA training elements of PREA Standard 115.331 (a) (1-11), as well as fully understands the training provided. The training acknowledgment statement referenced here is provided below:

"I understand my responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. I also acknowledge the "zero tolerance" policy of this Department regarding sexual abuse and sexual harassment and my duty to report any allegations of abuse, neglect, and exploitation."

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.333	Resident education
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1409 734" style="list-style-type: none"> - Agency PREA Policy 12.5 - Detention Resident Handbook - Agency Policy Chapter Intake & Admission - Interpreting Services Email Communication and Informational Documentation - Spanish Language Services Contract <p data-bbox="280 777 459 810">Interviews:</p> <ul data-bbox="280 853 1474 2067" style="list-style-type: none"> - The auditor interviewed the owner and operator of Abshire Interpreting Services, who is a Certified Interpreter, and she confirmed that Abshire Interpreting Services is able to provide sign-language interpreting services on an as needed basis to any resident who is Deaf or hard of hearing, with the department billed accordingly. It was also explained that language translation services for residents who are LEP could be arranged with proper notice; however, Abshire Interpreting does not currently have any employees or contracted vendors available to provide such services. - The auditor interviewed a random JSO, who is bilingual, and speaks fluent English and Spanish. The bilingual JSO confirmed how he is able to assist with Spanish translation services on an as needed basis and is able to assist even on his days off. Additionally, all the 12 JSOs interviewed advised that a resident would never be used to translate for another resident for a PREA related matter, and a professional interpreter/translator or staff member would be called in to assist. - During the onsite, the auditor interviewed eleven (11) total residents during the onsite, which represented a representative sample of residents from each housing unit, as well as targeted residents who fell under the applicable PREA classification. The total population of residents during the onsite was twenty-two (22), with 19 males and 3 females. With a representative sample of 50% of the facility's population interviewed, the auditor was able to gain an effective insight into the overall practice of PREA within the facility. Out of the 11 residents interviewed, two were identified by the PC as targeted, with having a cognitive disability of some kind. The 11 residents, including the two targeted residents, were asked questions related to their understanding of PREA and how to report sexual abuse and sexual harassment, and all the residents sufficiently answered each question and provided the auditor with feedback of their own unique level of understanding of the PREA information and education provided by the facility. All the residents explained the different ways to report and confirmed that intake staff provide PREA information

within a few hours after they were admitted into the facility, and they each watched a PREA video after being released from their three-day quarantine due to COVID-19 related precautions. All the residents advised that they received a Resident Handbook upon entering the program, with having the ability to keep the Handbook in their room if so desired; however, a few of the residents advised they discarded their Handbook because it was no longer needed. Some residents elaborated how they have seen the PREA video numerous times, with being able to recite some of the lines they learned from the actors in the video. The residents all felt safe and each confirmed that they have never been involved in any type of sexual harassment or sexual abuse incident while being detained in the facility.

- The auditor interviewed two (2) JSOs who are familiar with the facility's intake process, and each staff member sufficiently explained how PREA information is provided to each resident within two hours of being admitted into the facility. The intake staff described how they conduct the intake process, which includes reading the Resident Handbook and going over the PREA section to ensure all residents fully understand how to report sexual abuse or sexual harassment and how to remain safe while at the facility. The intake staff elaborated further on how they ask each newly admitted resident questions to ensure all the information is fully understood. The intake officers also explained how all residents watch a PREA video after being released from quarantine, which is a three-day period after being admitted (*due to COVID-19 precautions*). After residents watch the PREA video, the staff member showing the video will go over PREA once again and answer any questions the residents may have.

- The auditor interviewed a representative sample of JSOs during the onsite, which included a total of twelve (12) randomly selected JSOs from each of the three shifts (7-3, 3-11, and 11-7) and with part-time and full-time status included. All the JSOs interviewed confirmed that all residents admitted into the facility are provided PREA information during the initial intake process, as well as a PREA video is shown on a weekly basis. One of the JSOs interviewed explained how she has taken the lead on providing the PREA video and will ensure all residents are provided the PREA video after completing their three (3) day quarantine, as well as provide the video and a full one-on-one PREA refresher to all residents whose length of stay reaches about every 30 days. She also indicated that residents sign a form that ensures proper documentation is maintained of all the residents who were provided the PREA video.

Site Review Observations:

- During the onsite, the auditor observed signs throughout the inside and outside of the facility, which included posters titled, "End the Silence." These "End of Silence" posters include the agency's zero tolerance policy statement and how to report to any sexual harassment or sexual abuse directly to the Texas Juvenile Justice Department (TJJD). The TJJD Abuse Hotline number is also included, and the PC walked the auditor through the process of how a resident can request to call this hotline from inside the facility's Library room. Furthermore, it is important to note that the facility did not have a resident admitted into the facility while the auditor

was onsite; however, the intake staff interviewed and the PC adequately demonstrated the entire intake process, as it related to the requirements of this PREA Standard.

Explanation of determination:

115.333 (a-f):

The auditor was provided the agency's Intake & Admission Policy, as well as the agency's PREA Policy 12.5, in which the auditor was able to verify that all the requirements set forth in this PREA Standard are included therein both documents. This Policy states that during the intake process, all residents being admitted into the facility receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Furthermore, a comprehensive PREA video is also provided to each resident within 10 days of intake, and all such PREA information and education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills (*as noted in section 115.316 of this report*). Additionally, the confirmed that the Resident Handbook included information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, this Handbook also included a more comprehensive explanation of the juvenile's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Furthermore, the Resident Handbook includes medical and mental health services available to residents, the PREA definitions related to sexual abuse and sexual harassment, telephone and visitation guidelines, the resident grievance procedure, mail guidelines, and things residents can do to minimize their risk of becoming a victim of sexual abuse or sexual harassment.

In order to demonstrate how a resident who is LEP can be provided PREA information in a language he/she can understand, the PC provided the auditor with their Spanish Language Service interpreting contract. The auditor reviewed this contract and confirmed that the contracted language service provider is able to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The interpreting service employs three bilingual specialists, who can provide interpreting services on an as needed basis.

Additionally, the auditor was provided an email communication from Abshire Interpreting Services, which is a local interpreting services company that provides a variety of services including, but not limited to, sign language interpreting, consults, and in-service and disability awareness training. The documentation provided to the auditor about the schedule and rates for Abshire Interpreting Services indicate that the interpreting services are available with a 24 or 48 hour notice and the

department would be charged by the hour.

In order to effectively assess for compliance with the requirements of this PREA Standard in practice at the facility, the auditor used the agency's current resident roster sheet to randomly select eight (8) residents to review their PREA orientation and educational documentation pursuant to the requirements of this standard. The auditor was subsequently provided forms titled "Orientation and Handbook Receipt" and "PREA Orientation," with the Orientation and Handbook Receipt being used to document that the initial PREA orientation was provided to residents during the intake process and the PREA Orientation form used for documenting the PREA comprehensive video that is provided to all residents weekly. The provided forms proved that each of the 8 residents selected were provided initial PREA information during the intake process, as well as a more comprehensive PREA education video and review within 10 days of being admitted into the facility. It should be noted that the auditor was provided additional samples of completed PREA Orientation documents, which provide further evidence that the PREA comprehensive education is provided to each resident in the facility on a regular basis, as a weekly refresher. This step exceeds the minimum requirements of this PREA standard, as determined by the auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.334	Specialized training: Investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1453 629" style="list-style-type: none"> - U.S. Depart. of Justice (DOJ) Bureau of Prisons- National Institution of Corrections Training Certificates - Training Outline - Agency PREA Policy 12.5 <p data-bbox="280 667 461 701">Interviews:</p> <ul data-bbox="280 739 1474 1357" style="list-style-type: none"> - The auditor also interviewed one of the agency's primary internal investigators, the PC, who explained the process of how any allegation or incident of sexual abuse is required to be immediately reported to TJJD and JCSO, as well as administratively investigated by, in most cases, the PC. The PC sufficiently explained the entire administrative investigation process from start to finish, which included outlining the elements involved of reviewing video and applicable documentation, interviewing all individuals involved, and remaining informed of the criminal investigation through emails, phone calls, and a shared drive with Jefferson County criminal investigators. The investigator also explained how he received the specialized training for investigators, as required by this PREA Standard, and the training was presented by the Director of the Investigative Division of the Texas Office of Inspector General with TJJD. The PC explained how the training included techniques for interviewing, Miranda and Garrity warning review, how to collect evidence in a facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p data-bbox="280 1395 759 1429">Explanation of determination:</p> <p data-bbox="280 1467 485 1500">115.334 (a-d):</p> <p data-bbox="280 1538 1461 1783">The PC noted in the PAQ that the agency currently has four (4) administrators who have completed the PREA required for conducting sexual abuse investigations in confinement settings. The four investigators are only responsible for conducting administrative internal investigations into sexual abuse or sexual harassment, with the Jefferson County Sheriff's Office responsible for conducting any criminal investigations at the facility, as outlined in Policy 12.5.</p> <p data-bbox="280 1821 1479 2065">In order to demonstrate how the four internal investigators have received the specialized investigator training required by this PREA Standard, the auditor was provided training certificates from the National Institution of Prisons with the DOJ for each of the four investigators. The training certificates were examined by the auditor and determined to be authentic, which proves that each investigator has completed the investigator training required for this PREA Standard. Additionally,</p>

the auditor was also provided the Table of Contents page from this training, which includes the following Chapters that were covered in the three-hour training:

1. Course Intro
2. PREA Investigations
3. Working with Victims
4. Interviewing Techniques
5. Institutional Culture & Investigations
6. Case Samples

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.335	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1426 519" style="list-style-type: none"> - Agency PREA Policy 12.5 - PREA Training Documentation for Full-time Licensed Mental Health Professional <p data-bbox="280 560 459 595">Interviews:</p> <ul data-bbox="280 636 1485 1402" style="list-style-type: none"> - The auditor interviewed a LVN who is employed by the agency and has 14 years of experience. She explained how forensic medical examinations are not conducted at the facility but at the local ER. The LVN elaborated on the training she has received regarding PREA, which includes annual training on the agency's zero tolerance policy, how to detect and assess for signs of sexual abuse and sexual harassment, how to preserve and protect physical evidence (do not allow the resident to bath or remove clothes), and how to respond to an outcry of abuse by immediately reporting to a supervisor. The LVN advised she is a mandatory reporter, understands the importance of confidentiality, and meets with every resident admitted into the facility within 2-3 days. - The auditor also interviewed the agency's mental health professional (MHP), who has nine (9) years of experience working with residents at the facility. The MHP advised that both her LPC and LSOTP licensing boards require her to take CEU's 24 hours every two years. As part of the LSOTP license, the MHP is required to have both victim and perpetrator CEU's; therefore, making her qualified to detect and assess for signs of sexual abuse, as well as respond to an outcry of abuse. She is aware of the requirement to report any sexual abuse or sexual harassment immediately to a supervisor, as well as DFPS. <p data-bbox="280 1442 759 1478">Explanation of determination:</p> <p data-bbox="280 1518 485 1554">115.335 (a-d):</p> <p data-bbox="280 1594 1458 1868">The auditor confirmed that Agency Policy 12.5 states that medical and mental health care practitioners are required to receive the training mandated for employees under PREA Standard 115.331 or for contractors and volunteers under PREA Standard 115.332, depending upon the practitioner's status at the agency. Furthermore, this training requirement, per agency Policy, requires medical and mental health care staff to be trained on the requirements set forth in provision (a) (1-4) of this PREA Standard.</p> <p data-bbox="280 1908 1474 2069">In order to demonstrate compliance with this Standard in practice at the facility, the PC provided the auditor with PREA training sign-in sheets for the full-time MHP, who attended the agency's full PREA training that is provided to all employees in calendar year 2021 and 2022. The training verifications provided sufficiently</p>

