

# PREA Facility Audit Report: Final

**Name of Facility:** Cooke, Fannin and Grayson County Juvenile Detention Facility

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/18/2023

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"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 10/18/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	09/18/2023
<b>End Date of On-Site Audit:</b>	09/19/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Cooke, Fannin and Grayson County Juvenile Detention Facility
<b>Facility physical address:</b>	86 Dyess Street, Denison, Texas - 75020
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Greg Sumpter
<b>Email Address:</b>	sumpterg@co.grayson.tx.us
<b>Telephone Number:</b>	903-786-6326

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Greg Sumpter
<b>Email Address:</b>	sumpterg@co.grayson.tx.us
<b>Telephone Number:</b>	9047866326

<b>Facility PREA Compliance Manager</b>
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<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Amanda Gaswint
<b>Email Address:</b>	amanda.gaswint@co.grayson.tx.us
<b>Telephone Number:</b>	9037866326

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	82
<b>Current population of facility:</b>	67
<b>Average daily population for the past 12 months:</b>	62
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	NA

<b>Number of staff currently employed at the facility who may have contact with residents:</b>	78
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	40

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Grayson County Department of Juvenile Services
<b>Governing authority or parent agency (if applicable):</b>	Grayson County Juvenile Board
<b>Physical Address:</b>	86 Dyess Street, Denison, Texas - 75020
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9037866326

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Greg Sumpter - Chief Juvenile Probation Officer
<b>Email Address:</b>	sumpterg@co.grayson.tx.us
<b>Telephone Number:</b>	9037866326

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Greg Sumpter	<b>Email Address:</b>	sumpterg@co.grayson.tx.us

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

1

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**Number of standards met:**

42

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2023-09-18
<b>2. End date of the onsite portion of the audit:</b>	2023-09-19

#### Outreach

<b>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?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>Prior to the onsite, the auditor spoke with the Executive Director (ED) of the Grayson County Children's Advocacy Center (CAC), who shared information on the victim services and advocacy services her CAC provided to a juvenile victim of sexual abuse. For example, the ED of the CAC confirmed that all the required elements of this PREA standard (a-f) are made available to any juvenile referred to the CAC by law enforcement, such as:</p> <ul style="list-style-type: none"> <li>compliant evidence protocols and collections,</li> <li>forensic medical examinations (conducted at the CAC by a certified SANE/SAFE nurse-available 24/7),</li> <li>forensic interview process,</li> <li>victim advocacy services,</li> <li>emotional support services related to sexual abuse,</li> <li>mental health and medical treatment and follow-up care as appropriate,</li> <li>and support for the victim, victim's family, and, in some cases, support and services to a juvenile perpetrator of sexual abuse.</li> </ul> <p>The ED acknowledged that the GCDJS and the Grayson County CAC have a good working relationship and an active MOU is in place to ensure all the required services are provided. Lastly, she explained how there are advocates available at the CAC who can provide residents from the GCDJS the confidential emotional support services related to sexual abuse that is required by PREA standard 115.353, with confidentiality, mandatory reporting protocols, and informed consent all part of the CAC service plan.</p>
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<b>AUDITED FACILITY INFORMATION</b>	
<p><b>14. Designated facility capacity:</b></p>	<p>82</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>65</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>2</p>

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<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>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>71</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>23</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>7</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>The residents who were classified as having a cognitive disability were identified by the contracted school district's list of youth in the facility during the onsite who receive special educational services.</p>



<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	80
<b>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:</b>	40
<b>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:</b>	8
<b>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:</b>	The facility had 41 designated security staff (Juvenile Supervision Officers- JSOs) and a total of 80 staff for the agency.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor randomly selected residents from each housing unit.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</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><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who had a noticeable physical disability.</p>
<p><b>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:</b></p>	<p>3</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who were Blind or have low vision. However, there was one resident who was identified by the facility as having low vision, but this resident was interviewed by the auditor and did not have any trouble reading things close. This youth advised the problem was only that he was farsighted and had no trouble with recalling the PREA education provided during the intake process.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who were identified as Deaf or hard of hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who were LEP, and all youth interviewed spoke and easily understood English.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who identified as transgender or intersex and this was confirmed through the auditor's onsite observations.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who was involved in a sexual abuse situation at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents were identified by the auditor who were isolated in a room due to a PREA related situation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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)

**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
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	0
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	4
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## 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?**

Yes

No

**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)?**

Yes

No

**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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>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).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>As noted throughout this report, the auditor analyzed practice of the applicable PREA standards through reviewing a sample of resident PREA documents, PREA investigative verification documents, staff personnel files, MHP follow-up verification documents, staff training verification documents, Behavioral Screening forms, etc.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	2	0	7	7
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	2	0	7	7

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	2	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	1
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	1	1

**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



<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>Through the PREA investigative file review, all the PREA allegations reported at the facility were investigated internally and only two of the 7 PREA allegations were determined to reach the level of sexual harassment, with the remaining 5 being assessed as youth-on-youth sexual misconduct.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>

<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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>
<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## 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.**

- Yes
- No

### 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency Zero Tolerance Policy for Sexual Abuse- PREA (will be referred to throughout this report as, Agency's PREA Policy)</li> <li>- Agency's Organizational Chart FY 2024</li> <li>- Agency Website (Grayson County Texas)</li> <li>- PREA Postings (Zero Tolerance)</li> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor met with the agency's designated PREA Coordinator (PC), who is the current Chief Juvenile Probation Officer of the agency. The PC explained how he was assigned PREA Coordinator duties upon arrival as the</li> </ul>

Assistant Chief about five years ago. In December 2022, after setting up this September 2023 PREA audit, the PC advised that he was promoted/appointed to the Chief position. He confirmed that, as Chief, he has been able to make time to oversee agency efforts to comply with PREA standards pursuant to this PREA standard; however, he does have plans to turn over these duties to an individual on his administrative team, with the ideal place in the depth chart is the Training and Compliance Coordinator. There was a coordinator in place that interviewed in March and then accepted a Deputy Director role in April. The new person coming in to the coordinator role has only been able to assume the role since August, so it did not seem fair to transition anyone prior to the audit. The Chief explained further how the agency operates two programs (pre and post), with a PCM designated for both programs. The detention (pre) PCM is the first shift supervisor (longest serving JSO in detention), and the Facility Administrator for the Post facility is the PCM for that facility. The PC advised that if an issue with PREA compliance is discovered, the issue is immediately addressed by the PREA administrative team and a plan of action is implemented to rectify the problem. For example, the PC shared how the administrative PREA team will assess whether a change in procedure or policy may be needed, evaluate if adding or revising a PREA training element is necessary, and/or conduct individual coaching with staff if that is needed to ensure successful corrective action.

- The auditor also discussed with both PCM's their responsibilities related to PREA implementation and compliance, and how they ensure enough time to successfully coordinate their efforts to comply with the PREA standards in practice in each of their programs. Each PCM sufficiently explained how they have the authority and allocated time to ensure agency PREA policies and procedures are adhered to at all times, as well as a direct line of communication with the top administrative official- the Chief Juvenile Probation Officer. The PCM's were well versed in PREA procedures and adequately explained how they are able to prioritize PREA related responsibilities without issue. The PCM's advised they are also able to utilize other resources and staff on an as needed basis, and confirmed that the PREA administrative team meets regularly to discuss any issues that may affect compliance with PREA standards, with planning corrective action accordingly.

**Site Review Observations:**

During the onsite, the auditor observed the agency's zero tolerance policy and reporting instructions posted in all common areas of the facility, with PREA zero tolerance reporting posters located in the following areas: lobby, intake, medical, chow hall, housing units, dayrooms, educational areas, gymnasium, etc. The auditor also took note during the onsite how the PC and PCMs have access to all areas of the facility and were knowledgeable in all the applicable PREA practices implemented at the agency, which helped the auditor determine that each administrator has sufficient authority and time to comply with the applicable requirements of this PREA standard.

**Explanation of Determination:**

**115.311****(a):**

The auditor was provided the Grayson County Department of Juvenile Services (hereinafter referred to as the: Agency/Facility/The Department) Zero Tolerance Policy for Sexual Abuse- PREA, which will be referred to throughout this report as the "Agency's PREA Policy. This Policy was last approved by former Chief Juvenile Probation Officer on 9/6/2019, and upon the auditor's review, it was determined that the Policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment and sufficiently outlines the agency's approach to preventing, detecting, and responding to such conduct. Furthermore, the agency's PREA Policy also includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, which are in line with the applicable PREA Juvenile Facility Standard Definitions, and the applicable sanctions for those found to have participated in the prohibited behaviors. The agency's PREA Policy includes agency specific strategies for preventing and responding to sexual abuse and sexual harassment situations, such as: maintaining a zero tolerance policy regarding sexual abuse of children and investigates all reported allegations of sexual abuse within the Pre and Post Adjudication facilities, ensuring all individuals who have contact with residents are properly vetted pursuant to the applicable PREA requirements, providing all staff, contractors, and volunteers who may have contact with residents the appropriate PREA training to ensure all are knowledgeable of their PREA related responsibilities, ensuring all residents are provided and fully understand the minimum PREA education requirements of reporting and remaining safe while in the facility, ensure the proper staff to resident PREA supervisions ratios are met at all times, operating a fully functional video surveillance system, ensuring outside reporting protocols are fully institutionalized, and when responding to a sexual abuse situation- implement a coordinated effort with the Grayson County Sheriff's Office (GCSO) and the Texas Juvenile Justice Department (TJJD).

Furthermore, the auditor reviewed the agency's website (Grayson County Texas) and discovered that the agency's publishes several PREA documents that include information about the agency's zero tolerance policy, as outlined below:

- "End the Silence" Brochure: Details how anyone can report an allegation of a resident being abused to the TJJD toll-free phone number.
- "End the Silence" Posters (3): States, "This facility has a zero-tolerance policy regarding sexual abuse of youth. To report sexual abuse, please tell a facility staff member or contact the TJJD (1-877-786-7263)
- "Annual Data Report, Findings, and Action Plan for Calendar Year 2022": This document fulfills the requirements of PREA standard 115.388, as well as includes information on how the agency takes the necessary steps to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices and training in the Grayson County Juvenile Services (GCJS) facilities. For example, it is included in this report a review of the aggregate incident-based sexual abuse data from calendar year 2022,

which is reviewed in order to improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training. This PREA Annual Report was signed by the current Chief Juvenile Probation Officer for the agency and is dated January 27th, 2023.

**(b & c):**

The agency's PREA Coordinator (PC) indicated in the PAQ and in email communications when setting up the audit, that he was the Assistant Chief and PC up until 12/15/2023- when he was then promoted to Chief. Per the Chief, the plan is to transition the PC role to the Training and Compliance Coordinator, but the decision was made to wait until after this pending audit to make that transition. Furthermore, the PC (Chief) advised in the PAQ that the Detention Facility Compliance Manager is the agency's pre-adjudication PREA Compliance Manager (PCM) and the Post Facility Compliance Manager is the PCM for the post program. The auditor was provided the agency's PREA Policy, which states on page 4:

- The Department employs a PREA Coordinator responsible for the overall coordination of resources to ensure compliance with this policy and procedures. In addition, the Department assigns the role of PREA Compliance Officer within each facility {each program- pre and post}, with adequate time and ability within each facility to ensure compliance.

In order to demonstrate how the PC and each PCM have sufficient authority pursuant to the applicable requirements of this PREA standard, the agency's Organization Chart was uploaded in the PAQ. Upon the auditor's review, it was determined that the PC clearly has the authority as the Chief of the agency to oversee agency efforts to comply with PREA standards, and the two PCM's, per this chart, have the authority to coordinate the facility efforts to comply with the PREA standards.

Note: The auditor confirmed while onsite that the agency operates one juvenile facility that houses two programs within the same secure complex- a pre-adjudication detention center and a post-adjudication bootcamp program. Therefore, the agency is not required to designate a PCM. However, due to the agency designating two administrators as PCM's of each program, the auditor determined the agency substantially exceeds the minimum requirements of this PREA standard in practice.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the minimum requirements of this standard and no corrective action is required.**



<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- Contracts for the 5 Contracted Facilities</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor discussed the requirements of this PREA standard with the agency's Deputy Director (DD) over Probation Services, who advised that the contracted placements are visited at least once per month by a Juvenile Probation Officer to assess the level of safety and to check in on the Grayson County juveniles placed at each facility. The DD confirmed that each new contract and contract renewal for placement includes the mandatory PREA language pursuant to this PREA standard, with the programs required to share PREA data and be compliant with all the applicable PREA standards.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312</b></p> <p><b>(a-b):</b></p> <p>According to the agency's PREA Policy on page 12, "any agency or entity, either public or private, that the Department contracts with for confinement of residents shall include a requirement within the contract, that said agency or entity complies with the Prison Rape Elimination Act of 2003 pursuant to §115.312, as well as a mechanism to ensure that the agency or entity is in compliance with PREA." Furthermore, the PC indicated in the PAQ that the agency currently contracts with 5 juvenile placement agencies for the confinement of juveniles from the Grayson County Juvenile Probation Department, and upon the auditor's review of each of the 5 contracts, it was confirmed that the contracts include the PREA language required by this PREA standard, as well as 115.387 (e).</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PREA Unannounced Round Reports (August 2022 - July 2023)
- Staffing Plan Reviews (December 2022 and June 2023)
- Email from the Chief of the Agency

### **Interviews:**

- The auditor reviewed the requirements of this PREA standard with the agency's PC, Facility Administrator (FA), and one of the PCM's, who all explained how the agency's Staffing Plan is assessed monthly with the management team to identify any weaknesses related to staffing needs, resident safety, and resident direct supervision (i.e., resident/staff ratios, leave/vacation request, staff training needs, etc.). Further, the FA and Chief confirmed that the Staffing Plan is formally reviewed at least once per year, with the management team assessing facility and state policy and procedures, daily average resident populations, staff/resident ratios, daily programming, and monthly deviations from standard activities. The FA explained how the staff schedule is prepared and then emailed to supervisors and the FA to ensure compliance with the applicable state and facility standards. There were no deviations from the agency's Staffing Plan indicated by the FA, PCM, and PC; however, if such a deviation were to occur, the FA and PC advised that the situation would be fully documented and forwarded to the FA and Chief. All the administrators interviewed confirmed that the pre and post programs practice the required 1:8 and 1:16 PREA ratios at all times, with also having at least one male and one female JSO on duty 24/7.
- The PCM over the post program confirmed the facility's practice of conducting the upper level staff unannounced PREA rounds. It was explained that the rounds are conducted completely at random at least once per month on each of the three shifts (6a-2p, 2p-10p, & 10p-6a), with more frequent check ins and walk throughs conducted on a daily basis that are not documented as official unannounced PREA rounds. The PCM shared how he usually conducts his unannounced rounds with making sure the dates and times are unpredictable and completely random, as well as ensuring staff are not alerting other staff that the rounds are being conducted by listening to the staff radio frequency and observing staff behavior both in-person and through camera reviews. The unannounced rounds include going through all areas of the complex (both pre and post buildings), having informal conversations with staff and residents, checking in on specific residents on as needed basis, and taking note of any vulnerabilities or issues of concern (i.e., unlocked doors, abnormal resident or staff behavior, building issues, etc.). As described by the PCM, the rounds are documented and saved electronically on the agency's secure database to ensure each round can be provided to demonstrate full compliance with this requirement.

**Site Review Observations:**

During the onsite, the auditor observed programming in both the pre and post programs and took note of the staff to resident ratios, in which each on-site observation confirmed the agency practices the required PREA ratios of 1:8 and 1:16. For example, during the first day of the onsite, the auditor assessed for staffing ratios on each of the three shifts, with remaining onsite from 8:30am to 11:45pm, and at no time did the auditor observe the facility to be in jeopardy of deviating from the required PREA ratios. Furthermore, the auditor was provided the staff schedule and resident rosters that correspond to the days the auditor was onsite, and upon the auditor's review, it was clear that the facility scheduled adequate staffing to ensure the 1:8 and 1:16 staff to resident PREA ratios. The auditor took note of where the cameras were installed throughout the facility and closely observed all vulnerable areas, such as the showers, restroom, closets, etc. The auditor determined that the facility's video monitoring system provides for sufficient coverage of all areas of the facility, with ensuring the shower and restroom areas are off camera view to provide for resident privacy.

The auditor also was allowed to watch video of the most recent PREA unannounced round that was conducted by one of the PCM, which confirmed that the unannounced round was conducted as documented on the corresponding PREA unannounced round log sheet.

**Explanation of Determination:****115.313 (a-e):****(a):**

The auditor reviewed the agency's PREA Policy and confirmed that section (15. Staff Supervision) includes the agency's compliant Staffing Plan and how this plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. Furthermore, the PC of the agency provided the auditor with an email communication that outlined how this plan was developed from generally accepted facility practices and federally required staff to resident supervision ratios (1:8 and 1:16- PREA). The PC also described how the agency's Staffing Plan Reviews cover any findings of inadequacy, examine any PREA investigations conducted since the last annual Staffing Plan review, and assess the physical plant and video monitoring technology to ensure maximum safety of all individuals in the facility.

**(b):**

The PC confirmed in the PAQ that the agency has complied with their Staffing Plan without any issues since the last PREA audit and if at any time such a deviation were to occur in the future, the required documentation would be completed.

**(c):**

According to the agency's PREA Policy on page 11, "adequate supervision levels will

be maintained using a ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete circumstances, which shall be fully documented." Furthermore, the PC noted in the PAQ that the facility has been able to comply in full with the mandatory staff to resident PREA ratios since the last PREA audit. The PC also clarified that since the last PREA audit, the pre-adjudication facility had an average daily population of 16 residents, and the post program had an average daily population of 46 residents. The PC indicated that the agency's Staffing Plan was predicated for an average daily population of 62 residents since the last PREA audit, which provides for the availability of staff to meet the minimum PREA ratios of 1:8 and 1:16.

**(d):**

The auditor confirmed that the agency's PREA Policy includes the requirements set forth by this PREA provision, as expressed on page 11 and noted below:

- At least once each year, the facility administrator, in consultation with the PREA Coordinator, reviews the staffing plan to make determinations as to any needed changes to ensure compliance with this policy as well as safety and security concerns, including facility upgrades and/or program changes. Furthermore, the PC noted in the PAQ that management staff review Staffing Plans every six months approximately (once every June and once every December).

Furthermore, in order to assess for the requirements of this PREA provision in practice, the auditor was provided the agency's most recent Staffing Plan Reviews, which were conducted in December 2022 and Jun 2023. Each Staffing Plan Review document provided includes the following information:

- Members present (PCM's, PC (Chief));
- Review of Staffing Plan (video monitoring, adequacy of staffing levels, resident population, other relevant factors, unannounced rounds, deviations from Staffing Plan since last meeting (none));
- Investigation process discussion;
- Discussion of reporting culture;
- Incident Review Meeting if necessary (reviews of any recent sexual abuse or sexual harassment reports, meetings will be conducted every 6 months outside of incidents reviewed, and PREA Coordinator will maintain agenda and schedule meetings);
- PREA Training(s);
- PREA Coordinator discussion;
- Grievances (review of future grievances that are sexual in nature);
- Next Audit; and
- Annual report posted by end of January 2023.

In addition, through the auditor's review of the agency's PREA training video used for the staff PREA refresher training requirements associated with PREA standard

115.331, it was confirmed that this video includes information on facility specific procedures related to the requirements set forth in other PREA standards, such as: cross-gender searches (prohibited), making opposite-gender staff PREA announcements, PREA required supervision ratios, staffing plan administrative reviews, intake process (risk screening, PREA education, and classification), risk screening re-assessments, and scenarios of prior PREA related incidents and how to respond to hypothetical PREA situations.

**(e):**

According to the agency's PREA Policy on page 4, intermediate-level or higher supervisors and management staff will periodically conduct and document, random unannounced rounds throughout the facility in an effort to detect and deter sexual abuse and sexual harassment. Additionally, this Policy includes the following procedures related to the practice of unannounced rounds being conducted:

- While intermediate-level or higher supervisors and management staff are conducting unannounced rounds on-duty staff will not alert other staff members that these supervisory rounds are occurring.
- Management and supervisory staff will rotate monthly, conducting at least one random round on each shift in person. Management and supervisory staff will also ensure that they are reviewing camera footage, at random intervals, during their assigned month for each shift.
- During the round, staff on shift will document the round and the person conducting the round will email that the round was completed to the management team, PREA Coordinator and Administrative Assistant. The Administrative Assistant will log all unannounced rounds. During rounds conducted during program hours, the person conducting the round must speak with at least one resident in each facility.