demonstrated to the auditor how the agency ensures full compliance with each provision of this PREA Standard in practice for all the medical and mental health staff employed by the agency. Additionally, it is important to note that the PREA training provided included refreshers on preventing, identifying, and reporting abuse, neglect exploitation, PREA, cross-gender pat searches, and the agency's PREA Policy 12.5.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.341	Obtaining information from residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1002 734" style="list-style-type: none"> - Agency Policy 16.2 (Intake & Admission) - Agency Intake Behavioral Screening - Suicide Re-Assessment Form - Intake Assessment & Re-assessment Log - Behavioral Screening Re-assessment Documents <p data-bbox="280 770 461 806">Interviews:</p> <ul data-bbox="280 842 1481 2069" style="list-style-type: none"> - The auditor interviewed two (2) JSOs who are familiar with the facility's intake process, and each staff member sufficiently explained how facility's risk screening tool (<i>Intake Behavioral Screening</i>) is conducted within a couple hours after a juvenile is admitted into the facility. The intake staff further explained how this risk screening is used to collect and document the information required by this PREA Standard. For example, the intake staff broke down the questions that are asked on the Behavioral Screen, to include, but not limited to, age, height, prior sexual victimization or perpetration, any known disabilities, if the resident identifies as LGBTI, etc. The intake staff indicated that the risk screening form is completed in private, in one of the facility's two intake rooms, and information for the Behavioral Screening is ascertained from not only through the intake interview process of asking questions but also through reviewing intake paperwork, such as the Probable Cause Statement, Police Report, mental health assessment, and medical screening. Lastly, the intake officers confirmed the agency's practice of providing residents a risk re-assessment periodically while they are detained in the facility, which was explained to be approximately every month and conducted by the agency's MHP. - The auditor interviewed a total of eleven (11) residents while onsite, and each resident explained how they were asked questions related to if they have disabilities, ever been sexual abuse or perpetrator of sexual abuse, and if they identify as LGBTI. The residents advised that they were asked these type questions by an intake officer, in the facility's intake area, within a couple of hours after being admitted into the facility. - The PC sufficiently walked the auditor through how the agency ensures all confidential documents that include sensitive information, such as the agency's Intake Behavioral Screenings, are securely retained inside the facility's secure control room. He advised also that the resident files are only available to staff who have a professional justification to review the information in a resident's file, such as MHP's, medical staff, and other approved staff members.

- The auditor also discussed the periodical re-assessment procedures with the Superintendent, and it was clarified that the risk screening re-assessments are conducted on a monthly basis. The medical unit utilizes an Intake Assessment & Re-assessment log, which was provided to the auditor, in order to keep track of when the re-assessments are due for each resident who is in the facility for a month or longer.

Site Review Observations:

- During the onsite inspection, the PC walked the auditor through the facility's intake area, which includes two private intake rooms that are on camera view. The intake rooms provide sufficient privacy for intake to confidentially conduct the intake process with residents. The PC also demonstrated how the intake process is conducted, which includes going over the PREA orientation with residents and conducted the agency's mental health screening, initial medical screening, risk screening (Intake Behavioral Screening), and the search process.

Explanation of determination:

115.341 (a-e):

The auditor confirmed that all the elements required by this PREA Standard are included in Agency Policy 16.2, which states that a risk screening (*Intake Behavioral Screening*) is required to be completed during the intake process, as well as periodically throughout a residents stay in detention. Additionally, the agency provided the auditor with the objective screening tool used to assess risk of sexual abuse by or upon a resident, which is titled, "Intake Behavioral Screening." The auditor confirmed that this screening tool can be used objectively to assess the requirements in provision (c) (1-11) of this PREA Standard. Per Policy 16.2, the information used for the Intake Behavioral Screen is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Furthermore, the agency requires 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.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor randomly selected eight (8) residents from a current staff roster, which included a representative sample of residents selected from each housing unit and all with varying lengths of stays. The PC provided the auditor with completed Intake Behavioral Screening forms for each of the 8 residents selected, and upon the auditor review, it was clear that each of the resident screenings were fully compliant with each applicable element of this PREA Standard. In addition, one of the Behavioral Screening forms indicated the resident had experienced prior sexual victimization, and the auditor was provided proof documentation that this resident was seen by the facility's MHP within 24 hours of being admitted into the facility. The MHP meeting was documented on an agency form titled, "Suicide Re-

Assessment Form" and sufficiently demonstrates how the MHP follow-up associated with PREA Standard 115.381 was provided within 14 days.

Additionally, the auditor reviewed the agency's Intake Assessment and Re-Assessment Log for the past 12 months and determined the log includes the information needed to ensure all applicable residents are provided a periodic risk screening re-assessment by a qualified medical professional every month. In order to assess for the level of compliance in practice with the periodic re-assessments, the auditor was provided a sample of Behavioral Screening re-assessments for five (5) residents. Upon the auditor's review of the five (5) re-assessments emailed, it was apparent that the agency has fully institutionalized a compliant method and practice for periodically screening residents to reducing the risk of sexual abuse by or upon a resident.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.342	Placement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 879 591" style="list-style-type: none"> - Agency Policy 16.2 (Intake & Admission) - Agency Intake Behavioral Screening - Agency Policy 9.5 (Seclusions) <p data-bbox="280 631 459 667">Interviews:</p> <ul data-bbox="280 707 1477 2078" style="list-style-type: none"> - The auditor interviewed two (2) JSOs who are familiar with the facility's intake process, and each staff member sufficiently explained how the agency's Intake Behavioral Screening form is used to identify residents who may be at risk of being a victim or aggressor of sexual abuse and use this information to make the safest housing and programming assignments. Such assignments are determined by the on-shift supervisor reviewing the Behavioral Screening information and making housing and programming assignments accordingly. The intake staff also are able to supervise any resident who is isolated in his/her room for a PREA related matter, and each staff advised they have never known of such a situation. However, they did confirm that any resident who is secured in their room due to a PREA related situation is able to be seen by a medical and mental health professional on an as needed basis. - The auditor interviewed 12 randomly selected JSOs while onsite, and each staff member advised that they have never been aware of any resident secured in their room due to a PREA related situation. However, if such a situation were to occur, the residents would have access to medical and mental healthcare as deemed necessary by the medical/mental health professionals. - The auditor also interviewed the agency's Superintendent (<i>who is also the agency's PC</i>), and this administrator advised that the facility does not utilize specialized housing for residents who identify as LGBTI and all residents have access to mental and medical care, regardless if a resident is secured in his/her room or not. Additionally, the PC explained how the agency's Behavioral Screening form is used for supervisors to determine the safest programming and housing assignment for residents admitted into the facility. Lastly, the PC confirmed that the agency has not placed a resident in a room on any type of disciplinary or protective isolation due to a PREA related incident or situation. - The auditor interviewed the agency's primary MHP, who confirmed that all residents, regardless of the reason for being secured in his/her room, are permitted to meet with the MHP, and mental health services are not contingent on a resident's behavior/misbehavior or compliance/refusal to follow program expectations. The MHP advised that a mental health professional is available to the residents at all

times, with Spindletop MHMR available for immediate intervention and treatment if she is unavailable due to being out of town.

- The auditor interviewed the facility's' LVN, who confirmed the same information provided by the MHP, outlined above. The LVN stated that all patients {residents} are able to meet with psychological and medical staff regardless of their behavior or level of compliance with the facility's program.

Site Review Observations:

- During the onsite, the auditor did not observe, or was notified, of any resident in a disciplinary seclusion or protective isolation due to a PREA related situation. Furthermore, the residents were only housed according to gender, with the males housed in one Dorm and the female residents housed in an adjacent Dorm. The auditor did not observe any residents being housed or programmed separately due to identifying as LGBTI, and throughout the onsite, the auditor did not identify any resident who identified as transgender/intersex.

Explanation of determination:

115.342 (a-i):

The auditor confirmed that all the elements required by this PREA Standard are included in Agency Policy 16.2. Additionally, the agency provided the auditor with the objective screening tool used to assess risk of sexual abuse by or upon a resident, which is titled, "Intake Behavioral Screening." The auditor confirmed that this screening tool can be used objectively to assess the requirements in provision (c) (1-11) of PREA Standard 115.341, as well as used to obtain the information needed to make safe housing, bed, program, and education assignments (*the agency is a juvenile facility and does not assign work assignments to residents*). Furthermore, agency Policy outlines the procedures for using resident isolations only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During such isolation, the agency requires residents receive daily large-muscle exercise, any legally required educational programming or special education services, and visits from a medical and mental health care clinician, as needed. The facility does not utilize any type of specialized housing for residents who identify as LGBTI, and a transgender or intersex resident's housing and program assignments are required to be made on a case-by-case basis and reassessed at least twice each year to review any threats to safety experienced by the resident. Furthermore, all residents shower alone and one at a time in the facility, and a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The agency is required, per Policy, to document the reason and justification for any use of a resident disciplinary seclusion or protective isolation, which includes an explanation of the facility's concerns and, for protective isolations, any reason why an alternative means of separation could not be arranged.

Specifically, to the provisions of this PREA Standard related to transgender/intersex

residents, the following procedures are included in Agency Policy 16.2 on page 2, which ensures residents who identify as such are afforded maximum safety according to the requirements associated with this PREA Standard.

- Lesbian, gay, bisexual, transgender, or intersex juveniles shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Nor shall the Department consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- In deciding whether to assign a transgender or intersex juvenile to a dorm for male or female juveniles, and in making other housing and programming assignments, the
- Department shall consider on a case-by-case basis whether a placement would ensure the juveniles health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile.
- A transgender or intersex juveniles own views with respect to his or her own safety shall be given serious consideration.

Additionally, the agency includes the requirements associated with protective isolation in agency Policy 9.5, in the section titled, "Protective Isolation" on page 4. The agency specific procedures, included in Policy 9.5, for utilizing segregated housing (Protective Isolation) to protect a resident who is alleged to have suffered sexual abuse is outlined below:

- A juvenile may be placed on protective isolation when a juvenile is physically threatened by another juvenile or a group of juveniles and less restrictive measures are inadequate to keep the juvenile safe. The Detention Superintendent or designee shall approve protective isolation in writing including a description of the circumstances and reasons for the protective isolation. A Juvenile Supervision Officer shall observe and record the juvenile's behavior at staggered intervals not to exceed 15 minutes. All such observations shall be documented by the Juvenile Supervision Officer who made the actual observation. The documentation shall indicate the exact hour and minute the visual observation was made and a general description of the juvenile's behavior. Incident reports shall be prepared to document the reasons for the protective isolation. The Casework Supervisor-Detention shall document the protective isolation in the appropriate logs. A copy of the incident report shall be placed in the juvenile's file.
- After the initial 24 hours and every 72 hours thereafter, the Detention Superintendent or designee shall conduct a documented review of the circumstances surrounding the level of threat faced by the juvenile and make a determination whether the protective isolation should continue or whether less protective restrictions can take place. However, if protective