To assess the level of compliance with the requirements of this PREA provision in practice at the facility, the auditor was provided a 12-month period of PREA Unannounced Round Reports (August 2022 - July 2023). No issues of concern or discrepancies related to compliance with this PREA provision were identified by the auditor. Unannounced Report Reports were provided for each of the three shifts for each of the 12 months included in the audit review period, with each round beginning at a different time and date each month. Furthermore, there were no distinguishable patterns of when the unannounced rounds were conducted, and the auditor verified that each of the rounds were completed by intermediate-level or higher-level supervisors. Lastly, the PREA Unannounced Round Reports include the following information, which helped the facility sufficiently demonstrate how the requirements of this PREA provision were adhered to in practice during the past 12-month audit review period:

- Staff Name Conducting the Round
- Shift
- Date

	<ul style="list-style-type: none"> <li>• Time</li> <li>• Facility Areas Observed: <ul style="list-style-type: none"> <li>◦ Pre-Adjudication Locations</li> <li>◦ Post Adjudication Locations</li> <li>◦ Administrative Locations</li> <li>◦ Gym Locations</li> </ul> </li> <li>• Interactions with pre and post residents (i.e., talked to resident/s, all were asleep)</li> <li>• Notes (i.e., "staff reported no issues so far on the shift")</li> <li>• Staff Signature</li> </ul> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Memo from the Chief for 115.315</li> <li>- Agency Hygiene Plan Policy</li> <li>- Agency Searches &amp; Contraband Control Policy</li> <li>- Chronological Notes and Risk Screening for Transgender Youth</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed a total of 12 randomly selected security staff, Juvenile Supervision Officer (JSOs), while onsite, and each staff member confirmed that cross-gender searches of residents is prohibited per agency Policy. Furthermore, each staff member interviewed confirmed that since they have worked for the Department, there has not been a situation they could recall of not having at least one male and one female JSO on duty at all times. The JSO's also explained how all residents are able to shower, use the restroom, and change their clothes in private, without opposite gender staff viewing. The shower procedures were described by</li> </ul>

each JSO, with the pre and post programs both having individual shower stalls for residents that are off camera view. The staff interviewed indicated that opposite gender staff announcements are made at any time an staff member enters the housing area of an opposite gender resident. Each JSO clarified that they are strictly prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status, such as if such a youth was admitted into the program. The auditor asked each JSO an open ended question on how they would handle a situation involving a transgender youth that was admitted into the facility and refused to speak with the Intake Officer. The staff responded with sharing how such a situation would be staffed on a case-by-case basis, with the on-shift Supervisor and/or management called to assist. Further, the JSOs also elaborated on how the following steps would be taken to ensure the genital status is confirmed:

- review intake paperwork;
- call the youth's parents/guardians;
- follow-up with the transporting officer;
- contact MHP and/or medical to assist; and
- call in another JSO if needed.

The JSOs interviewed shared how they receive PREA training on an annual basis, and each JSO confirmed they have been trained on how to conduct searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The auditor also interviewed 17 residents while onsite, and each resident was asked questions related to searches, level of privacy, and opposite gender staff announcements. Each resident interviewed confirmed they have never been searched by an opposite gender staff and have never observed such a situation occurring while in the facility. The residents also explained how resident searches are only conducted by the same biological gender staff, and there were no issues of concern expressed by any of the residents interviewed. In addition, all the residents explained the shower, restroom, and changing out processes, in which all youth expressed how they felt comfortable with the level of privacy during these activities. The showers were described as being individual stalls, with no direct viewing from any staff or other residents. All the residents confirmed the institutionalized practice of opposite gender staff announcements, with most the residents able to verbalized the announcement made by staff, which matched the examples provided by the staff interviewed of "male/female on deck" or "male/female on hall." The announcements were loud enough to be heard by all the residents in the area, as confirmed by the interviewed residents. Furthermore, the areas in which residents are searched were observed by the auditor during the facility inspection, and no issues of concern were observed.

**Site Review Observations:**

During the onsite, the auditor observed the physical plant and the shower areas,

which are individual stalls that are off camera view. The shower stalls provide maximum privacy for residents and there were no issues of concern noted by the auditor during the facility inspection. Furthermore, the restroom areas were also off camera view and in areas in which residents have privacy from other youth and staff of the opposite gender. The auditor also heard staff making the opposite gender staff announcements when entering opposite gender housing areas throughout the facility during the facility inspection.

**Explanation of Determination:**

**115.313 (a-f):**

**(a-c):**

According to the agency's PREA Policy and the information provided by the PC in the PAQ, the agency prohibits all types of cross-gender searches, which includes cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Furthermore, per the agency's PREA Policy on pages 10 and 11, Department staff will plan each shift to ensure same gender staff are available to supervise residents, two staff will be on duty at all times (at a minimum), and staff of both genders will be on duty when residents of both genders are housed in the facility (pursuant to Texas Administrative Code 343.432 and 343.626. In addition to the agency's PREA Policy, the PC also provided the auditor with the agency's Searches & Contraband Control Policy, which provides further documented evidence that the GCDJS prohibits cross-gender searches of residents, as per the agency's procedures outlined below:

- Staff members conducting searches shall:
  - Conduct strip searches that are limited to a visual observation of the resident and shall not involve the physical touching of a resident;
  - Conduct strip searches in an area that ensures the privacy and dignity of the resident;
  - Conduct strip searches by a staff member of the same gender as the resident being searched;
  - Not touch residents any more than is necessary to conduct a comprehensive search;
  - Make every effort to prevent embarrassment or humiliation of resident;
  - Refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;
  - Refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks;
  - Conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident'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 resident, staff, and facility safety; and

- Conduct pat down and strip searches while either in view of another staff or while observable via facility camera system.

Furthermore, the PC noted in the PAQ that there have not been any situations at the facility that involved a cross-gender resident search of any kind since the last PREA audit. The PC also provided the auditor with a memo that further clarifies the agency's position on the prohibition of cross-gender resident searches, as outlined below:

- The Grayson County Juvenile Services Policy related to PREA (Zero Tolerance on Sexual Abuse Policy) identifies language stating (page 10) that “cross-gender searches are prohibited”. This moves beyond searches to include any cross-gender activity between staff and a resident that would be inappropriate. This includes no “cross-gender strip searches, cross gender body-cavity searches (body cavity searches in general are only allowable by medical staff and not institution staff by policy anyway), and cross-gender pat-down searches.
- There have been no cross-gender searches of any kind conducted at the facility since the PREA coordinator has been in place (November 5, 2018), and/or since the previous PREA audit was completed.
- There will never be a situation where we will authorize cross-gender searches, even in exigent circumstances.
- The post adjudication program only accepts biological males (at birth) for the considerable time being. The pre-adjudication detention program has limited female occupancy, with both programs having at least one female and one male on shift. At any time, the agency is able to move certified security staff to and from the pre and post programs on an as needed basis, and if an exigent circumstance situation were to occur and staffing was limited, the agency has the ability to contact the Grayson County Jail or a private juvenile placement that is right next to GCJS if more officers are ever needed to assist with searches and/or supervision.

In addition, through the auditor's review of the agency's PREA training video used for the staff PREA refresher training requirements associated with PREA standard 115.331, it was confirmed that this video includes information on facility specific procedures related to the requirements set forth in other PREA standards, such as: cross-gender searches (prohibited), making opposite-gender staff PREA announcements, same gender supervision, required supervision for specific areas of the facility and during specific programming, PREA required supervision ratios, staffing plan administrative reviews, intake process (risk screening, PREA education, and classification), risk screening re-assessments, and scenarios of prior PREA related incidents and how to respond to hypothetical PREA situations.

**(d):**

Per the agency's PREA Policy on page 10, Department staff will plan each shift to ensure same gender staff are available to supervise residents during showers, changing of clothes, and performing bodily functions. Furthermore, this Policy also requires staff of the opposite gender to announce their presence upon entering an area where there is not a staff member of the same gender working that shift. In addition to the agency's PREA Policy, the PC provided the auditor with their Hygiene Plan Policy, which provides further documented evidence to support the agency's ability to 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. The procedures outlined below from the agency's Hygiene Policy provide further evidence to demonstrate how the agency ensures resident safety during shower time while also prohibiting opposite gender viewing:

- Shower Procedures:
  - Residents shall be supervised by staff of the same gender;
  - While two or more residents are present, staff of the same gender must provide constant physical and visual supervision (e.g.: standing at the entrance to the restroom in order to adequately observe residents remain within their shower stall);
  - When possible, staff should avoid having residents shower in stalls across from one another;
  - Residents, while in a state of undress, should remain within the shower stall; and
  - Residents may face disciplinary action for not promptly beginning their shower, exceeding the allowable shower time, and/or not promptly dressing and exiting the shower area.

**(e):**

According to the agency's PREA Policy on page 10, the Department staff will not utilize searches of residents for the sole purpose of determining the gender of a resident. The PC also noted in the PAQ that no such situations have occurred since the last PREA audit. Furthermore, the auditor was provided proof documentation from the Chief (PC) that demonstrated how the post program managed a situation involving a resident who identified as transgender female. The documentation explained how the initial Risk Screening form and corresponding chronological notes completed by the PCM (FA of the Post Program) for this youth indicated that the resident identified as transgender female, preferred the female pronouns of she/her & to shower alone, and requested to be housed in a single cell. All the accommodations were documented by the PCM to have been provided to the resident, with no issues of concern noted. Furthermore, it should be noted that the facility's nurse conducted the youth's medical portion of the intake process, and the PCM checked in on the youth within 48 hours of being admitted into the program to follow-up and discuss any concerns the youth wanted to share.

**(f):**

As noted by the PC in a memo provided to the auditor prior to the onsite:

- The Grayson County Juvenile Services Policy related to PREA will be updated to indicate that the agency conducts searches on individuals based on their biological/gender-based identity. If a legitimate transgender/intersex resident is admitted into the facility AND expresses they are uncomfortable with the normal operating procedures for a same biological/gender pat-search to be performed, the management team would staff each situation on a case-by-case basis to ensure the most appropriate and PREA compliant pat-search is performed, with taking into consideration the safety and security of all involved.

Furthermore, the following procedures were added to the agency's PREA search policy prior to the final report being completed as a result of the recommendations made by the auditor to ensure full compliance with all the requirements of this PREA standard in practice:

- Limits to transgender and intersex pat-down searches, per PREA 115.315 (e) (f):
  - The facility shall not search or physically examine 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 and the residents guardian/s, 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 facility shall train all staff on how to conduct pat-down searches on transgender and intersex juveniles. A pat-down search on a transgender or intersex resident would be determined on a case-by-case basis, which could change over the course of a resident's time in the facility. Each time a search is conducted, the resident will be asked to identify the gender of staff with whom they would feel most comfortable. This requested preference will be documented each time.
  - For juveniles who identify as transgender or intersex and feel uncomfortable with the standard operational procedure for pat-down searches as described in this policy, a properly trained staff shall conduct the pat-down search in camera view and with an appropriate witness, with the searching staff being the gender requested by the juvenile. In circumstances in which staff are not comfortable, a properly trained supervisor, medical staff member, or administrator shall conduct the search.
  - The search shall be conducted in a professional manner, and in the least intrusive manner possible, consistent with security needs.

	<p>Additionally, all security staff (JSOs) will be trained in the Moss Group PREA compliant PREA training video titled, "Guidance on Cross Gender and Transgender Pat Searches," to provide an additional level of pat-search training for JSOs.</p> <p>In order to assess whether all security staff have been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, pursuant to the requirements of this PREA provision, the auditor reviewed training verifications for a representative sample of security staff who work at the facility in the pre and post programs. Upon the auditor's review of these training verifications and the memo provided by the GCJS Chief, it was determined that the agency is compliant with the requirements of this PREA provision. The agency proved at a high level to not be in jeopardy of ever needing to conduct a cross-gender search of any type, and if an exigent circumstance were to arise, the agency has a comprehensive contingency plan to handle such a situation in a compliant manner. Furthermore, the auditor learned that the agency also has a plan and practice in place for ensuring the applicable PREA standards are adhered to for all resident transgender situations on a case-by-case basis, with providing all the accommodations required by PREA and taking into consideration any other accommodations a youth in this situation may have. As noted above, the agency's Chief provided the auditor with proof documentation that sufficiently demonstrated how a post resident who identified as transgender was properly screened using the agency's Risk Screening, and staffed by agency leadership to ensure the youth was provided all the PREA required accommodations and free from being in a detrimental situation of being bullied, threatened, abuse, or harassed.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PREA Signage in Spanish</li> <li>- Memo from the Chief of the Agency</li> <li>- Resident Handbook (PREA excerpt)</li> </ul>

**Interviews:**

- The auditor interviewed the agency's Chief Juvenile Probation Officer, who is also the agency's current PC, and he sufficiently explained the facility's process for ensuring all residents with a disability and those who have been identified as LEP are provided PREA rights and education in a format they are able to fully understand. For example, the Chief indicated that all residents are given the video-based material and the written material during the pre and post program's admission process, within a few hours of arriving at the facility. If there is a need for further advocacy or language assistance, the Chief advised that facility management would either see if there are staff available and/or use other outside services. For example, it was further explained how, at a cursory level, for languages, the facility would have staff verify the resident's understanding, and if that was not a standard met to the intake staff's/supervisor's satisfaction, facility management would start leaning on outside service providers to assist and ensure a full understanding of PREA is provided. The Chief indicated that if it was a situation in which a youth was admitted with a serious mental health disability or cognitive/intellectual disability (i.e., a youth who receives special education services or severe or profound intellectual disability), this situation would require intake staff to provide video and written material to the resident in a more comprehensive and easier to understand method, as well as, depending on the level of cognitive ability, may require a Supervisor to reach out to the agency's Occupational Therapist or other contract providers if there was a concern about comprehension. Furthermore, it was confirmed by the Chief that the agency may also consider an additional packet of information if there is a concern about comprehension of the normal PREA information/education provided.

- The auditor interviewed three residents with disabilities, who were identified from a list of residents who receive special educational services from the contracted independent school district (Sherman ISD) who provide state required educational services within the facility. Each resident was able to adequately recall the PREA orientation and PREA comprehensive education that was provided during their intake process. Furthermore, the residents all successfully answered open-ended questions from the auditor about what PREA is; how to stay safe while in the facility; what, how, and to whom to report a PREA matter to; their rights; multiple ways to make a PREA report; how to request to speak with a mental health professional and/or medical professional; how the parent/attorney visitation and phone call procedures are conducted at the facility; and all explained how they have no concern with privacy when showering, changing their clothes, or using the restroom.

- The auditor also interviewed 12 randomly selected staff (JSOs) during the onsite, and each JSO confirmed that there are bilingual staff who work for the agency who are available to assist with Spanish translation needs for residents. Furthermore, each resident advised that residents are not allowed to translate for other residents for a PREA related situation and professional interpreter services are available on a case-by-case basis. All the staff confirmed that a staff member or a professional translation service would be utilized on a case-by-case basis to ensure a youth who is LEP was provided a sufficient translation/interpreting process.

**Site Review Observations:**

During the onsite, the auditor observed a Case Manager who was processing in a newly admitted resident to the post program. The auditor confirmed that the Case Manager conducted the risk screening assessment pursuant to the requirements set forth by PREA standards 115.341/115.342 & provided the PREA orientation and comprehensive PREA education in a manner that the youth fully understood the information provided. For example, the Case Manager reviewed the PREA material with the youth and asked the resident questions related to making sure the he fully understood the material provided. Furthermore, the PREA video was shown to the youth on a tablet, which is how the agency complies with the PREA comprehensive education requirements of 115.333 (b).

During the two days the auditor was onsite, the auditor confirmed that Resident Handbooks are available to all residents in both the pre and post programs (which includes comprehensive PREA information), and there are specially trained staff (JSOs, teachers, counselors, medical staff) who are employed by the agency to ensure that all residents have access to individuals at the facility who can assist with breaking down the PREA information to a level that all residents can understand.

**Explanation of Determination:****115.316****(a-c):**

According to the agency's PREA Policy on pages 9 and 10:

- The Department will provide independent interpretive services, where appropriate or requested, when English language or disability is a concern. Department staff may use a staff member who is proficient in the resident's language as well as utilize Language Line Solution for deaf, hard of hearing or deaf/blind individuals. Department staff shall consult with mental health and special education staff to make the appropriate determination of resident education when intellectual disability is a concern, including providing the resident education verbally. Staff shall not use resident interpreters except in limited circumstances when resident safety is an issue. If resident interpreters are utilized the reason must be documented as to why a resident was used.

Furthermore, the auditor confirmed that the above procedures provide for a sufficient method of ensuring residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and residents who are limited English proficient 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. The auditor was also provided a PREA student brochure and PREA

	<p>Posters that are in Spanish, which helps to ensure Spanish speaking residents are provided PREA information in a manner they can understand.</p> <p>The auditor was also provided a memo from the Chief of GCJS, that explains the following procedures related to ensuring all youth are provided PREA information in a format that they can fully understand:</p> <ul style="list-style-type: none"> <li>• The Grayson County Juvenile Services Policy related to PREA (Zero Tolerance on Sexual Abuse Policy) identifies that we would use services similar to Language Line if we ever got in a situation where the youth did not appear to understand the PREA education provided at Orientation, or if there was ever language based confusion about PREA related matters. This is what is trained to our staff.</li> <li>• We utilize an orientation video, and we also provide written materials, so that there are several levels of comprehension covered initially without a resident needing to ask.</li> </ul> <p>The auditor was also provided the PREA section that is included in the agency's pre and post Resident Handbooks, and upon the auditor's review, it was determined the PREA section includes age appropriate information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, multiple methods for residents to report a PREA related allegation, how to prevent from being a victim of sexual abuse and sexual harassment, and the safety measures in place at the facility to help prevent abuse from occurring.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- Texas Department of Public Safety (DPS) Criminal History Checks and Subscription Service</li> <li>- TX Department of Family and Protective Services (DFPS) Child Abuse Registry Check Emails</li> </ul>

- Agency's Disclosure of PEA Activity Forms
- Institutional Reference Check Documentation
- PAQ
- DPS Website {FACT Clearinghouse | TX DPS Crime Records Division (texas.gov)}

**Interviews:**

- The auditor interviewed the agency's Human Resource administrator, who sufficiently explained the agency's hiring, promotion, and contractor enlistment process related to the PREA requirements of this standard. For example, the HR administrator answered the auditor's questions related to conducting the initial criminal history background checks, completing the Department of Family & Protective Services (DFPS) child abuse registry checks, subscribing all staff, volunteers, & contractors to the DPS Clearinghouse Subscription Service, institutional reference PREA checks, promotional process for staff, and how the agency utilized a form to ask all staff the required PREA questions. Additionally, the HR administrator provided the auditor onsite with all the proof documentation related to the staff and contractors selected by the auditor to review for compliance in practice with the requirements of this PREA standard.

- In discussions with the Chief and HR administrator, it was learned that the veteran staff who were hired before PREA was first implemented at the facility several audit cycles ago had not been vetted through the DFPS child abuse registry check services, and, additionally, the teachers were also not vetted through this service. The administrators quickly took action to resolve this issue, with providing the auditor with verification documentation before the final report was completed that proved the veteran staff and teachers were successfully cleared through the DFPS child abuse registry.

**Explanation of Determination:**

**115.317**

**(a-h):**

The auditor reviewed the agency's PREA Policy and confirmed all the requirements of this PREA standard are included therein, on pages 5 and 6. Furthermore, it is important to note that the agency utilizes the TX DPS FACT Clearinghouse Subscription Service in order to capture any disqualifying criminal behavior that a staff member, contractor, or volunteer is found to have engaged in. The auditor researched the DPS website and successfully verified that the FACT Subscription Service is compliant with the requirements of this PREA standard. Information from this state agency's website is provided below:

- The FACT Clearinghouse is a repository of the DPS and the FBI fingerprint-based criminal history results. The FACT Clearinghouse allows an authorized



entity access to a consolidated response of the DPS and FBI criminal history fingerprint results, including an electronic subscription and notification service for new arrest activity on subscribed persons.

- Only persons processed through Fingerprint Applicant Services of Texas (FAST) are eligible for FACT. FAST is a service of the DPS that provides the electronic capture and submission of fingerprints for a fingerprint background check.
- The subscription service notifies an entity of new activity to a Texas criminal history record and now with the implementation of FBI Rap Back, new activity on an individual's national criminal history. Not only will the subscribing entity receive notifications of events that occurred within Texas, they will also receive notifications of events that occurred elsewhere in the nation.
- Events that can generate a notification are arrests, record updates, Sex Offender Registry activity, and death notices. These notifications will help eliminate the need to re-fingerprint employees to determine if new activity has been received after the initial check.

Furthermore, the PC confirm that the Grayson County Department of Juvenile Services (GCDJS) have continual checks with Texas DPS for state activity and Rap Back subscriptions on national activity.

The auditor learned that the agency conducts the DPS criminal history check and child abuse registry check for not only all staff members and contractors who may have contact with residents but also all volunteers and interns, which exceeds the minimum requirements of this PREA standard. Furthermore, the agency also requires all staff, volunteers, and contractors to complete the agency's Disclosure of PREA Activity form, which includes the required PREA questions associated with provision (f) of this PREA standard. This form is also used by the facility during any subsequent formal performance employee reviews and for promotions. The auditor confirmed that the PREA questionnaires are completed by staff who are interested in applying for a promotion, with the form required to be completed when sending in a letter of intent.

**Staff, Contractor, and Volunteer Personnel File Review:**

The auditor analyzed the HR documents related to the requirements of this PREA standard while onsite for the last 10 JSOs hired, as well as for three veteran staff and a sample of contractors. Upon the auditor's review, it was concluded that the agency was compliant with all the requirements of this PREA standard. For example, all staff selected were subscribed to the DPS FACT Clearinghouse subscription service, including the teachers and contractors, and child abuse registry check clearance documents, institutional reference checks documentation, and PREA questionnaires were provided to demonstrate successful compliance with the requirements of this PREA standard.

Furthermore, as explained in the interview section above, upon the agency learning

that veteran staff who were hired before PREA implementation at the agency had not been vetted through the DFPS child abuse registry check services, and, additionally, the teachers were also not vetted through this service, the administrative team quickly took action to resolve this issue. As a result of the corrective action implemented, the auditor was provided verification documentation before the final report was completed that proved the veteran staff and teachers were successfully cleared through the DFPS child abuse registry. The Chief and HR administrator also clarified that the corrective action also included updating the agency's personnel files to include an enhanced checklist of PREA required HR items that the HR administrator is required to review before completing the hiring process. This updated form was provided to the auditor and found to be a helpful checklist to ensure compliance with this PREA standard going forth.

**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.**

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's Chief (PC) and Facility Administrator (PCM) both confirmed that no design plans, remodels, substantial expansions or modifications to existing facilities or new installation or updating of video monitoring system, electronic surveillance systems, or other monitoring technologies have been approved or completed since the last PREA audit. Furthermore, if such actions are taken in the future, the administrative team sufficiently explained how agency leadership will assess for how any such improvements or remodels would impact resident and staff safety related to sexual safety and overall best practices. The Chief confirmed that any enhancement to the agency's video monitoring system or physical plant modifications or new construction would be planned out with all parties involved to ensure full PREA compliance, best practices are maintained and/or enhanced, and how the situation would effect the agency's ability to protect residents from sexual abuse and sexual harassment. It was further clarified that if a video monitoring update were to be implemented in the future, the update would be to only enhance</li> </ul>

agency protective practices of residents and staff against sexual abuse and not impede or reduce the agency's ability to protect individuals at the facility.