isolation is to be continued, the Detention Superintendent or designee shall ensure that review documentation includes an alternative service delivery plan to ensure that the isolated juvenile is afforded the required program services while in protective isolation. Review documentation that identifies the threat faced by the juvenile shall be placed in the juvenile's file. During the isolation period, the department shall not deny the juvenile daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from the Mental Health Professional or Medical Staff and shall have access to other programs and work opportunities to the extent possible.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor randomly selected eight (8) residents from a current staff roster, which included a representative sample of residents selected from each housing unit and all with varying lengths of stays. The PC provided the auditor with completed Intake Behavioral Screening forms for each of the 8 residents selected, and upon the auditor review, it was clear that each of the resident screenings were fully compliant with each applicable element of this PREA Standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency PREA Policy 12.5- Resident Handbook- Memo Signed by the Director of the Agency- Memo from the PC of the Agency <p>Interviews:</p> <p>- During the onsite, the auditor interviewed eleven (11) total residents during the onsite, which represented a representative sample of residents from each housing unit, as well as targeted residents who fell under the applicable PREA classification. The total population of residents during the onsite was twenty-two (22), with 19 males and 3 females. With a representative sample of 50% of the facility's population interviewed, the auditor was able to gain an effective insight into the overall practice of PREA within the facility. Out of the 11 residents interviewed, two were identified by the PC as targeted, with having a cognitive disability of some kind. The 11 residents, including the two targeted residents, were asked questions related to their understanding of PREA and how to report sexual abuse and sexual harassment, and all the residents sufficiently answered each question and provided the auditor with feedback of their own unique level of understanding of the PREA information and education provided by the facility. All the residents explained the different ways to report and confirmed that intake staff provide PREA information within a few hours after they were admitted into the facility, and they each watched a PREA video after being released from their three-day quarantine due to COVID-19 related precautions. Some residents elaborated how they have seen the PREA video numerous times, with being able to recite some of the lines they learned from the actors in the video. Additionally, the residents all felt safe and each confirmed that they have never been involved in any type of sexual harassment or sexual abuse incident while being detained in the facility. All the residents advised they have seen the "End the Silence" posters that are posted on the walls throughout the facility, and each resident also was aware of the grievance box located in the facility's cafeteria. The residents explained they can write a grievance or a letter when they are in the classroom or ask for a pencil and paper (<i>grievance</i>) to write it on their pod or in their room. All eleven residents advised they have never needed to make a PREA related report due to no such incident occurring at the facility while they have been detained. Lastly, each of the residents explained, in their own words, how they could make a report of sexual abuse or sexual harassment anonymously, which included calling the TJJJ Hotline or writing the report down on a piece of paper or grievance without giving their name.</p>

- The auditor interviewed two (2) JSOs who are familiar with the facility's intake process, and each staff member sufficiently explained how PREA information is provided to each resident within two hours of being admitted into the facility. The intake staff described how they conduct the intake process, which includes reading the Resident Handbook and going over the PREA section to ensure all residents fully understand how to report sexual abuse or sexual harassment and how to remain safe while at the facility. The intake staff elaborated further on how they ask each newly admitted resident questions to ensure all the information is fully understood. The intake officers also explained how all residents watch a PREA video after being released from quarantine, which is a three-day period after being admitted (due to COVID-19 precautions). After residents watch the PREA video, the staff member showing the video will go over PREA once again and answer any questions the residents may have.

- The auditor interviewed a representative sample of JSOs during the onsite, which included a total of twelve (12) randomly selected JSOs from each of the three shifts (7-3, 3-11, and 11-7) and with part-time and full-time status included. All the JSOs interviewed confirmed they understood the process of making a private PREA related report, which was either directly to a supervisor or administrative staff member or calling the TJJJ Hotline or local law enforcement on their own. The staff were also all aware of the multiple reporting methods in place for residents, such as the TJJJ hotline, writing a report on a grievance or letter, verbally (*including privately and confidentially*) to any adult in the facility, telling their parent/guardian/attorney/JPO/Judge/etc., or calling the TJJJ Hotline or turning in a grievance without their name (*in order to remain anonymous, if so desired by the resident*). The staff confirmed how any verbal report would be immediately reported to their immediate supervisor and documented on an agency's Incident Report form. Lastly, all the staff interviewed advised that they have never received a PREA report from a resident; however, if it occurs in the future, each staff member interviewed sufficiently understands their responsibilities associated with being the first person of knowledge and following through with the required mandatory reporting protocols.

Site Review Observations:

- During the onsite, the auditor observed signs throughout the inside and outside of the facility, which included posters titled, "End the Silence." These "End of Silence" posters include the agency's zero tolerance policy statement and how to report to any sexual harassment or sexual abuse directly to the Texas Juvenile Justice Department (TJJJ). The TJJJ Abuse Hotline number is also included, and the PC walked the auditor through the process of how a resident can request to call this hotline from inside the facility's Library room. Each PREA related poster observed by the auditor was legible and provided clear documentation on how residents can make a report of sexual abuse or sexual harassment directly to staff or the TJJJ Hotline. The PC advised that the only number the library phone is programmed to call is the TJJJ Hotline, which is automatically called when the phone is lifted off the receiver. The auditor used this time to conduct a test call in the same manner that a resident can make a call to the hotline and was able to successfully reach a TJJJ

hotline operator within a few rings. The TJJD operator was very helpful and confirmed that a resident can report any type of abuse or harassment to the hotline and translation services are available if needed. After completion of the test call, the auditor was provided an email communication between the PC (*who is also the Facility Administrator of the facility*) and the TJJD Office of Inspector General's Office that proved the hotline test call was made and communicated back to the facility within minutes. Furthermore, the auditor confirmed that a resident can make the TJJD hotline call confidentially, without staff or other individuals listening in, by a staff member able to remain outside the library and only providing visual supervision through the library windows to ensure safety and security. Lastly, the auditor also observed the facility's resident grievance process, which includes a secured grievance box that is located in the cafeteria. The PC explained how any resident or staff can place a grievance, or any other letter for that matter, in this box, which is only unlocked and checked by a facility supervisor or administrative staff.

Explanation of determination:

115.351 (a-e):

The auditor confirmed that Agency Policy 12.5 includes the resident and staff reporting requirements set forth in this PREA Standard. The Policy outlines how residents are able to privately report to any adult individual in the facility, call the TJJD Hotline (*outside entity*), and document the report on a grievance. Additionally, the agency provided the auditor with a copy of the Resident Handbook, which includes information that is provided to each resident on how to report, as outlined below:

- You {Resident} have the right to confidentially report sexual assault, abuse, or harassment. You can tell any Juvenile Supervision Officer, Juvenile Probation Officer, Counselor, volunteer, intern, Lead Supervision Officer or any member of the Supervisory Staff. You can also use the hotline located in the library to report directly to the Texas Juvenile Justice Department (TJJD) 1-877-STOP-ANE (1-877-786-7263) or write your allegation on a grievance form and submit in the grievance box.

Additionally, any juvenile, staff, or person advocating on behalf of a juvenile can privately report sexual abuse and sexual harassment of residents in the following ways, as indicated in Policy 12.5:

- the TJJD 24-hour hotline (*outside agency*), which allows for anonymous reporting by staff & residents;
- any departmental staff member or supervisory staff;
- any law enforcement agency; or
- written report through grievance process, which allows for anonymous reporting.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Memo Signed by the Chief of the JCJPD - Agency PREA Policy 12.5 <p>Explanation of determination:</p> <p>115.352 (a-g):</p> <p>Through reviewing the agency's PREA Policy, as well as the signed memo from the Director of the agency, the auditor determined that the requirements of this PREA Standard do not apply to the agency. This is due to any sexual abuse allegation made by a resident in the facility, regardless if submitted on as a resident grievance or another written form, immediately required to be reported to local law enforcement and TJJD, investigated in accordance with the applicable investigating agency's sexual abuse investigating procedures, and never merely handled as an administrative grievance by the JCJPD. This was confirmed by the Director of the agency via the provided signed memo. Lastly, the internal grievance process was explained by the PC during his onsite interview, and it was confirmed that the agency immediately reports all grievances allegedly any type of sexual abuse directly to local law enforcement (Jefferson County Sheriff's Department), TJJD, and the administrative team so that a criminal and administrative investigation can be promptly conducted.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Sexual Abuse PREA Policy 12.5 - Resident Handbook - Cooperative Agreement between JCJPD & Rape and Suicide Crisis of Southeast, TX - Agency Policy 18.3 (Juvenile Visitation) - Agency Policy 18.2 (Access to Telephone) - Agency Policy 12.1 (Legal Rights of Juveniles) <p>Interviews:</p> <ul style="list-style-type: none"> - Two representatives from the Rape Crisis Center in Beaumont, TX were interviewed by the auditor over the phone, and both representatives answered through the 24/7 hotline number. Each representative confirmed the organization's practice of providing victim advocates for emotional support services related to sexual abuse, which can be provided to any child/juvenile who contacts the Rape Crisis Center. - During the onsite, the auditor interviewed eleven (11) total residents during the onsite, which represented a representative sample of residents from each housing unit, as well as targeted residents who fell under the applicable PREA classification. The total population of residents during the onsite was twenty-two (22), with 19 males and 3 females. With a representative sample of 50% of the facility's population interviewed, the auditor was able to gain an effective insight into the overall practice of PREA within the facility. All the residents advised that they received a Resident Handbook upon entering the program, with having the ability to keep the Handbook in their room if so desired; however, a few of the residents advised they discarded their Handbook because it was no longer needed. The auditor confirmed that the Resident Handbook includes the emotional support services contact information, which is on page 23. Furthermore, some residents indicated how they have seen the PREA video numerous times, with being able to recite some of the lines they learned from the actors in the video. The residents all felt safe and each confirmed that they have never been involved in any type of sexual harassment or sexual abuse incident while being detained in the facility. Lastly, each resident explained the facility's visitation and phone call process, which requires all residents to have at least one family visit and phone call per week. The residents elaborated further on the facility's behavioral level system, and how this level system may allow for more frequent contact with their family depending on

the resident's success in the program. The residents also advised they can request to speak with their legal representative (*attorney*) at any time, with the most practical method explained as contacting a supervisor or their JPO to arrange the attorney call or visit.

- The auditor's interview with the agency's Superintendent (PC), and he sufficiently explained how the facility is required to provide the juveniles with reasonable and confidential access to their attorneys or legal representation and reasonable access to parents or legal guardians.

Explanation of determination:

115.353 (a-d):

The auditor confirmed that Agency Policy 12.5 includes the requirements of this PREA Standard on page 9. Additionally, the manner in which residents are provided the contact information for the outside organizations that can provide emotional support services for residents is through the agency documenting this information in the Resident Handbook, on page 23. The auditor verified that the Resident Handbook includes the name, website address, physical address, and toll-free phone number for multiple non-profit organizations that can provide emotional support services to any resident in the facility, either by phone or in-person. One such organization, in which the agency has a signed MOU with, is the Rape & Suicide Crisis Center of Southeast Texas. Other organizations included in the Resident Handbook include: Family Services of Southeast Texas, Spindletop MHMR Services, Beaumont- Daybreak Interagency Youth Services, Buckner Children and Family Services, and Youth Crisis/Runaway Hotline. Furthermore, the facility requires that communication with a representative from such organizations to be provided in as confidential a manner as possible. The agency's PREA Policy also indicates that prior to giving residents access to an emotional support advocate, the facility will inform the resident 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. Lastly, the agency has a policy on the requirements of providing residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Note: The Crisis Center of Southeast Texas website explains that organization trains and sends out advocates around the clock free of charge to meet survivors and provides emotional support services on an as needed basis.

Furthermore, agency Policies 18.2, 18.3, and 12.1 include how residents are able to have reasonable access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.354	Third-party reporting
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1267 734" style="list-style-type: none"> - Agency PREA Policy 12.5 - Information for Parents, Guardians, and Custodians Regarding PREA - Agency Website (Juvenile Probation - Jefferson County TX) - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 772 699 806">Site Review Observations:</p> <p data-bbox="280 844 1477 1711"> - During the onsite, the auditor observed signs throughout the inside and outside of the facility, which included posters titled, "End the Silence." These "End of Silence" posters include the agency's zero tolerance policy statement and how to report to any sexual harassment or sexual abuse directly to the Texas Juvenile Justice Department (TJJD). The TJJD Abuse Hotline number is also included, and the PC walked the auditor through the process of how a resident can request to call this hotline from inside the facility's Library room. The PC advised that the only number the library phone is programmed to call is the TJJD Hotline, which is automatically called when the phone is lifted off the receiver. The auditor used this time to conduct a test call in the same manner that a resident can make a call to the hotline and was able to successfully reach a TJJD hotline operator within a few rings. The TJJD operator was very helpful and confirmed that a resident can report any type of abuse or harassment to the hotline and translation services are available if needed. After completion of the test call, the auditor was provided an email communication between the PC (who is also the Facility Administrator of the facility) and the TJJD Office of Inspector General's Office that proved the hotline test call was made and communicated back to the facility within minutes. Furthermore, the auditor confirmed that a resident can make the TJJD hotline call confidentially, without staff or other individuals listening in, by a staff member able to remain outside the library and only providing visual supervision through the library windows to ensure safety and security. </p> <p data-bbox="280 1749 759 1783">Explanation of determination:</p> <p data-bbox="280 1821 456 1854">115.354 (a):</p> <p data-bbox="280 1892 1477 2056">The auditor confirmed that the third-party reporting requirements of this PREA Standard are included in the Agency's PREA Policy on page 2 and 3. Additionally, the auditor also confirmed that the agency includes these procedures on the agency's website, which is included on a hyperlinked attachment titled, "Information</p>

for Parents, Guardians, and Custodians Regarding PREA." This form includes the following information:

- Third parties (*parents, attorneys, counselors, etc.*) have the right to report incidents (*or suspicions*) of sexual abuse and sexual harassment on behalf of residents of the Jefferson County Juvenile Probation Department (JCJD). Third party reports can be made to JCJD staff, to the Texas Juvenile Justice Department, or to the Jefferson County Sheriff's Department. (see Third Party Contact Information below)
- All alleged incident of sexual abuse and sexual harassment in the JCJD will be criminally investigated by the Jefferson County Sheriff's Department and administratively by JCJD and the Texas Juvenile Justice Department.
- THIRD PARTY CONTACT INFORMATION: JCJD Detention Superintendent or Casework Supervisors - Detention 409-722-7474 Texas Juvenile Justice Department (Austin, Texas) 877-786-7263 (toll free) abuse neglect@tjjd.texas.gov (877-STOP-ANE) Jefferson County Sheriff's Department 409-835-8411.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 663" style="list-style-type: none"> - Agency PREA Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency - PREA Training Documentation for Staff <p data-bbox="280 705 459 739">Interviews:</p> <ul data-bbox="280 781 1481 2089" style="list-style-type: none"> - The auditor interviewed a representative sample of JSOs during the onsite, which included a total of twelve (12) randomly selected JSOs from each of the three shifts (7-3, 3-11, and 11-7) and with part-time and full-time status included. All the JSOs interviewed confirmed that agency Policy requires all staff to adhere to the reporting protocols set forth in the agency's PREA Policy and immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation, or staff neglect. The JSOs also explained the process of making such a report, which included immediately contacting their immediate supervisor, TJJJ, local law enforcement (JCSD), and possibly, depending on the situation and location of the alleged abuse, child protective services. The JSOs advised that all reports, including verbal reports, are required to be documented on an incident report. The staff interviewed were aware of the importance of the agency's confidentiality requirements associated with working with juveniles within the facility, which included ensuring information related to a sexual abuse or sexual harassment incident or allegation is only shared with professionals who are designated by agency policy to make treatment, investigative, and other security and management decisions. - The medical and mental health professionals interviewed by the auditor both explained in their individual interviews the requirements associated with providing informed consent, as well as the reporting protocols set forth by the agency's Policy and Procedures. The MHP interviewed advised that she is a mandatory reporter as outlined by the Texas Behavioral Health Executive Council and by the Texas Education Agency, due to being a certified teacher with the State of Texas. She also explained that all clients sign a Consent for Release of Confidential Information when they first enter the facility. If she was ever informed or gained knowledge of a sexual abuse or sexual harassment incident or allegation, she advised that she would first report the matter to her direct supervisor. Then, the MHP explained she would call the Texas Department of Family and Protective Services (DFPS) Hotline. The LVN advised that she is a mandatory reporter and provides verbal informed consent to all her patients. She expressed the requirements associated with reporting a PREA related matter, which includes contacting her supervisor

immediately.

- The agency's Superintendent was also interviewed and explained the agency's protocols for making the PREA required notifications for a situation involving an allegation or incident of sexual abuse at the facility. The notifications include notifying the victim's parents or guardians, DFPS caseworker (*if under the custody of DFPS*), and the youth's legal representative or attorney. Lastly, the Superintendent advised that all allegations related to sexual abuse and sexual harassment, including any third-party and anonymous reports, are promptly reported up the administrative chain of command, which includes agency designated investigators, TJJD, and local law enforcement.

Explanation of determination:

115.361 (a-f):

The auditor confirmed that all the requirements set forth in this PREA Standard are included in agency Policy 12.5, on pages 4-7. According to this Policy, all staff are required to immediately immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy 12.5 outlines that apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Additionally, it was confirmed through the staff training documentation review, which is outlined in section 115.331 of this report, that the agency reviews Policy 12.5 with all staff, including all medical and mental health professionals, during initial PREA training and subsequent annual PREA training refreshers. Furthermore, the agency's reporting protocols are in line with the mandatory child abuse reporting laws of the state of Texas, as verified by the auditor upon review of the applicable Texas Administrative and Family Codes. The agency's PREA Policy also includes the notification requirements set forth in provisions (e) (1-3) and (f) therein.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.362	Agency protection duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> <li data-bbox="280 416 576 450">- Agency Policy 12.5 <li data-bbox="280 488 724 521">- Memo Signed by the Director <p data-bbox="280 560 459 593">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="280 631 1461 786">- The agency's Director was interviewed by the auditor and explained how a resident would be protected from sexual abuse when the agency learns that such a resident is subject to a substantial risk of imminent sexual abuse. The protective measures that would be put into place include: <ul style="list-style-type: none"> <li data-bbox="352 857 1481 931">• immediate protective actions would be put into place to ensure the residents safety; <li data-bbox="352 943 1474 1016">• the Facility Administrator or designee would be assigned to investigating the matter and give an initial response within 48 hours; <li data-bbox="352 1028 1422 1102">• a final department decision would be made within 5 calendar days of the findings. <li data-bbox="280 1140 1461 1339">- The auditor also interviewed the agency's Superintendent in order to gain some more insight into how the agency would respond to a resident who was found to be at risk of imminent sexual abuse. The Superintendent advised that immediate corrective action would be taken to protect the juvenile, which would include the following actions: <ul style="list-style-type: none"> <li data-bbox="352 1411 932 1444">• immediate separation from the threat; <li data-bbox="352 1456 815 1489">• review the incident/allegation; <li data-bbox="352 1500 1406 1574">• ensure the victim of the threat is kept away from the threat (resident or staff); <li data-bbox="352 1585 788 1619">• review surveillance footage; <li data-bbox="352 1630 1219 1664">• isolate and discipline the perpetrator if founded to be true; <li data-bbox="352 1675 1477 1783">• ensure the perpetrator of the threat is in a group/housing unit away from the victim and housed in a low ratio group so there is less of a potential of any further issues; and <li data-bbox="352 1794 1426 1904">• monitor the victim closely (review incident reports and talk with staff and residents frequently) while he/she is in the facility to ensure no threat of retaliation is present and the youth feels safe. <li data-bbox="280 1942 1461 2051">- The auditor interviewed 12 randomly selected JSOs, who all sufficiently explained the immediate action they would take to protect a resident who expressed being subject to a substantial risk of imminent sexual abuse. Such action included, but is

not limited to, separating the resident victim of the threat from the threatening resident or staff, reporting the incident to their immediate supervisor, monitoring the situation closely, asking the resident involved questions about the situation, documenting the incident, and ensuring all staff who work with the residents involved are aware of the situation.

Explanation of determination:

115.362 (a):

The auditor confirmed that all the requirements set forth in this PREA Standard are included in agency Policy 12.5, on page 4 and page 11. Policy 12.5 explains on page 4 that the agency is required to take the following action after receiving an emergency report alleging a juvenile is subject to a substantial risk of imminent sexual abuse:

- the department shall immediately forward the report (*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;
- shall provide an initial response within 48 hours; and
- shall issue a final departmental decision within 5 calendar days.

Additionally, the initial response and final departmental decision shall document the department's determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency report.

Policy 12.5 on page 11 also provides more details regarding how the agency ensures an immediate response to a substantial risk of imminent sexual abuse, as outlined below:

- When the department is made aware that a juvenile is subject to a substantial risk of imminent sexual abuse, the department shall take immediate action to protect the juvenile.
- All departmental employees, detention and probation staff is responsible for being alert to signs of potential situations in which sexual abuses might occur.
- Preventing sexual abuse also means that staff should attempt to identify sexually abusive youth, peers, or supervisors.
- All departmental employees will be trained to recognize the physical, behavioral, and emotional signs of sexual abuse. Staff will also be trained to recognize the signs and symptoms of victimization in juveniles and typical predatory methods employed by sexual abusers such as grooming, set-ups and extortion. The training shall be tailored to the unique needs and attributes of the juveniles referred to MRJJC.

The auditor was also provided a signed memo from the Director of the agency, which confirmed that the Jefferson County Juvenile Probation Department has not learned of any situation involving a resident that was subject to a substantial risk of

imminent sexual abuse in the past 12 months.

Lastly, it was confirmed by the auditor through the staff training documentation review, which is outlined in section 115.331 of this report, that the agency reviews Policy 12.5 with all staff during initial PREA training and subsequent annual PREA training refreshers.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy 12.5 - Memo Signed by the Director <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's Director and Superintendent, who both confirmed in their individual interviews that they have not learned of an allegation that a resident was sexually abused while confined at another facility in the past 12 months; however, both were able to explain the steps that would be taken if such an incident were to occur. The administrators advised that the same reporting protocols would be followed regardless of where the location is alleged to have occurred, with the only difference being the immediate notification to the agency head of the facility or office of the agency where the alleged abuse occurred. <p>Explanation of determination:</p> <p>115.363 (a-d):</p> <p>The auditor confirmed that the reporting and notification requirements set forth in this PREA Standard are included in agency Policy 12.5, on page 13. Additionally, this Policy states that the JCJPD Chief not only is required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, the Chief is also required to notify TJJD as soon as possible but no later than 72 hours after receiving the allegation. The notification documentation is required, per Policy 12.5, to be retained by the Detention Superintendent.</p> <p>Lastly, the auditor was provided a signed memo from the Director of the agency, which clarifies that the Jefferson County Juvenile Probation Department has not received an allegation from a resident who alleged being sexually abuse while confined at another facility in the past 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.364	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 663" style="list-style-type: none"> - Agency PREA Policy 12.5 - PREA Related Training Materials - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 701 459 734">Interviews:</p> <ul data-bbox="280 777 1481 1671" style="list-style-type: none"> - The auditor interviewed 12 randomly selected JSOs while onsite, and each staff sufficiently articulated their understanding of the agency trained first responder duties. It was also clarified that all juvenile staff (JSOs) are trained as first responders, and each interviewed staff elaborated on how they have been trained on how to preserve and protect the scene of a sexual abuse incident, which included moving a resident victim and perpetrator to a dry cell (<i>without access to a toilet or sink</i>), advising the victim and perpetrator to not take any action that could contaminate or destroy evidence (<i>e.g., not to change out, brush teeth, shower, restroom, etc.</i>). The Jefferson County Sheriff's Department was advised to be responsible for the collection of physical evidence as part of conducting their criminal investigation. Furthermore, JSO provided the auditor with the names of the internal administrative investigators for the agency, and how these investigators would be notified directly for any allegation or incident of sexual abuse or sexual harassment from within the facility. Lastly, the staff interviewed explained how they would immediately report any sexual abuse allegations or suspicion of such abuse directly to their immediate supervisor, TJJD, and the JCSO, and each staff confirmed that they have never been involved in any type of sexual abuse situation that alleged to have occurred in the facility. - The auditor concluded through review of the proof documentation provided and through the onsite audit process of interviews that the agency did not have a resident in the facility who was involved in a sexual abuse allegation or incident. <p data-bbox="280 1709 759 1742">Explanation of determination:</p> <p data-bbox="280 1785 485 1818">115.364 (a-b):</p> <p data-bbox="280 1861 1453 2056">The auditor confirmed that the first responder requirements of this PREA Standard are included in agency Policy 12.5, on pages 5 and 6. In addition, the auditor was provided PREA related training material that sufficiently demonstrated how the agency provides first responder training to all JSO staff working in the facility. The agency's PREA Policy and the PREA training material provided outline the following</p>