**Site Review Observations:**

During the onsite, there was no evidence of a recent substantial expansion or modification to the existing facility and no evidence to suggest a recent update or modifications made to the facility's video monitoring system.

**Explanation of Determination:**

**115.318**

**(a-b):**

According to the information provided by the PC in the PAQ, the agency and juvenile facility has not acquired a new facility, made a substantial expansion or modification to existing facilities, or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The PC noted that the facility's video monitoring software was updated in July of 2023; however, this was not considered a major update. Furthermore, the agency's Policy also addresses on page 12 that the prevention of sexual abuse will be considered in any facility modifications or additions.

**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.**

115.321	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Agency's PREA Policy</li><li>- PAQ</li><li>- Sexual Abuse Protocol Checklist</li><li>- MOU with Grayson County Children's Advocacy Center (GCCAC)- Multidisciplinary Team Working Protocols (last updated June 2022)</li><li>- Sexual Abuse and Sexual Harassment Investigative File Review</li></ul>

- Email Communications to and from Chief Deputy for the Grayson County Sheriff's Office (GCSO) and Chief at Grayson County Department of Juvenile Services

**Interviews:**

- Prior to the onsite, the auditor spoke with the Executive Director (ED) of the Grayson County Children's Advocacy Center (CAC), who shared information on the victim services and advocacy services her CAC provided to a juvenile victim of sexual abuse. For example, the ED of the CAC confirmed that all the required elements of this PREA standard (a-f) are made available to any juvenile referred to the CAC by law enforcement, such as: compliant evidence protocols and collections, forensic medical examinations (conducted at the CAC by a certified SANE/SAFE nurse- available 24/7), forensic interview process, victim advocacy services, emotional support services related to sexual abuse, mental health and medical treatment and follow-up care as appropriate, and support for the victim, victim's family, and, in some cases, support and services to a juvenile perpetrator of sexual abuse. The ED acknowledged that the GCDJS and the Grayson County CAC have a good working relationship and an active MOU is in place to ensure all the required services are provided. Lastly, she explained how there are advocates available at the CAC who can provide residents from the GCDJS the confidential emotional support services related to sexual abuse that is required by PREA standard 115.353, with confidentiality, mandatory reporting protocols, and informed consent all part of the CAC service plan.

- The auditor interviewed 12 randomly selected JSO's while onsite, and all staff confirmed they understand the requirement to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident or allegation of sexual abuse or sexual harassment that occurred in a facility. Furthermore, all the JSO's sufficiently explained the required first responder protocols for responding to a sexual abuse type incident, with staff being able to provide how they are required to immediately separate the victim and the perpetrator (even if a physical restraint is necessary); provide emergency mental health/medical services as needed to the situation; report to local law enforcement (Grayson Co. Sheriff's Office), TJJJ {OIG}, and the on-shift supervisor (up chain-of-command as needed to the situation); document on incident reports; preserve and protect the scene; and instruct the victim and perp to not do anything that could destroy or contaminate usable physical evidence. All the staff interviewed confirmed that local law enforcement (GCSO) and TJJJ are the investigative entities with jurisdiction to conduct a criminal investigation into alleged sexual abuse at the facility.

- The auditor also confirmed the above sexual abuse response protocols with agency leadership, with the Chief (PC) & both Facility Administrators (PCMs) confirming that it is the primary responsibility of first responding staff and agency leadership to initially ensure the victim and perpetrator are separated and emergency medical/mental health assistance is provided as needed to the situation. Further, staff are trained to preserve and protect the scene, document the incident, and instruct victim/perp to not destroy physical evidence. The Chief

and PCM's also explained how a specially trained administrative team member will be designated to conduct the administrative investigation into any allegations or incidents of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. Lastly, the administrators confirmed that during the 12 month audit review period prior to the onsite, there have been seven (7) PREA type allegations investigated at the facility, with the auditor ultimately determining that 2 out of the seven reached the level of youth-on-youth sexual harassment. However, the remaining five PREA allegations did not reach the level of sexual abuse or sexual harassment, with each assessed by the auditor as youth-on-youth sexual misconduct.

**Explanation of Determination:**

**115.321 (a-g):**

**(a & b):**

Per the agency's PREA Policy:

- All reports of sexual abuse (from any source, including internal and external, other agencies, facilities, etc.) will be investigated promptly, thoroughly and objectively as well as documented according to the Department Internal Investigation policy and using the Sexual Abuse Protocol Checklist. This shall be initiated by the first responder and completed by the assigned investigator and PREA Coordinator.
- The Department, in a coordinated effort, will assist the Grayson County Sheriff's Office (GCSO) and the Texas Juvenile Justice Department in the completion of any investigation of sexual abuse;
- The Department's investigative role will be administrative in nature, all criminal investigations will be conducted by the Grayson County Sheriff's Office, whom if necessary will schedule forensic interviews and sexual assault medical exams. Department staff will be responsible for transporting the resident to such appointments. The youth may request an advocate to accompany a victim advocate to the appointments;
- The Department ensures that a uniform evidence protocol when responding to allegations of sexual abuse is followed. The evidence protocol shall be developmentally appropriate for youth;
- The Department will, pursuant to TAC §358.700, complete an Internal Investigation in the manner outlined in the Department's Internal Investigation policy.

Additionally, per the PC responses in the PAQ, Grayson County Sheriff's Office (GCSO) is the responsible for conducting criminal sexual abuse investigations, and the Texas Office of Inspector General (OIG) with TJJJ has the state authorized power to conduct both an administrative and/or criminal investigation at the facility. The PC elaborated further that the OIG has yet to conduct a criminal investigation at the facility.

The auditor was also provided the agency's Sexual Abuse Protocol Checklist and MOU with GCCAC, which provide further evidence to support that the appropriate law enforcement agencies are available to conduct criminal sexual abuse investigations at the facility (including resident-on-resident sexual abuse or staff sexual misconduct). Furthermore, these two documents also sufficiently demonstrate how a uniformed evidence protocol, that is appropriate for youth and compliant with the requirements of this PREA standard, is able to be followed in practice when conducting sexual abuse investigations at Grayson County Juvenile Services. For example, the agency's Sexual Abuse Protocol Checklist includes the following elements that successfully demonstrate how the agency adheres to the requirements of this PREA standard in practice when responding to an allegation or incident of sexual abuse:

- Critical dates and times
- Locations
- Individuals involved
- Investigator information
- Description of allegation
- Sexual Assault Response Team names and titles
- Medical assistance provided
- Mental health services provided
- Information about initial response to situation (i.e., was victim/perpetrator separated, was scene secured, etc.)
- Law enforcement notification information
- Evidence collection process
- Photographs/videos collected/saved
- Statement collected
- Post incident review information

Additionally, this Checklist also includes a Evidence Collection Log, which is used to describe the evidence collected, date collected, and by whom.

**(c, d, & e):**

According to the agency's PREA Policy on pages 15 and 16:

- Victims of sexual abuse will be offered access to sexual assault forensic examination where evidentiary or medically appropriate. Examinations will be performed by SAFEs or SANEs where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
- The department will document efforts to provide SAFEs or SANEs. A qualified staff member will accompany the victim for medical exams. Any victim of sexual abuse shall be offered and receive follow-up mental health and medical treatment that is needed as a result of the sexual abuse, as determined appropriate by the treating medical and mental health professionals pursuant to §115.383.

- Victim and victim services will be available to victims of sexual abuse through the Children's Advocacy Center and the attempts to procure such services will be documented.

The PC noted in the PAQ that there has not been a situation of alleged sexual abuse that required a medical examination in the past 12 months; however, if such an incident were to occur, the agency's has the procedures outlined above in their PREA Policy, as well as the signed MOU that ensures a forensic medical examination and victim advocacy services pursuant to the required elements of this PREA standard are provided as applicable to the situation and level of abuse.

**(f):**

Per the response provided by the PC in the PAQ, as well as what is documented in the signed MOU, the auditor was able to determine that Grayson County Juvenile Services is responsible for conducting internal administrative investigations, and the GCSO and TJJD OIG are the agencies responsible for conducting any necessary criminal investigation into sexual abuse. The PC noted in the PAQ that the Juvenile Department have requested the GCSO to follow the protocols set forth in the PREA standard, and the signed MOU sufficiently corroborates that the criminal investigative agency is required to follow the requirements of this PREA standard. Furthermore, in order to demonstrate how the agency has requested the local law enforcement agency, GCSO, to follow the protocols set forth by the applicable PREA provisions of this standard, the GCDJS Chief provided the auditor with recent emails communications to and from the Chief Deputy for the GCSO that confirmed that the GCSO complies the applicable requirements of this PREA standard in responding to an allegation of sexual abuse at the juvenile facility. The Chief Deputy also advised that all lawful referrals of alleged sexual abuse of a resident are accepted that meet the minimum criteria related to probably case and that the alleged juvenile meets the definition of a child.

**Sexual Abuse and Sexual Harassment Investigative File Review:**

- The auditor was provided PREA investigative information related to a total of seven (7) sexual misconduct/sexual harassment type allegations made by residents in the facility in the past 12-month audit review period prior to the onsite. Upon the auditor's examination of each PREA investigative document provided, it was confirmed by the auditor that none of the allegations reached the level of sexual abuse. Furthermore, it was ultimately determined by the auditor that two of the PREA allegations were properly assessed as sexual harassment; however, the remaining five did not reach the level of sexual harassment due to the alleged inappropriate behavior not being repeated by the same alleged victim to the same alleged perpetrator, as required by the PREA Juvenile Facility Standard definition of sexual harassment. These five allegations were assessed by the auditor as resident-on-resident sexual misconduct situations; however, the auditor explained to the Chief that it is a best practice to err on the side of caution with reporting

and conducting an investigation into any level of PREA behavior alleged even if the allegation may not reach the level of sexual harassment, as the agency demonstrated through the PREA investigative file documentation review.

- Due to the facility not having an incident or allegation of sexual abuse during the 12-month audit review period, the auditor determined that the sexual abuse requirements of this PREA standard were not required to be adhered to during this time period. However, it is important to note the agency has successfully institutionalized policies, procedures, and training to the appropriate staff to ensure a compliant response is provided if a sexual abuse situation were to occur in the future. Additionally, to further clarify how the agency demonstrated compliance with responding to the youth-on-youth sexual harassment and sexual misconduct allegations during the past 12 months, the auditor analyzed the PREA investigative documents for each of the seven allegations and determined through the PREA investigations documentation review that the sexual harassment allegations were promptly reported to TJJJD OIG (assessed by OIG as "youth sexual conduct").

Furthermore, for all seven of the PREA allegations made, each were proven to be promptly, thoroughly, and objectively investigated internally by the agency. Lastly, as documented in the applicable emails provided to the agency after the PREA reports were made to TJJJD OIG, the OIG did not pursue an investigation and advised the agency to handle each allegation internally, assessing each reported alleged PREA incident as alleged "youth-on-youth sexual conduct."