first responder protocols pursuant to the requirements of this PREA Standard:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy 12.5 - Agency Policy 15.12 (Notification & Reporting Illness and Investigating Abuse, Exploitation, or Death) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's Superintendent, who sufficiently explained the agency's coordinated response to an incident of sexual abuse. The response was explained to be a collaboration of staff, to included, but limited to, first responding staff, supervisors, administration, both criminal and internal investigators, medical and mental health staff, Garth House (children's advocacy), and local hospital emergency nurses. The Superintendent also indicated that the local law enforcement would determine whether the juvenile victim would need to be transported to the appropriate medical facility for a SANE forensic exam. <p>Explanation of determination:</p> <p>115.365 (a):</p> <p>The auditor reviewed the agency's PREA Policy 12.5 and Policy 15.12 and determined that both policies include a written plan of action for staff first responders, medical and mental health practitioners, investigators, and facility leadership to utilize when it is necessary to respond to an incident of sexual abuse among.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- PAQ <p>Interviews:</p> <ul style="list-style-type: none">- The agency's Director confirmed that no collective bargaining agreement has been made with staff at the facility and staff are not involved in any type of work-related union membership. <p>Site Review Observations:</p> <ul style="list-style-type: none">- During the onsite, the auditor was never made aware that the agency utilizes any type of collective bargaining agreement with the staff and no union signage was observed. <p>Explanation of determination:</p> <p>115.366 (a-b):</p> <p>The agency does not enter into any type of collective bargaining agreements and, therefore, the requirements set forth in this PREA Standard do not apply at this time.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 591" style="list-style-type: none"> - Agency PREA Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 631 459 667">Interviews:</p> <ul data-bbox="280 707 1477 2065" style="list-style-type: none"> - The agency's Director advised that the agency's Facility Administrator (Superintendent) or designee is required, per agency Policy, to monitor the conduct or treatment of juveniles or staff who report sexual abuse for at least 90 days. The monitoring will continue past the minimum 90 days if the initial monitoring period indicates a continuing need. The monitoring is to determine if there are any changes that may suggest possible retaliation by juveniles or staff. Immediate action shall be taken to remedy any retaliation, and the monitoring includes reviewing disciplinary reports, housing or program changes, negative performance reviews or resignation of staff, and visual observations. If an administrative or criminal investigation determines the allegation to be unfounded, the monitoring for retaliation would cease. Lastly, the Director confirmed that if any other individual who cooperates with an investigation expresses fear of retaliation, the department will take appropriate measures to protect the individual against retaliation. - The agency's Superintendent, who is also the agency's PC and administrator in charge of monitoring for retaliation, was interviewed by the auditor, and he confirmed how he has not been involved in any form of retaliation monitoring due to the facility not having a sexual abuse allegation or incident since the last PREA audit. The PC explained how retaliation against any juvenile or employee who reports or assists in the investigation of alleged sexual abuse and sexual harassment is strictly prohibited and grounds for disciplinary action up to and including termination of employment. Further, the Superintendent elaborated how immediate protective measures will be considered such as reclassification or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigation, to ensure that retaliation does not occur. It was explained how the Detention Superintendent or designee is required to monitor the conduct or treatment of residents or staff who reported the sexual abuse for at least 90 days, to determine if there are changes that may suggest possible retaliation by juveniles or staff. Resident and staff disciplinary records/reports, housing or programming changes, or negative performance reviews or reassignments of staff and visual observation would be used to determine if any retaliation has occurred. The PC

advised that if the department's investigation has determined that the abuse is unfounded, the monitor shall be terminated. Lastly, it was explained that monitoring beyond 90 days will continue if the initial monitoring indicates a continuing need, and if any other individual who cooperates with an investigation expresses a fear of retaliation, the department shall take appropriate measures to protect that individual against retaliation, as explained above.

Explanation of determination:

115.367 (a-f):

The auditor confirmed that the requirements of this PREA Standard are included in agency Policy 12.5, on page 5. This Policy outlines how the facility implements multiple protective measures 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 and shall designate which staff members or departments are charged with monitoring retaliation. The retaliation monitoring protocols are set by Policy 12.5 to commence for at least 90 days or longer if the initial monitoring indicates a continuing need. The monitoring for retaliation is primarily overseen by the PC and includes periodic status checks and documentation. Additionally, as noted below, the agency has not had a situation involving resident sexual abuse in the past 12 months; therefore, it has not been necessary for the agency to practice the agency protection duties pursuant to the requirements of this PREA Standard.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.368	Post-allegation protective custody
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 738 517" style="list-style-type: none"> - Agency Policy 9.5 (Seclusions) - Memo Signed by the Director <p data-bbox="280 560 459 593">Interviews:</p> <ul data-bbox="280 636 1477 1671" style="list-style-type: none"> - The auditor interviewed 12 randomly selected JSOs while onsite, and each staff member advised that they have never been aware of any resident secured in their room due to a PREA related situation. However, if such a situation were to occur, the residents would have access to medical and mental healthcare as deemed necessary by the medical/mental health professionals. - The auditor also interviewed the agency's Superintendent (who is also the agency's PC), and this administrator advised that the facility does not utilize specialized housing for residents who identify as LGBTI and all residents have access to mental and medical care, regardless if a resident is secured in his/her room or not. Lastly, the PC confirmed that the agency has not placed a resident in a room on any type of disciplinary or protective isolation due to a PREA related incident or situation. - The auditor interviewed the agency's primary MHP, who confirmed that all residents, regardless of the reason for being secured in his/her room, are permitted to meet with the MHP, and mental health services are not contingent on a resident's behavior/misbehavior or compliance/refusal to follow program expectations. The MHP advised that a mental health professional is available to the residents at all times, with Spindletop MHMR available for immediate intervention and treatment if she is unavailable due to being out of town. - The auditor interviewed the facility's' LVN, who confirmed the same information provided by the MHP, outlined above. The LVN stated that all patients {residents} are able to meet with psychological and medical staff regardless of their behavior or level of compliance with the facility's program. <p data-bbox="280 1713 699 1747">Site Review Observations:</p> <ul data-bbox="280 1789 1477 2024" style="list-style-type: none"> - During the onsite, the auditor did not observe, or was notified, of any resident in a disciplinary seclusion or protective isolation due to a PREA related situation. Furthermore, the residents were only housed according to gender, with the males housed in one dorm and the female residents housed in an adjacent dorm. The auditor did not observe any residents being segregated in a room or programmed separately due to a situation involving a PREA related matter.

Explanation of determination:

115.368 (a):

The agency includes the requirements of this PREA Standard in agency Policy 9.5, in the section titled, "Protective Isolation" on page 4. The agency specific procedures, included in Policy 9.5, for utilizing segregated housing (*Protective Isolation*) to protect a resident who is alleged to have suffered sexual abuse is outlined below:

- A juvenile may be placed on protective isolation when a juvenile is physically threatened by another juvenile or a group of juveniles and less restrictive measures are inadequate to keep the juvenile safe. The Detention Superintendent or designee shall approve protective isolation in writing including a description of the circumstances and reasons for the protective isolation. A Juvenile Supervision Officer shall observe and record the juvenile's behavior at staggered intervals not to exceed 15 minutes. All such observations shall be documented by the Juvenile Supervision Officer who made the actual observation. The documentation shall indicate the exact hour and minute the visual observation was made and a general description of the juvenile's behavior. Incident reports shall be prepared to document the reasons for the protective isolation. The Casework Supervisor-Detention shall document the protective isolation in the appropriate logs. A copy of the incident report shall be placed in the juvenile's file.
- After the initial 24 hours and every 72 hours thereafter, the Detention Superintendent or designee shall conduct a documented review of the circumstances surrounding the level of threat faced by the juvenile and make a determination whether the protective isolation should continue or whether less protective restrictions can take place. However, if protective isolation is to be continued, the Detention Superintendent or designee shall ensure that review documentation includes an alternative service delivery plan to ensure that the isolated juvenile is afforded the required program services while in protective isolation. Review documentation that identifies the threat faced by the juvenile shall be placed in the juvenile's file. **During the isolation period, the department shall not deny the juvenile daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from the Mental Health Professional or Medical Staff and shall have access to other programs and work opportunities to the extent possible.**

Furthermore, the auditor was provided a signed memo from the Director of the agency, which states the Jefferson County Juvenile Probation Department has not placed a resident in protective isolation for a PREA related situation in the past 12 months.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor used the agency's Disciplinary Seclusion Log for calendar year

2022 to review for any disciplinary seclusions (DS) related to a sexual abuse or sexual harassment incident. Upon the auditor's review, it was confirmed that none of the 218 entries were related sexual misconduct. Additionally, to further assess for compliance, the auditor randomly selected five (5) DS Reports to review the actual reports to determine whether the seclusions were related to PREA in any way. Out of the 5 DS Reports analyzed, none included any language related to a PREA related incident or allegation.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1453 887" style="list-style-type: none"> - Agency PREA Policy 12.5 - Agency Policy 15.12 (Notification and Reporting Illness and Investigating Abuse, Exploitation, or Death) - Memo Signed by the Director of the Agency - Memo from the PC of the Agency - U.S. Depart. of Justice (DOJ) Bureau of Prisons- National Institution of Corrections Training Certificates - Specialized Investigator Training Outline <p data-bbox="280 929 459 963">Interviews:</p> <p data-bbox="280 1005 1481 1700">- The auditor interviewed one of the agency's primary internal investigators, the PC/ Superintendent, who explained the process of how any allegation or incident of sexual abuse is required to be immediately reported to TJJD and JCSO, as well as administratively investigated by, in most cases, the PC. The PC sufficiently explained the entire administrative investigation process from start to finish, which included outlining the elements involved of reviewing video and applicable documentation, interviewing all individuals involved, and remaining informed of the criminal investigation through emails, phone calls, and a shared drive with Jefferson County criminal investigators. It was confirmed that all internal investigations are promptly and thoroughly conducted for any allegation involving any type of abuse, neglect, or exploitation. The investigator also explained how he received the specialized training for investigators, as required by this PREA Standard, and the training was presented by the Director of the Investigative Division of the Texas Office of Inspector General with TJJD. The PC explained how the training included techniques for interviewing, Miranda and Garrity warning review, how to collect evidence in a facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="280 1742 699 1776">Site Review Observations:</p> <ul data-bbox="280 1818 1473 1973" style="list-style-type: none"> - During the onsite, the auditor observed the security in place to access the agency internal investigator's office, which included the office door being on camera and direct visual view of the facility's control room, the office door being locked, and the required process of the investigator to login to his work computer. <p data-bbox="280 2013 759 2047">Explanation of determination:</p>

115.371 (a-m):

The auditor confirmed through the documentation review that the agency is only required to conduct an internal administrative investigation into any allegations received of sexual abuse and sexual harassment, with the Jefferson County Sheriff's Office (JCSO), per Texas Family Code 261, responsible for conducting any applicable criminal investigation into a situation involving a resident who is alleged to be a victim of sexual abuse at the facility. Additionally, TJJD will also be immediately notified of any sexual abuse allegation or incident in the facility and act accordingly in conducting their own investigation, as required by the Texas Administrative Code 358.

Upon the auditor's review of agency Policy 12.5 (PREA Policy) and 15.12 (Investigation Policy), it was determined that each policy includes the applicable investigative requirements of this PREA Standard. This Policy explains how the agency is required to conduct a prompt, thorough, and objective administrative investigation into sexual abuse, including third-party & anonymous reports, as well as the responsibilities associated with JCSO conducting their own independent criminal investigation. Additionally, as noted in section 115.334 of this report, the administrative investigators have received specialized training in how to conduct sexual abuse investigations involving juvenile victims in a confinement setting. Per the agency's Policies, it is important to clarify that the agency is only responsible for preserving and protecting the evidence and scene where the alleged incident occurred, with the JCSO responsible for collecting and taking into evidence any available physical and DNA evidence. An investigation at the facility is required, per agency Policy, to continue until a finding is determined, regardless if the source of the allegation recants the allegation or the alleged perpetrator is no longer at the facility. Furthermore, Policy 12.5 explains that the administrative investigation shall determine whether staff actions or failures to act contributed to the abuse, and all investigations shall be documented according to the requirements of this PREA Standard. Lastly, when TJJD or the JCSO conduct investigations at the facility, the agency's Policy indicates that full cooperation with outside investigators shall be maintained and agency leadership shall endeavor to remain informed about the progress of the investigation..

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency Policy 15.12 <p>Interviews:</p> <p>. The agency's PC, who is one of the designated PREA internal investigators, sufficiently explained how he received the specialized training for investigators, as required by this PREA Standard, and the training was presented by the Director of the Investigative Division of the Texas Office of Inspector General with TJJD. The PC explained how the training included techniques for interviewing, Miranda and Garrity warning review, how to collect evidence in a facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (<i>preponderance of evidence standard</i>).</p> <p>Explanation of determination:</p> <p>115.372 (a):</p> <p>Per agency Policy 15.12 on page 4, the department imposes a standard of preponderance of evidence or lower standard in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 589" style="list-style-type: none"> - Agency Policy 15.12 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 631 461 665">Interviews:</p> <ul data-bbox="280 707 1477 1066" style="list-style-type: none"> - The agency's Superintendent, who is also the agency PC and designated internal PREA investigator, was interviewed and explained the agency's protocols for making the PREA required notifications for a situation involving an allegation or incident of sexual abuse at the facility. The notifications include notifying the victim's parents or guardians, DFPS caseworker (if under the custody of DFPS), and the youth's legal representative or attorney. In addition, the agency is also required to notify a resident alleged victim of the outcome of the investigation and the subsequent action taken regarding the perpetrator if the disposition is concluded to be unsubstantiated or substantiated. <p data-bbox="280 1108 759 1142">Explanation of determination:</p> <p data-bbox="280 1184 480 1218">115.373 (a-f):</p> <p data-bbox="280 1261 1453 1574">The auditor confirmed that all the reporting to resident requirements of this PREA Standard are included in Policy 15.12, on page 4. This Policy outlines the requirement of informing an alleged victim of sexual abuse of the outcome of the investigation, whether it is substantiated, unsubstantiated, or unfounded. Furthermore, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency will subsequently inform the resident (<i>unless the agency has determined that the allegation is unfounded</i>) whenever:</p> <ol data-bbox="344 1648 1430 1888" style="list-style-type: none"> 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. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="280 1930 1461 2009">If a resident has alleged that he/she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p>

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.

Policy 15.12 confirmed the practice required of documenting all such notifications or attempted notifications, as required by provision (e) of this PREA Standard.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.376	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 591" style="list-style-type: none"> - Agency PREA Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 629 759 663">Explanation of determination:</p> <p data-bbox="280 701 485 734">115.376 (a-d):</p> <p data-bbox="280 772 1474 1473">The auditor confirmed that each element of this PREA Standard is included in agency Policy 12.5, on page 8. This Policy outlines the requirements associated with disciplining staff for violating any of the agency's sexual abuse or sexual harassment policies, and for any staff involved in perpetrating sexual abuse against a resident, termination of employment is the presumptive disciplinary action. Furthermore, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (<i>other than actually engaging in sexual abuse</i>) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations or resignations by staff involved in a PREA related disciplinary matter or investigation is required to be reported to law enforcement and TJJD, unless the activity was clearly not criminal. Additionally, the agency has not experienced an allegation or incident of a resident who has been involved in a sexual abuse or sexual harassment at the facility in the past 12 months; therefore, there is no documentation available for a staff member who has been disciplined for violating agency policies relating to sexual abuse or sexual harassment, as proven below:</p> <ul data-bbox="352 1547 1474 1787" style="list-style-type: none"> • The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016. <p data-bbox="280 1825 469 1859">Conclusion:</p> <p data-bbox="280 1897 1390 2013">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 589" style="list-style-type: none"> - Agency Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 631 461 665">Interviews:</p> <ul data-bbox="280 707 1461 943" style="list-style-type: none"> - The auditor interviewed the agency's Superintendent, who advised that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency will take swift and appropriate remedial measures and prohibit further contact with residents, as well as report this to law enforcement, unless the activity was clearly not criminal, and appropriate licensing body (<i>DFPS/TJJD</i>). <p data-bbox="280 985 759 1019">Explanation of determination:</p> <p data-bbox="280 1061 485 1095">115.377 (a-b):</p> <p data-bbox="280 1137 1477 1697">The auditor confirmed that requirements of this PREA Standard is included in agency Policy 12.5, on page 8. The requirements set forth in this Policy outline that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Furthermore, the facility is also required to take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Additionally, the agency has not experienced an allegation or incident of a resident who has been involved in a sexual abuse or sexual harassment at the facility in the past 12 months; therefore, there is no documentation available for any individual who has contact with residents in the facility who has been disciplined for violating agency policies relating to sexual abuse or sexual harassment, as proven below:</p> <ul data-bbox="352 1776 1469 2011" style="list-style-type: none"> • The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016. <p data-bbox="280 2054 466 2087">Conclusion:</p>

	<p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Policy 12.5 - Agency Policy 9.15 (Seclusions) - Agency's Disciplinary Seclusion (DS) Log for 2022 - Random Sample of DS Reports - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p>Interviews:</p> <ul style="list-style-type: none"> - The agency's Superintendent was interviewed by the auditor and asked questions related to interventions and disciplinary sanctions for residents. The Superintendent advised that a resident may be subject to disciplinary sanction only pursuant to a formal disciplinary review process following an administrative finding that the juvenile engaged in resident-on-resident sexual abuse or following a criminal finding of guilt of such behavior. It was explained that the Superintendent has not been involved in approving any type of resident disciplinary action related to a PREA situation involving sexual abuse or sexual harassment since the last PREA audit; however, he was able to sufficiently explain the process of ensuring the interventions and disciplinary sanctions requirements of this PREA Standard are adhered to, as outlined in the agency's PREA Policy. - The auditor interviewed the agency's primary MHP, who confirmed that all residents, regardless of the reason for being secured in his/her room, are permitted to meet with the MHP, and mental health services are not contingent on a resident's behavior/misbehavior or compliance/refusal to follow program expectations. The MHP advised that a mental health professional is available to the residents at all times, with Spindletop MHMR available for immediate intervention and treatment if she is unavailable due to being out of town. - The auditor interviewed the facility's' LVN, who confirmed the same information provided by the MHP, outlined above. The LVN stated that all patients {residents} are able to meet with psychological and medical staff regardless of their behavior or level of compliance with the facility's program. <p>Explanation of determination:</p> <p>115.378 (a-g):</p>

The auditor reviewed agency Policy 12.5 and confirmed the requirements of this PREA Standard are included therein, on pages 7 and 8. The auditor confirmed that agency Policy outlines the procedures for using resident isolations only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During such isolation, the agency requires residents receive daily large-muscle exercise, any legally required educational programming or special education services, and visits from a medical and mental health care clinician, as needed. The agency is required, per Policy, to document the reason and justification for any use of a resident disciplinary seclusion or protective isolation, which includes an explanation of the facility's concerns and, for protective isolations, any reason why an alternative means of separation could not be arranged. Furthermore, any disciplinary sanctions imposed is required by agency Policy to be 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. The disciplinary process will also consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed, and mental health services, such as counseling or therapy, may be provided on a case-by-case basis.

Additionally, agency Policy 9.15 (Seclusions) was provided to the auditor, and this Policy provides the following agency specific guidelines for placing a resident on a disciplinary seclusion, which, in part, exceed some of the minimal requirements set forth in this PREA Standard:

- Disciplinary seclusion may be imposed only for a major rule violation proved in a formal disciplinary review.
- Disciplinary seclusion shall not be issued to a juvenile with a known diagnosis of a serious mental illness. A mental health provider shall be consulted before disciplinary seclusion is imposed if the juvenile has a current designation as moderate or high risk for suicide.
- Disciplinary Seclusion shall be limited to 48 hours in duration. The time the juvenile spends in disciplinary seclusion shall be counted from the time the juvenile is placed in disciplinary seclusion until the time the juvenile is formally released from disciplinary seclusion. The time shall be continuous and include program and non-program hours.
- While a juvenile is in disciplinary seclusion, a juvenile supervision officer shall personally observe and record the juvenile's behavior at random intervals not to exceed 15 minutes unless the juvenile is a high or moderate risk for suicide.
- Management staff shall visit juveniles in seclusion at least once each day. When available the juvenile will be offered the opportunity to visit with medical, social work, and or clergy. The juvenile's Probation Officer is encouraged to visit them daily. Attorney may visit juvenile at any time. All Visits will be recorded on the daily behavior record.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor used the agency's Disciplinary Seclusion Log for calendar year 2022 to review for any disciplinary seclusions (DS) related to a sexual abuse or sexual harassment incident. Upon the auditor's review, it was confirmed that none of the 218 entries were related sexual misconduct. Additionally, to further assess for compliance, the auditor randomly selected five (5) DS Reports to review the actual reports to determine whether the seclusions were related to PREA in any way. Out of the 5 DS Reports analyzed, none included any language related to a PREA related incident or allegation.

Note: The Director of the agency provided the auditor with two signed memos, as outlined below:

- One that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months.
- A second memo that confirms the Jefferson County Juvenile Probation Department has not had any disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding or guild for resident-on-resident sexual abuse in the past 12 months.

Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1342 730" style="list-style-type: none"> - Agency PREA Policy 12.5 - Agency Policy 16.2 (Admission Procedures) - Minnie Rogers Juvenile Justice Center (MRJJC) MHP PREA Log (2015-2023) - MRJJC Assessment Addendum for Returning Youth - Suicide Re-Assessment Form <p data-bbox="280 772 461 806">Interviews:</p> <ul data-bbox="280 848 1482 1659" style="list-style-type: none"> - The auditor interviewed two (2) JSOs who are familiar with the facility's intake process, and each staff member sufficiently explained how facility's risk screening tool (<i>Intake Behavioral Screening</i>) is conducted within a couple hours after a juvenile is admitted into the facility, as well as the process of referring residents whose risk screening indicates they have experienced prior sexual victimization or abusiveness to medical and mental health professionals. Furthermore, it was confirmed that all such resident victims and perpetrators are provided a medical and mental health meeting either on the same day admitted or on the next business day. - The auditor also interviewed the agency's full-time MHP and medical professional, who advised in their individual interviews how they each meet with every resident who is admitted into the facility within 1-3 days. Additionally, the MHP advised that intake staff report resident victims and perpetrators of sexual abuse directly to her and additional information of the resident is obtained through review of the detention records and case files. The LVN advised the same and explained how she will meet with any resident who has experienced prior sexual victimization or abusiveness. The medical and mental health professionals also confirmed their process of providing informed consent, which is performed either verbally or in writing. <p data-bbox="280 1700 700 1733">Site Review Observations:</p> <ul data-bbox="280 1776 1482 2056" style="list-style-type: none"> - The PC sufficiently walked the auditor through how the agency ensures all confidential documents that include sensitive information, such as the agency's Intake Behavioral Screenings, are securely retained inside the facility's secure control room. He advised also that the resident files are only available to staff who have a professional justification to review the information in a resident's file, such as MHP's, medical staff, and other approved staff members. It is important to note that all the residents within the facility were under the age of 18, and the facility is only

able to detain residents who are in between the ages of 10 and 17, per Texas Statute.