**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.**

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Sexual Abuse Protocol Checklist</li> <li>- MOU with Grayson County Children's Advocacy Center (GCCAC)- Multidisciplinary</li> </ul>



Team Working Protocols (last updated June 2022)

- Sexual Abuse and Sexual Harassment Investigative File Review

**Interviews:**

- The auditor verified the required sexual abuse and sexual harassment investigative protocols with agency leadership, with the Chief (PC) & both Facility Administrators (PCMs) confirming that it is the primary responsibility of first responding staff and agency leadership to initially ensure the victim and perpetrator are separated and emergency medical/mental health assistance is provided as needed to the situation. Additionally, administration advised that they will ensure the allegation or incident was immediately reported to Grayson County Sheriff's Office and TJJJD OIG for sexual abuse allegations/incidents (to ensure a criminal investigation is prompted) and promptly begin the internal investigation for all allegations/incident of sexual abuse and sexual harassment. Further, staff are trained to preserve and protect the scene, document the incident, and instruct victim/perp to not destroy physical evidence. The Chief and PCM's also explained how a specially trained administrative team member will be designated to conduct the administrative investigation into any allegations or incidents of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. Lastly, the administrators confirmed that during the 12 month audit review period prior to the onsite, there have been seven (7) PREA type allegations investigated at the facility, with each allegation involving alleged youth-on-youth sexual harassment or sexual misconduct. It should be noted that one of the sexual harassment allegations originally was reported as youth-on-youth sexual conduct by TJJJ; however, this report was ultimately assessed as sexual harassment by the Grayson County Chief Juvenile Probation Officer due to the information learned through the Chief conducting the administrative investigation.

- The auditor also interviewed one of the agency's designated PREA administrative investigators, the Deputy Director (DD) of Probation Services, who sufficiently explained how all allegations related to PREA (including sexual abuse, sexual harassment, retaliation, and staff neglect) are required to be immediately reported up the chain-of-command internally, as well as all sexual abuse allegations/incidents required to be immediately reported to local law enforcement (Grayson County Sheriff's Office) and TJJJ OIG. Furthermore, it was clarified that all reports of sexual abuse, sexual harassment, retaliation, and staff neglect are internally investigated by a designated specially trained administrative staff member. The DD elaborated the process of conducting an internal administrative investigation from start to finish, which included explaining how he will stop whatever he is doing and focus all his efforts on the investigation. The investigative steps taken were described by the DD as initially ensuring the victim and perpetrator are separated and safely away from other residents, and then he will ensure local law enforcement (Grayson County Sheriff's Office), TJJJ, and parents are immediately notified. After these initial steps are taken, the DD advised that he will then begin the process of documenting who was involved in the situation in order to create a list of the individuals who will need to be interviewed, with recording an audio interview and

having each individual provide a written statement. In addition to conducting interviews, the DD advised that surveillance footage will be reviewed and saved, incident reports will be collected and reviewed, and the area in which the incident occurred will be examined. It was elaborated on how the DD will collaborate and communicate with law enforcement and TJJD throughout the investigative process, complete a report of his findings on an Investigative Report, with a disposition determined using the preponderance of evidence standard. The DD explained how he will make the required notifications of the disposition of the investigation and advised that an internal investigation will continue until the disposition is determined, regardless if the alleged victim recants his/her allegation or if anyone involved in the case leaves the facility. The DD confirmed that he does not conduct compelled interviews, and the credibility of the alleged individuals involved will not have a bearing on the outcome of the investigation. It was further confirmed that truth telling devices are not used for administrative internal investigations, and a determination if staff acts or failures to act will be assessed on a case-by-case basis.

**Explanation of Determination:**

**115.322**

**(a-e):**

Per the agency's PREA Policy on pages 13-14:

- All reports of sexual abuse (from any source, including internal and external, other agencies, facilities, etc.) will be investigated promptly, thoroughly and objectively as well as documented according to the Department Internal Investigation policy and using the Sexual Abuse Protocol Checklist. This shall be initiated by the first responder and completed by the assigned investigator and PREA Coordinator.
- The Department, in a coordinated effort, will assist the Grayson County Sheriff's Office and the Texas Juvenile Justice Department in the completion of any investigation of sexual abuse;
- The Departments investigative role will be administrative in nature, all criminal investigations will be conducted by the Grayson County Sheriff's Office, whom if necessary will schedule forensic interviews and sexual assault medical exams. Department staff will be responsible for transporting the resident to such appointments. The youth may request an advocate to accompany a victim advocate to the appointments;
- The Department ensures that a uniform evidence protocol when responding to allegations of sexual abuse is followed. The evidence protocol shall be developmentally appropriate for youth;
- The Department will, pursuant to TAC §358.700, complete an Internal Investigation in the manner outlined in the Departments Internal Investigation policy.

Additionally, per the PC responses in the PAQ, Grayson County Sheriff's Department

(GCSD) is the responsible for conducting criminal sexual abuse investigations, and the Texas Office of Inspector General (OIG) with TJJD has the state authorized power to conduct both an administrative and/or criminal investigation at the facility. The PC elaborated further that the OIG has yet to conduct a criminal investigation at the facility. The auditor was also provided the agency's Sexual Abuse Protocol Checklist and MOU with GCCAC, which provide further evidence to support that the appropriate law enforcement agencies are available to conduct criminal sexual abuse investigations at the facility (including resident-on-resident sexual abuse or staff sexual misconduct).

**Sexual Abuse and Sexual Harassment Investigative File Review:**

- As noted in the interview section above, the auditor was provided PREA investigative information related to a total of seven (7) sexual misconduct/sexual harassment type allegations made by residents in the facility in the past 12-month audit review period prior to the onsite. Upon the auditor's examination of each PREA investigative document provided, it was confirmed by the auditor that none of the allegations reached the level of sexual abuse. Furthermore, it was ultimately determined by the auditor that two of the PREA allegations were properly assessed as sexual harassment; however, the remaining five did not reach the level of sexual harassment due to the alleged incidents not being repeated by the same alleged victim to the same alleged perpetrator, as required by the PREA Juvenile Facility Standard definition of sexual harassment. These five allegations were assessed by the auditor as resident-on-resident sexual misconduct situations; however, the auditor explained to the Chief that it is a best practice to err on the side of caution with reporting and conducting an investigation into any level of PREA behavior alleged even if the allegation may not reach the level of sexual harassment, as the agency demonstrated through the PREA investigative file documentation review.
- Due to the facility not having an incident or allegation of sexual abuse during the 12-month audit review period, the auditor determined that the sexual abuse requirements of this PREA standard were not required to be adhered to during this time period. However, it is important to note the agency has successfully institutionalized policies, procedures, and training to the appropriate staff to ensure a compliant response is provided if a sexual abuse situation were to occur in the future. Additionally, to further clarify how the agency demonstrated compliance with responding to the youth-on-youth sexual harassment and sexual misconduct allegations during the past 12 months, the auditor analyzed the PREA investigative documents for each of the seven allegations and determined through the PREA investigations documentation review that the sexual harassment allegations were promptly reported to TJJD OIG. Furthermore, for all seven of the PREA allegations made, each were proven to be promptly, thoroughly, and objectively investigated internally by the agency. Lastly, as documented in the applicable emails provided to the agency after the PREA reports were made to TJJD OIG, the OIG did not pursue an investigation and advised the agency

to handle each allegation internally, assessing each reported alleged PREA incident as alleged "youth-on-youth sexual conduct."

**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**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- PREA Staff Training Video and In-Person Provided Curriculum (PREA PowerPoint Presentation- 29 Slides)
- ANE & PREA Policy - YouTube (Training video available online)

**Interviews:**

- The auditor interviewed 12 randomly selected JSO's while onsite, and each JSO provided the auditor with sufficient responses to open-ended questions asked in relation to the PREA training topics provided during their most recent PREA training provided by the agency. For example, staff explained how they have been trained in the past 12 months on what PREA is (zero tolerance policy) and why it is important to implement PREA standards to effectively protect residents from sexual abuse and sexual harassment. Furthermore, the 12 staff elaborated how they are mandatory reporters and confirmed they have been trained on staff and resident safe boundaries, protective measures to take to prevent resident sexual abuse and sexual harassment, how to communicate effective and professionally with resident who identify as being vulnerable to being a victim (i.e., LGBTI), how residents are provided PREA information during the intake process (resident rights), common reactions of victims of sexual abuse, and the required first responder protocols, as explained further below.

Additionally, as noted in the Interview section of 115.321 of this report, all the JSO's interviewed also confirmed they understand the requirement to report immediately and according to agency policy any knowledge, suspicion, or information they

receive regarding an incident or allegation of sexual abuse or sexual harassment that occurred in a facility. Furthermore, all the JSO's sufficiently explained the required first responder protocols for responding to a sexual abuse type incident, with staff being able to provide how they are required to immediately separate the victim and the perpetrator (even if a physical restraint is necessary); provide emergency mental health/medical services as needed to the situation; report to local law enforcement (Grayson Co. Sheriff's Office), TJJD {OIG}, and the on-shift supervisor (up chain-of-command as needed to the situation); document on incident reports; preserve and protect the scene; and instruct the victim and perp to not do anything that could destroy or contaminate usable physical evidence. All the staff interviewed confirmed that local law enforcement (GCSO) and TJJD are the investigative entities with jurisdiction to conduct a criminal investigation into alleged sexual abuse at the facility.

- The auditor also discussed the employee PREA training curriculum and training procedures with the agency's Training Coordinator, who confirmed that all the required training elements of this PREA standard are included in the JSO Basic training process for all newly hired staff and provided as a refresher at least annually. The Training Coordinator provided the auditor with the PREA training curriculum, training video, and PREA training verifications. He also explained how PREA is trained often during periodic staff meetings to ensure all staff have PREA fresh on their minds at all times.

**Explanation of Determination:**

**115.331**

**(a-d):**

According to the agency's PREA Policy on page 7, all staff who have contact with residents will receive initial and subsequent, biannual training, covering PREA and the Department's zero tolerance policy on sexual abuse pursuant to §115.331. Furthermore, in order to assess for the level of compliance with the requirements set forth by this PREA standard in practice at the agency, the auditor reviewed the agency's online YouTube PREA Basic Training Video (ANE & PREA Policy - YouTube) and PREA in-person PowerPoint presentation used during initial JSO Basic and during annual refreshers. Upon the auditor's review, it was determined that the training provided by the agency, at a minimum, includes all the required training elements of provision (a) (1-11) and is tailored made to the unique needs and attributes and gender of the residents at the facility. Furthermore, the auditor confirmed that this comprehensive, facility specific PREA training video is one hour and twenty-nine minutes long and covers not only all the requirements pursuant to this PREA standard but also the annual training requirements pursuant to the abuse, neglect, and exploitation training standards mandated by TJJD (state agency that certifies all Juvenile Supervision Officers -JSOs- in TX).