Explanation of determination:

115.381 (a-d):

The auditor confirmed that provisions (a), (b), and (c) of this PREA Standard are included in Agency Policy 16.2, on page 2. Additionally, the auditor confirmed that the requirements associated with provision (d) are included in Agency Policy 12.5, on page 13. Through this review of agency Policy 16.2 and the requirements associated with PREA Standard 115.341, it was confirmed that the facility provides the screening required to determine if a newly admitted resident has experienced prior sexual victimization or perpetration of sexual abuse and the required follow-up with a mental health or medical care professional within 14 days of intake. The agency also requires the information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Furthermore, in order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor was provided the agency's Mental Health Professional's PREA Log. This log demonstrates how the agency documents each resident who has experienced prior sexual victimization or perpetration of sexual abuse, with the log identifying the resident's name, date the facility became aware of the prior victimization or abusiveness, a summary of the alleged incident. Additionally, the auditor was provided an example of a completed "Assessment Addendum for Returning Youth" document, which proves one of the listed resident victims on the agency's MHP PREA Log was provided a follow-up session with a MHP within 24 hours of the agency learning of the allegation.

In order to assess the level of compliance with this PREA Standard in practice at the facility, the auditor randomly selected eight (8) residents from a current staff roster, which included a representative sample of residents selected from each housing unit and all with varying lengths of stays. The PC provided the auditor with completed Intake Behavioral Screening forms for each of the 8 residents selected, and upon the auditor review, it was clear that each of the resident screenings were fully compliant with each applicable element of this PREA Standard. In addition, one of the Behavioral Screening forms indicated the resident had experienced prior sexual victimization, and the auditor was provided proof documentation that this resident was seen by the facility's MHP within 24 hours of being admitted into the facility. The MHP meeting was documented on an agency form titled, "Suicide Re-Assessment Form" and sufficiently demonstrates how the MHP follow-up associated with PREA Standard 115.381 was provided within 14 days.

Additionally, the auditor was provided MHP PREA Log from 2015 to present day, and the auditor used this log to select four (4) residents from the past 12 months who were identified by the agency to have experienced prior sexual victimization (*i.e.*,

prior to being admitted into the facility). The PC provided the auditor with corresponding MHP documentation (e.g., *Suicide Re-Assessment and Assessment Addendum for Returning Youth forms*) for each of the four resident victims, which further demonstrate how the agency has fully institutionalized the practice of providing mental health follow-ups for resident who experienced prior sexual victimization and perpetration within the required 14-day period. Furthermore, it is important to add that each of the total of five (5) MHP follow-up documents indicate the agency's MHP provided the mental health follow-up with 72 hours of each resident being admitted into the facility, which significantly exceeds the minimum requirement timeline of 14 days, as set forth in this PREA Standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1436 775" style="list-style-type: none"> - Agency PREA Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency - Garth House (Mickey Mehaffy Children's Advocacy Program, Inc.) Best Practices Guidelines: Jefferson County Working Protocols - Garth House Website Information (https://www.garthhouse.org/) <p data-bbox="280 817 459 851">Interviews:</p> <ul data-bbox="280 893 1476 2063" style="list-style-type: none"> - The auditor interviewed 12 randomly selected JSOs while onsite, and each staff sufficiently articulated that they have been trained as first responders and to preserve and protect the scene and any usable physical evidence of any sexual abuse incident. The staff interviewed further explained how they would immediately report any sexual abuse allegations or suspicion of such abuse directly to their immediate supervisor, TJJD, and the JCSO and confirmed that they have never been involved in any type of sexual abuse situation that alleged to have occurred in the facility. The JSOs also advised that they would ensure a victim of sexual abuse is protected by immediately separating the victim from the perpetrator and immediately notifying supervisory staff to help ensure protection and the appropriate medical and mental health professionals are notified. - The auditor also interviewed the agency's full-time medical and mental health staff, who both advised during their individual interviews how the agency is able to provide all residents, including victims of sexual abuse, access to emergency medical and mental health services. The LVN and MHP advised that resident victims, as well as any other resident, would have unimpeded access emergency psychological and medical services, as well as transported to a local medical facility for professional victim services, such as cost-free treatment and services associated with being a victim of sexual abuse. - The auditor interviewed a representative from the Garth House, who confirmed that a resident victim of sexual abuse from the detention facility can be referred to Garth House for a forensic interview and family advocacy. It was further explained that the Garth House works closely with a multi-disciplinary team of specialized professionals and organizations, with ensuring a forensic medical exam is arranged with the Rape Crisis Center (SANE/SAFE exams are conducted at Saint Elizabeth Hospital in Beaumont, TX). The Garth House representative also indicated that the victim advocate, who is able to remain with the victim throughout the entire

process, is made available by the Rape Crisis Center, with the Garth House only providing family advocacy services. Additionally, emergency medical and mental health services is also available through the Garth House or the local hospital.

- A representative from the Rape Crisis Center in Beaumont, TX was interviewed by the auditor over the phone, and this representative answered through the 24/7 hotline number. The representative confirmed the organizations practice of providing counseling and advocacy services to any child victim of sexual abuse, including a resident referred from the Jefferson County Juvenile Detention Center. She explained the process of providing a victim and specially trained victim advocate who is able to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and medical and mental health referrals. It was also confirmed that if a forensic medical examination is necessary, this would be conducted by a SANE/SAFE nurse at the Saint Elizabeth or Baptist local hospitals (with, going through the hospital's ER to provide a licensed SANE/SAFE).

Explanation of determination:

115.382 (a-d):

The auditor confirmed that each element of this PREA Standard is included in Policy 12.5, on pages 6, 8, and 9-10. The auditor confirmed that resident victims of sexual abuse are required to 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. Furthermore, Policy 12.5 outlines the requirement of offering resident victims of sexual abuse while incarcerated 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. All such treatment and victim services provided by the agency are at no cost to the victim or the victim's family.

Additionally, it should be noted that the Working Protocols set forth in the signed contract with the Garth House outline the following victim access to emergency medical and mental health services:

- Forensic Nurse Examiner:
 - Provides medical forensic evaluation of suspected child abuse victims.
 - Helps ensure the health and well-being of the child by providing appropriate education and reassurance for the child and caregiver.
 - Makes referrals as needed for other medical care.
- Mental Health Professional:
 - Provides trauma-informed mental health assessment and treatment for eligible children and their caregivers.
- Medical Evaluation:
 - The purpose of a medical forensic evaluation is to diagnose and

document any medical conditions that resulted or could have resulted from abuse.

- The evaluation also includes a "head-to-toe" exam to document the overall health and appearance of the child and address any medical conditions unrelated to possible abuse.
- The Forensic Nurse Examiner can assess any behavior, developmental, or emotional problems and can coordinate with the MDT to ensure appropriate referrals are made.
- They also ensure the health and well-being of the child by providing appropriate educational and reassurance for the child and caregiver.
- Mental Health Services:
 - Garth House offers specialized trauma-focused mental health services for child victims and their non-offending family members both onsite and through contracted professionals in the community. These services are offered free of charge to the client and are provided by funding sources such as grants, donations, and fundraisers.

The auditor also discovered the following PREA related information about the mental health services provided by the Garth House social service organization, from their website at: <https://www.garthhouse.org/>:

- Counseling is provided for child victims and their non-offending family members.
Funding:
- Counseling:
 - The Counseling Program provides specialized mental health services including trauma-focused counseling in order to meet the needs of child victims and their families.
Garth House is committed to providing evidence-supported "best practices", ensuring children and families receive culturally competent, developmentally appropriate, trauma focused therapy.
 - Garth House recognizes the profound importance of caregiver involvement in each child's healing and provides the mental health services and support needed to assist parents and other family members build on their personal strengths and community supports as they respond to their child's treatment needs. Services are offered to children, siblings and their non-offending caregivers free of charge.
 - Assessment for trauma.
 - Individual trauma-focused therapy for children, as well as family therapy.
 - Counseling at Garth House is provided by professionals with training, experience and expertise in working with child victims.
Length of time in counseling varies. The child's counselor will help

the child set goals to be reached in therapy. An individual treatment plan will be reviewed periodically.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency Policy 12.5 - Agency Policy 16.2 (Admissions) - Memo Signed by the Director of the Agency - Memo from the PC of the Agency - Garth House (Mickey Mehaffy Children's Advocacy Program, Inc.) Best Practices Guidelines: Jefferson County Working Protocols - Garth House Website Information (https://www.garthhouse.org/) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor also interviewed the agency's full-time medical and mental health staff, who both advised during their individual interviews how the agency is able to provide resident victims and perpetrators of sexual abuse access to ongoing medical and mental health care, either outside the facility and within. The LVN and MHP advised that resident victims, as well as any other resident, would have unimpeded access emergency psychological and medical services, as well as transported to a local medical facility for professional victim services, such as cost-free treatment and services associated with being a victim of sexual abuse. The professionals both advised that medical victim services, such as pregnancy tests, information about access to lawful pregnancy-related medical services, test for STDs, and other necessary treatment or information will be provided at the local hospital, by specially trained medical personnel. - The auditor interviewed a representative from the Garth House, who confirmed that a resident victim of sexual abuse from the detention facility can be referred to Garth House for a forensic interview, family advocacy, and other victim related services. It was further explained that the Garth House works closely with a multi-disciplinary team of specialized professionals and organizations, with providing emergency medical and mental health services through the Garth House and/or the local hospital. - A representative from the Rape Crisis Center in Beaumont, TX was interviewed by the auditor over the phone, and this representative answered through the 24/7 hotline number. The representative confirmed the organizations practice of providing counseling and advocacy services to any child victim of sexual abuse, including a resident referred from the Jefferson County Juvenile Detention Center.

She explained the process of providing a victim and specially trained victim advocate who is able to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and medical and mental health referrals. It was also confirmed that if a forensic medical examination is necessary, this would be conducted by a SANE/SAFE nurse at the Saint Elizabeth or Baptist local hospitals (with, going through the hospital's ER to provide a licensed SANE/SAFE).

Explanation of determination:

115.383 (a-h):

The auditor confirmed that the requirements set forth in provisions (a-g) of this PREA Standard are included in Policy 12.5, on pages 8 and 9. This Policy outlines each of the requirements of providing victim services to a resident who is found to have been victimized at the facility, which includes the following services free of charge:

- 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;
- 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;
- Medical and mental health services consistent with the community level of care;
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; and
- Offered tests for sexually transmitted infections as medically appropriate.

For the requirements of provision (h), this is found in the agency's Admission Policy (16.2) on page 2, as verified by the auditor. Additionally, as noted in Policy Section 115.382, the Garth House is a multidisciplinary team of professionals that specialize in providing medical and mental health services to child sexual abuse victims, as outlined below:

- Forensic Nurse Examiner:
 - Provides medical forensic evaluation of suspected child abuse victims.
 - Helps ensure the health and well-being of the child by providing appropriate education and reassurance for the child and caregiver.
 - Makes referrals as needed for other medical care.
- Mental Health Professional:
 - Provides trauma-informed mental health assessment and treatment for eligible children and their caregivers.