In addition, through the auditor's review of the agency's PREA training video used for the staff PREA refresher training requirements associated with this PREA standard, it was confirmed that this video includes information on facility specific

procedures related to the requirements set forth in other PREA standards, such as: cross-gender searches (prohibited), making opposite-gender staff PREA announcements, same gender supervision, required supervision for specific areas of the facility and during specific programming, PREA required supervision ratios, staffing plan administrative reviews, intake process (risk screening, PREA education, and classification), risk screening re-assessments, and scenarios of prior PREA related incidents and how to respond to hypothetical PREA situations.

**Staff Training Documentation Review:**

- The auditor requested PREA training verifications for ten of the most recent JSO hires, as well as seven veteran staff. Upon the auditor's review of each training proof documentation provided prior to the onsite, it was confirmed that each of the 17 staff selected for this review sample signed a sign-in sheet that sufficiently outlined the required PREA training elements of this PREA standard were presented. However, the sign-in sheets did not sufficiently demonstrate how each of the staff who attended the PREA trainings "understood the training they have received," which is required by one element of provision (d) of this PREA standard. Upon conversations with the agency's Chief prior to the onsite, the Chief decided to immediately revise the training forms to include the following statement: "This training is provided to 115.331 & 115.332. **By signing above, you acknowledge that you understand the training you have received.**" Furthermore, the Chief explained that this language was previously used at the facility for all PREA trainings; however, the agency recently has had two new training coordinators, and it was slowly removed as an institutional practice.
- In order to demonstrate how the revised training form was institutionalized in practice at the facility prior to the end of the onsite, the Chief provided the auditor with a completed example of a recent PREA training conducted with a group of JSOs. The auditor used this information and verifying documentation, as well as the interviews conducted with each staff member that confirmed they fully understood the PREA information presented to them, to determine that the agency is now fully compliant with all the requirements of this PREA standard in practice.

**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.**

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- ClassMark Volunteer PREA Training Link (<https://www.co.grayson.tx.us/page/juv.Volunteers>)
- Certificate of Completion for Passing the Exam for ANE/PREA for Volunteers and Interns

**Interviews:**

- The auditor discussed the PREA training that was provided to four of the contractors and one volunteer who have contact with residents in the facility, and each individual confirmed they have been adequately training on their PREA responsibilities, including what to report, how to report, and who to report a PREA allegation to. The protocol in place, as described by the five individuals, is to report to the on-shift supervisor and/or administrative staff for the agency, as well as make any of the necessary reports to law enforcement and/or TJJJD. They were also aware of how to protect residents from being a victim of sexual abuse and sexual harassment by immediately reporting any suspicious behavior and to ensure all interaction with residents is conducted on camera view and with staff nearby. The contractors and volunteer advised that PREA refresher trainings are provided periodically, with the teachers interviewed, who have the most contact with residents, providing PREA refresher training on an annual basis, every year before the school year begins.

**Explanation of Determination:**

**115.332**

**(a-c):**

Per the agency's PREA Policy on page 7, all volunteers and contract staff who have contact with residents will receive training prior to rendering of services, regarding PREA pursuant to §115.332. Furthermore, in order to assess for the level and type of training provided to volunteers and contractors, the auditor reviewed the agency's PREA training curriculum that is provided to all volunteers and contractors through a ClassMark online training service. The ClassMark training link allows individuals to complete the agency specific PREA training online and includes not only two separate PREA training videos but also a post exam that requires a minimum score of 70% to pass. Upon the auditor's review of the training videos included on the ClassMark site, it was determined that the training consists of, at a minimum, the contractors' and volunteers' responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures (PREA Policy- zero tolerance and how to report). Furthermore, the videos also include a review of the Grayson Department of Juvenile Service's PREA Zero Tolerance Policy and definitions related to PREA, as well as identifies reporting

protocols, red flags of inappropriate relationships, and how to develop and maintain appropriate professional relationships. In order to ensure the ClassMark system is currently working properly in practice, the agency paid for tokens to allow the auditor access to the PREA videos and exam portion of the training, in which all systems were fully operational. The auditor finished the exam, was provided a summary of the exam and final score and was provided the option to download a training certificate to demonstrate the completion and passing score of the PREA training exam.

**Contractor and Volunteer PREA Training Documentation Review:**

- The auditor requested PREA training verifications for the last five contractors and two volunteers who provided services to residents in the facility, in which the PC provided the auditor with the PREA training verifications for each of the seven individuals. Upon the auditor's review, it was determined that these seven individuals selected for this documentation review completed and fully understood the PREA training that was provided, with passing exam scores provided as examples of how the agency ensures the contractors and volunteers understand the training provided.

**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.**

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- PREA Education YouTube Video (Post - Orientation - YouTube)</li> <li>- PREA Brochure for Residents</li> <li>- Memo from the Chief of the Agency</li> <li>- Resident Handbooks (pre and post) &amp; Corresponding Acknowledgement Form</li> <li>- Risk Assessment Form (includes question to determine if "PREA/ANE Admission Video" was provided)</li> </ul>



**Interviews:**

- The auditor interviewed three staff who were familiar with the pre and post intake process related to providing the PREA orientation and comprehensive PREA education, and each staff sufficiently explained how each resident admitted into each of the facility's programs are presented PREA information through a review of the Resident Handbook and PREA brochure, as well as through providing two videos- one orientation video and one PREA video. The staff were able to break down the process of making sure all residents who are admitted understand their PREA rights and the multiple ways to make a PREA report, as well as described the process of staff and residents signing a PREA education acknowledgement form. Furthermore, the staff confirmed they ask residents if they understand the PREA information and ask follow-up questions to ensure all staff understand the PREA education provided. The staff explained how the intake process is conducted in an area that provides for minimum distractions to ensure the residents being processed through the intake process are focused on listening to the information being provided.

- The auditor also interviewed a total of 17 residents while onsite, and each resident was asked open-ended questions related to their understanding of PREA, their PREA rights, and different methods of making a PREA report. Each resident clearly understood their rights as related to PREA, how to stay safe, what PREA means to them, and how to report through verbally telling a staff member they trust, writing and submitting a grievance or a note/piece of paper (with or without their name- if on paper), calling the TJJJ ANE 24/7 Hotline, or informing their parents/guardians/attorney/Judge/etc. (who can report on their behalf). Furthermore, the residents confirmed that intake staff went over the PREA information during the intake process when they were first admitted into the program, within a few hours, and how staff provided the PREA and orientation video. The pre-adjudication residents elaborated further and advised that PREA is gone over with them again every week, by the PCM of their program. However, the post residents did not advise of any refresher being provided on a periodic basis, and the auditor did observe how the pre residents were more detailed in their responses to the questions and required less follow-up questions to adequately assess for the level of PREA understanding. All the residents interviewed confirmed they were aware of the PREA signage throughout the facility, as well as the Resident Handbooks and PREA Brochures that are available on each housing unit.

**Site Review Observations:**

During the onsite, the auditor tested the agency's outside reporting hotline process, observed an intake being processed, and watched as a staff member demonstrated the intake process. The test call to the TJJJ Hotline was a success on both units (the pre and post programs), with the same TJJJ operator answering the phone for both calls and confirming that a resident making a report to the TJJJ Hotline can be anonymous if so desired and there are interpreters available on an as needed basis to assist. Additionally, while the auditor was onsite, it was clear that the agency provides all residents with access to PREA information and instructions on the multiple optional methods on how to report by providing Resident Handbooks in the

dayrooms in each of the agency's two programs and through the PREA reporting signs posted all throughout the facility. One of the PCM's also demonstrated the agency's resident grievance process, which provides for residents two methods of submitting a grievance. A resident can either submit an electronic grievance with using one of the tablets mounted in several locations throughout the facility, or a resident can write their grievance on a grievance form and submit this way.

**Explanation of Determination:**

**115.333**

**(a-f):**

According to the agency's PREA Policy on pages 8 and 9, all residents in the Pre-Adjudication and Post-Adjudication facilities, as part of the orientation process upon admission, a staff member will review with them, pursuant to §115.333; TAC §343.412(b)(5)(A-D) & §343.606(b)(5)(A-D):

- Departments zero tolerance policy for sexual abuse
- Identifying and preventing abuse;
- Methods for reporting abuse;
- Right to be free from retaliation;
- If Abuse Happens to You...End the Silence: A Teen's Guide to Reporting Abuse, Neglect & Exploitation in Juvenile Justice Facilities brochure for the appropriate gender and language; and
- Services available for victims of sexual abuse pursuant to §115.381;
- Orientation manuals containing all of the above information are available for residents any time during their stay on the corresponding facilities book shelves.

Furthermore, the agency's PREA Policy also successfully outlines how the facility ensures all residents who are admitted into the pre and post adjudication programs at the facility receive and understand the PREA orientation and comprehensive educational requirements of this PREA standard, as explained below:

- During intake residents and staff will sign intake paperwork acknowledging that residents have watched and been informed of the above criteria. Documentation will be kept in the residents' permanent file.
- In the event that the education criterion is not completed on intake it will be completed within 10 days of the resident arrival to the facility and documented on the intake paperwork.

Additionally, per the agency's PREA Policy:

- The Department will provide independent interpretive services, where appropriate or requested, when English language or disability is a concern.
- Department staff may use a staff member who is proficient in the resident's

language as well as utilize Language Line Solution for deaf, hard of hearing or deaf/blind individuals.

- Department staff shall consult with mental health and special education staff to make the appropriate determination of resident education when intellectual disability is a concern, including providing the resident education verbally.
- Staff shall not use resident interpreters except in limited circumstances when resident safety is an issue. If resident interpreters are utilized the reason must be documented as to why a resident was used.

Furthermore, the auditor confirmed that the above procedures provide for a sufficient method of ensuring residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and residents who are limited English proficient 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. The auditor was also provided a PREA student brochure and PREA Posters that are in Spanish, which helps to ensure Spanish speaking residents are provided PREA information in a manner they can understand.

The auditor was also provided a memo from the Chief of GCJS, that explains the following procedures related to ensuring all youth are provided PREA information in a format that they can fully understand:

- The Grayson County Juvenile Services Policy related to PREA (Zero Tolerance on Sexual Abuse Policy) identifies that we would use services similar to Language Line if we ever got in a situation where the youth did not appear to understand the PREA education provided at Orientation, or if there was ever language based confusion about PREA related matters. This is what is trained to our staff.
- We utilize an orientation video, and we also provide written materials, so that there are several levels of comprehension covered initially without a resident needing to ask.

The auditor was also provided the PREA section that is included in the agency's pre and post Resident Handbooks, and upon the auditor's review, it was determined the PREA section includes age appropriate information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, multiple methods for residents to report a PREA related allegation, how to prevent from being a victim of sexual abuse and sexual harassment, and the safety measures in place at the facility to help prevent abuse from occurring.

In addition, through the auditor's review of the agency's PREA training video used for the staff PREA refresher training requirements associated with PREA standard 115.331, it was confirmed that this video includes information on facility specific procedures related to the requirements set forth in other PREA standards, such as: cross-gender searches (prohibited), making opposite-gender staff PREA

announcements, same gender supervision, required supervision for specific areas of the facility and during specific programming, PREA required supervision ratios, staffing plan administrative reviews, intake process (risk screening, PREA education, and classification), risk screening re-assessments, and scenarios of prior PREA related incidents and how to respond to hypothetical PREA situations.