- Medical Evaluation:
 - The purpose of a medical forensic evaluation is to diagnose and document any medical conditions that resulted or could have resulted from abuse.
 - The evaluation also includes a "head-to-toe" exam to document the overall health and appearance of the child and address any medical conditions unrelated to possible abuse.
 - The Forensic Nurse Examiner can assess any behavior, developmental, or emotional problems and can coordinate with the MDT to ensure appropriate referrals are made.
 - They also ensure the health and well-being of the child by providing appropriate educational and reassurance for the child and caregiver.

- Mental Health Services:
 - Garth House offers specialized trauma-focused mental health services for child victims and their non-offending family members both onsite and through contracted professionals in the community.
 - These services are offered free of charge to the client and are provided by funding sources such as grants, donations, and fundraisers.

The auditor also discovered the following PREA related information about the mental health services provided by the Garth House social service organization, from their website at: <https://www.garthhouse.org/>:

- Counseling is provided for child victims and their non-offending family members.
Funding:
- Counseling:
 - The Counseling Program provides specialized mental health services including trauma-focused counseling in order to meet the needs of child victims and their families.
Garth House is committed to providing evidence-supported "best practices", ensuring children and families receive culturally competent, developmentally appropriate, trauma focused therapy.
 - Garth House recognizes the profound importance of caregiver involvement in each child's healing and provides the mental health services and support needed to assist parents and other family members build on their personal strengths and community supports as they respond to their child's treatment needs. Services are offered to children, siblings and their non-offending caregivers free of charge.
 - Assessment for trauma.
 - Individual trauma-focused therapy for children, as well as family therapy.
 - Counseling at Garth House is provided by professionals with training,

experience and expertise in working with child victims.
Length of time in counseling varies. The child's counselor will help the child set goals to be reached in therapy. An individual treatment plan will be reviewed periodically.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.386	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 927 591" style="list-style-type: none"> - Agency Policy 12.5 - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 631 459 667">Interviews:</p> <p data-bbox="280 707 1477 1406">- The auditor interviewed the agency's Superintendent, who is also the agency's designated PC, and he sufficiently explained the agency's process for conducting a sexual abuse incident review (SAIR) within 30 days of completion of a sexual abuse investigation that was determined to be substantiated or unsubstantiated. The PC advised that the agency's Director, himself, the Facility Administrator, a medical and mental health professional, and two supervisors would be involved in any SAIR meeting. The team would consider the elements required by this PREA Standard in assessing for areas of improvement related sexual safety practices and preventing sexual abuse. The PC explained further how the team would evaluate the area in which the incident took place in order to determine if video monitoring equipment should be added or augmented and whether obstacles or barriers may have enabled the abuse. Furthermore, the team was said to also discuss the possible motivation behind the abusive action. The PC indicated that the team would document their review on a reporting form; however, the PC advised that a reporting form dedicated for the SAIR is not currently available. The auditor subsequently provided the PC with a SAIR template reporting form, that the PC advised his agency will use going forth.</p> <p data-bbox="280 1447 759 1482">Explanation of determination:</p> <p data-bbox="280 1523 485 1559">115.386 (a-e):</p> <p data-bbox="280 1599 1461 1868">The auditor reviewed the agency's PREA Policy, 12.5, and confirmed that the requirements set forth in this PREA Standard are included therein, on pages 13 and 14. This Policy indicates that the sexual abuse incident review (SAIR) team, which includes upper-level management officials (<i>with input from line supervisors, investigators, and medical or mental health practitioners</i>), will complete the following procedures within 30 days after the conclusion of an investigation into sexual abuse:</p> <ul data-bbox="352 1939 1461 2060" style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; • Consider whether the incident or allegation was motivated by race;

ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.387	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1426 519" style="list-style-type: none"> - Agency PREA Policy 12.5 - Annual Review of Sexual Abuse/Sexual Harassment Incidents (Report for 2021) <p data-bbox="280 560 759 595">Explanation of determination:</p> <p data-bbox="280 636 475 672">115.387 (a-f):</p> <p data-bbox="280 712 1449 815">The auditor confirmed that the requirements of this PREA Standard are included in Policy 12.5, on page 14. The data collection procedures outlined in this Policy include:</p> <ul data-bbox="354 891 1455 1464" style="list-style-type: none"> • collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; • aggregate the incident-based sexual abuse data at least annually; • the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; • maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; • obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents; and • upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. <p data-bbox="280 1505 1474 1832">Additionally, as noted in Policy Section 115.312 of this report, the JCJD contracts with other entities for the confinement of their own juveniles, who are court ordered to the contracted placement facilities. The facility includes the requirements associated with this PREA Standard within each of the contracts reviewed by the auditor. Per the agency's "Annual Review of Sexual Abuse/Sexual Harassment Incident Report" for 2021 (<i>which was conducted in 2022</i>), the agency has been provided this required PREA related information and reviews it as part of the agency's annual PREA review of each contracted placement facility.</p> <p data-bbox="280 1872 1481 2069">Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in</p>

2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.388	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1318 376">The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> <li data-bbox="280 416 660 452">- Agency PREA Policy 12.5 <li data-bbox="280 488 1422 560">- Year-over-Year Analysis of Sexual Abuse and Sexual Harassment Data (Juvenile Court Contracted Placements) (2018-2021) <li data-bbox="280 595 1409 674">- Annual Review of Sexual Abuse/Sexual Harassment Incidents for the Jefferson County Juvenile Detention Center (JCJDC) (2018-2021) <p data-bbox="280 710 459 745">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="280 786 1474 1149">- The auditor interviewed the agency's PC, who sufficiently explained how PREA related data is required assessed and evaluated to improve resident and overall facility safety. The PC further elaborated on how if such data was available (<i>zero PREA related incidents available for review</i>), agency leadership would use this information to consider if improvements were needed related to staffing, programming of residents, video monitoring, physical barriers, etc. In addition, he expressed how the annual PREA reports are developed and reviewed by himself and the Director, as well as posted on the agency's website with all personal identifiers removed. <li data-bbox="280 1189 1458 1305">- The auditor also discussed the data review and corrective action requirements of this PREA Standard with the Director of the agency, who provided the following response: <ul style="list-style-type: none"> <li data-bbox="352 1377 1474 1995">• The department maintains a log that records every allegation of sexual abuse within the facility that meets the definition of sexual abuse. The department also aggregates the incident based sexual abuse data at least annually, and the data 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 DOJ. Furthermore, the department maintains, reviews, and collects data from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The Director also expressed how the data that is collected and aggregated is reviewed by agency leadership in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection and response policies, practices and training. Lastly, the Director confirmed that he personally reviews and approves all PREA related reports, that are then posted on the Jefferson County Juvenile Probation Department's website, with all personal identifiers redacted. <p data-bbox="280 2036 759 2072">Explanation of determination:</p>

115.388 (a-d):

The auditor confirmed that the requirements of this PREA Standard are included in Policy 12.5, on pages 14 and 15. This Policy explains the agency specific procedures for ensuring the following procedures are conducted, as required by this PREA Standard:

- Review data collected and aggregated pursuant to PREA Standard §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 - Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- Such report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.
- The agency's report shall be approved by the Director and made readily available to the public through its website.
- Redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

As noted in Policy Section 115.312 of this report, the JCJPD contracts with other entities for the confinement of their own juveniles, who are court ordered to the contracted placement facilities. The facility includes the requirements associated with this PREA Standard within each of the contracts reviewed by the auditor. Per the agency's "Annual Review of Sexual Abuse/Sexual Harassment Incident Report" for 2021 (which was conducted in 2022), the agency has been provided this required PREA related information and reviews it as part of the agency's annual PREA review of each contracted placement facility. Furthermore, as verified by the auditor, the Annual Review Report includes documentation on how the agency reviews PREA data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, as required by this PREA Standard provision (a) (1-3). The agency includes this report on the agency's website (Juvenile Probation - Jefferson County TX) for calendar years 2018-2021.

Additionally, the agency also aggregates this PREA related data related to sexual abuse and sexual harassment on the agency's "Year-over-Year Analysis of Sexual Abuse and Sexual Harassment Data" sheet. The agency posts this document on the agency's website, as verified by the auditor, and includes annual data from calendar years 2018 to 2021 (Juvenile Probation - Jefferson County TX).

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment

allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016. This information was also confirmed through reviewing the agency's Annual Review of Sexual Abuse/Sexual Harassment Reports from 2018 to 2021, in which the reports document no incidents of sexual abuse/sexual harassment in the Minnie Rogers Juvenile Justice Facility during this time period.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.389	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1318 374">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 416 1374 703" style="list-style-type: none"> - Agency PREA Policy 12.5 - Publicly Available Information on the Agency's Website (Juvenile Probation - Jefferson County TX) - Memo Signed by the Director of the Agency - Memo from the PC of the Agency <p data-bbox="280 745 459 779">Interviews:</p> <ul data-bbox="280 822 1477 1294" style="list-style-type: none"> - The auditor interviewed the agency's PC, who sufficiently explained how the PREA data obtained pursuant to PREA Standard 115.387 is securely retained in his secure office or in the secure control room, which are both located within the secure facility and on camera view. In addition, he expressed how the annual PREA reports are developed and reviewed by himself and the Director, as well as posted on the agency's website with all personal identifiers removed. The PC confirmed that PREA data related to sexual abuse is retained for as long as the Standard requires. - The also interviewed the agency Director, who confirmed that he personally reviews and approves all PREA related reports, that are then posted on the Jefferson County Juvenile Probation Department's website, with all personal identifiers redacted. <p data-bbox="280 1337 699 1370">Site Review Observations:</p> <ul data-bbox="280 1413 1477 1688" style="list-style-type: none"> - The PC walked the auditor through how the agency ensures all confidential documents that include sensitive information, such as PREA related sensitive and/or confidential documents and relevant data, are securely retained inside the facility's secure control room or in the PC's secure office. He advised also that the resident files are only available to staff who have a professional justification to review the information in a resident's file, such as MHP's, medical staff, and other approved staff members. <p data-bbox="280 1731 759 1765">Explanation of determination:</p> <p data-bbox="280 1807 485 1841">115.389 (a-d):</p> <p data-bbox="280 1883 1477 2074">The auditor confirmed that the data storage, publication, and destruction of records requirements of this PREA Standard are included in agency Policy 12.5, on page 15. Additionally, upon the auditor's review of each of the PREA related documents published on the agency website, none of the documents included any type of personal identifier.</p>

Note: The Director of the agency provided the auditor with a signed memo that clarifies that the agency has not had a sexual abuse or sexual harassment allegation or incident in the facility in the past 12 months. Furthermore, the PC provided the auditor with a memo that states the last sexual abuse allegation from within the facility was in 2011, and the last sexual harassment allegation reported in 2016.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of determination:</p> <p>115.401:</p> <p>This audit report has been completed within the first year of the fourth PREA audit cycle. Additionally, the auditor was provided full access to all areas of the facility during the onsite, was able to privately interview all individuals selected, and was provided all the proof documentation requested. There are no issues of non-compliance to document for the requirements associated with this PREA Standard. Furthermore, the auditor was provided pictures of the PREA Auditor Notices that were posted on bright yellow paper throughout all the frequently visited areas of the facility, both inside and outside in the public lobby. The pictures were posted at least six (6) weeks prior to the scheduled onsite, and the auditor did not receive any correspondence from the facility. During the onsite, the auditor confirmed that all the postings were still posted throughout the facility and all residents interviewed confirmed being aware of the notices.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of determination:</p> <p>115.403:</p> <p>Upon the auditor's review of the PREA information posted on the agency's website, it is apparent that the agency has posted each applicable PREA audit Final Report on their PREA page. For this current PREA audit, the auditor advised the PC that the Final Report needs to be posted on the agency's website within 30 days of receipt.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

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

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

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

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

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

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

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

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

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

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

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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

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

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	<p>Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.</p>	yes
115.352 (b)	Exhaustion of administrative remedies	
	<p>Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	na
115.352 (c)	Exhaustion of administrative remedies	
	<p>Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	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.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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