In order to fully assess the level of compliance with the PREA orientation and educational requirements of this PREA standard in practice at the facility, the auditor reviewed the agency's PREA material that is presented to each youth upon admission into the pre and post programs, which includes a facility specific PREA YouTube educational video, PREA/TJJD Brochure, and a Resident Handbook. Upon the auditor's review of each of these PREA educational media, it was determined that the PREA education provided during the intake process (including pre and post programs and any applicable transfers) is comprehensive and age appropriate and includes (at a minimum): a review of the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, the resident's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the agency's policies and procedures for responding to such incidents.

**Resident PREA File Review (each youth was randomly selected by the auditor):**

The auditor was provided resident PREA orientation and PREA comprehensive education verification documents for six pre-adjudicated and eight post adjudicated residents, and upon the auditor's review, it was determined that the agency was compliant in practice with the requirements set forth by this PREA standard in practice. However, the auditor did recommend that the agency revise their PREA acknowledgement form to include a breakdown of the PREA orientation and the comprehensive PREA education that are provided during the intake process in order to clearly demonstrate how provisions (a) and (b) are complied with in practice. In addition, it was also recommended that the agency develop a more formalized system of periodically providing a PREA refresher to residents, such as a monthly instructor led type PREA video practice, in order to enhance resident's retention of the PREA information throughout their stay. As noted in the interview section above, it was apparent that the post residents may have forgotten some of the PREA information that was provided during their intake process due to the average length of stay for each post resident being significantly longer than the pre-adjudication residents.

The agency's Chief took immediate action to enhance PREA practices when advised of this information, with revising the agency's resident PREA acknowledgement form to include two sections, one section for the PREA orientation material and another section for the comprehensive PREA education video. Further, each section includes a statement of understanding for the resident to sign that they were provided and fully understand the PREA orientation material and PREA comprehensive education video presented. The Chief also advised soon after the onsite that Detention (pre-adjudication) plans to show the PREA video bi-weekly to all residents, with also

	<p>summarizing the PREA brochure and providing talking points about the various reporting methods and the ability to remain anonymous when making reports to the TJJH Hotline. In addition, the Chief indicated that the Post program plans to conduct monthly PREA overviews with residents to ensure the PREA information remains fresh on their mind throughout their stay in the program.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- PREA Investigator Training Verifications</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor also confirmed the above sexual abuse response protocols with agency leadership, with the Chief (PC) &amp; both Facility Administrators (PCMs) confirming that it is the primary responsibility of first responding staff and agency leadership to initially ensure the victim and perpetrator are separated and emergency medical/mental health assistance is provided as needed to the situation. Further, staff are trained to preserve and protect the scene, document the incident, and instruct victim/perp to not destroy physical evidence. The Chief and PCM's also explained how a specially trained administrative team member will be designated to conduct the administrative investigation into any allegations or incidents of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. Lastly, the administrators confirmed that during the 12 month audit review period prior to the onsite, there have been seven (7) PREA type allegations investigated internally at the facility, with none of the allegations reaching the level of sexual abuse.</li> <li>- The auditor also interviewed one of the agency's designated PREA investigators, the Deputy Director (DD) of Probation Services, who sufficiently explained how all allegations related to PREA, such as sexual abuse, sexual harassment, retaliation, and staff neglect, are required to be immediately reported up the chain-of-command internally, as well as all sexual abuse allegations/incidents required to be immediately reported to local law enforcement (Grayson County Sheriff's Office) and</li> </ul>

TJJD OIG and internally investigated by a designated specially trained administrative staff member. The DD elaborated the process of conducting an internal administrative investigation, which included explaining how he will stop whatever he is doing at the time of being notified of being assigned to an internal investigation and focus all his efforts on the investigation. The investigative steps taken were expressed by the DD as first ensuring the victim and perpetrator are separated and safely away from other residents and law enforcement, TJJD, and parents are immediately notified, and then starting the process of documenting who was involved in the situation in order to create a list of the individuals needing to be interviewed. In addition to conducting interviews, the DD advised that surveillance footage will be reviewed and saved, incident reports will be collected and reviewed, the area in which the incident occurred will be examined, how he will collaborate and communicate with law enforcement and TJJD throughout the investigative process, completion of a report of his findings on an Investigative Report with a disposition determined using the preponderance of evidence standard, make the required notifications of the disposition of the investigation, and ensure a sexual abuse incident review is completed.

**Explanation of Determination:**

**115.334**

**(a-d):**

According to the agency's PREA Policy on page 7, all staff who may be assigned to conduct sexual abuse investigation will receive specialized investigator training pursuant to §115.334. In order to demonstrate how the agency complies with the requirements of this PREA standard in practice, the auditor was provided training verifications for each of the three administrative investigators who are able to conduct an internal PREA investigation at the facility. Upon the auditor's review, it was determined that each of the three administrative investigators have completed the PREA investigator training pursuant to the requirements of this PREA standard. Furthermore, the PREA investigations conducted at the facility related to sexual harassment were conducted by one of these specially trained administrative investigators, as verified by the auditor through the PREA investigative file review.

**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.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Department of Justice Training Certificates for: "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting"

**Interviews:**

- The auditor discussed the PREA training completed by one full-time MHP (Deputy Director of Behavior Health) & one full-time medical professional (LVN) who have contact with residents at the facility, and each professional advised that they have been trained on PREA and complete a PREA training refresher at least annually. The professionally elaborated on their understanding of PREA, which included describing how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Furthermore, the professionals described how mental and medical healthcare would be provided to a pre-adjudication resident on a case-by-case basis, with the post program assigning a MHP to each resident due this program being for long-term treatment that specializes in working with sex offenders, substance abuse issues, and behavioral. The MHP and LVN were familiar with how emergency services would be made available to a resident victim of sexual abuse, and the local Children's Advocacy Center and local hospital are available to assist for a situation involving a youth who is a victim or alleged victim of sexual abuse.

**Explanation of Determination:**

**115.335**

**(a-d):**

The agency's PREA Policy includes the requirements of this PREA standard on page 7, as noted below:

- All Department medical and mental health staff will receive training pursuant to §115.335. In addition, medical and mental health practitioners shall be required to inform youth as to the limitations of confidentiality in regards sexual abuse allegations.

Furthermore, in order to assess for the level of compliance with the requirements of this PREA standard in practice at the facility, the auditor reviewed the PREA training curriculum and corresponding training verification documents for each of the six medical and mental health professionals who have contact with residents at the facility. Further, the Chief provided the auditor with recent specialized PREA training that each of the five medical and mental health professionals completed. This

	<p>training was presented online by the National Institute of Corrections and titled by the DOJ as, "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting," and each of the five professionals completed the online courses in calendar year 2023.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Agency's Risk Screening Tool (Behavioral Screen)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed three staff familiar with the intake process and who have conducted risk screenings of newly admitted youth, with each staff able to sufficiently describe their own process for conducting the agency's risk screening (Behavioral Screen) in a confidential manner and in a private setting, with using the screening as a tool to help with ascertaining the needed information to reduce the risk of sexual abuse by or upon a resident. The staff indicated the importance of taking the youth's own perception of safety and vulnerability into consideration when completing the screening and identifying the risk potential, as well as building trust and a positive rapport as the keys to ensuring the conversation they are having with the youth produce honest and valid answers to the screening questions. Each staff interviewed about the agency's risk screening tool provided the auditor with examples of some of the specific screening questions that are on the agency's Behavioral Screening form, such as asking each youth how they identify, inquiring about any disabilities, and asking the youth if he/she feels safe. The staff indicated that they are able to answer questions on the screening related to age, appearance, current and previous charges, and any other specific information pertinent to the risk screening process on their own without having to ask the youth due to this information being on the intake paperwork, in the agency's electronic file system, and/or provided by the transporting officer. Additionally, the intake staff confirmed that if a youth indicated prior sexual victimization or</li> </ul>



abusiveness, the youth are referred to a MHP via email and/or phone call. The intake staff also explained how only staff who need the information from the risk screenings for their professional duties in working with the residents are provided access to the risk screenings information. Lastly, the case manager confirmed that all resident's risks are re-assessed every 120 days.

- The auditor also interviewed the agency's PC (Chief) and the PCMs, who all confirmed that the agency has 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.

- The auditor also asked each of the 17 residents interviewed if they remember being asked certain questions on the risk screening form, such as do you identify as LGBTI, do you have any disabilities, do you fear for your safety, and have you ever experienced any past sexual victimization or abusiveness, and each resident confirmed that these type questions were asked during their intake process when they were first admitted into the facility. Furthermore, each resident advised that the screening was conducted in part with other forms and documents that were reviewed with them in the designated intake area.

**Site Review Observations:**

During the onsite, the auditor the auditor observed the agency's intake process for the pre and post adjudication programs, which provides for a confidential and private setting for an intake officer or case manager to objectively conduct the agency's risk screening form. The case manager in the post program had a newly admitted resident in a private office setting and asked the youth the questions from the risk screening form. Additionally, the case manager documented her own visual assessment of the youth, as well as broke down the questions when needed when the youth did not understand a particular question. Lastly, the auditor confirmed that resident's risk screenings are stored in a confidential and secure area.

**Explanation of Determination:**

**115.341**

**(a-e):**

According to the agency's PREA Policy on page 9:

- Residents will be screened for prior and potential sexual abuse upon admission (within 72 hours) pursuant to §115.341, to make housing, bed, program, education and work assignments.
- Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other programming solely based on such identification or status.
- Residents will be advised that mental health services are available to them.
- Residents will also be reassessed every six months throughout their length

of stay at the facility.

Additionally, the auditor was provided the agency's risk screening tool that is used during each resident's intake process to reduce the risk of sexual abuse by or upon a resident pursuant to the requirements of this PREA standard. Upon the auditor's review of the agency's Screening for Potential Aggression and/or Sexual Victimization tool, it was found to be a tool that can be utilized objectively and includes the required elements of this PREA standard (c) (1-11).

The PC noted in the PAQ that all resident's risk levels are re-evaluated every 120 days, and this was confirmed as an operational practice for the pre and post programs through a review of the agency's PREA staff training video, as noted below.

The auditor confirmed that the agency's PREA training video used for the staff PREA refresher training requirements associated with PREA standard 115.331, it was confirmed that this video includes information on facility specific procedures related to the requirements set forth in other PREA standards, such as: cross-gender searches (prohibited), making opposite-gender staff PREA announcements, same gender supervision, required supervision for specific areas of the facility and during specific programming, PREA required supervision ratios, staffing plan administrative reviews, intake process (risk screening, PREA education, and classification), risk screening re-assessments, and scenarios of prior PREA related incidents and how to respond to hypothetical PREA situations.

**Resident PREA File Review (each youth was randomly selected by the auditor):**

The auditor was provided completed risk screening (Behavioral Screenings) for 6 pre and 8 post residents admitted into the facility prior to the onsite (within the 12 month audit review period), which sufficiently demonstrated compliance with the requirements of this PREA standard in practice. Furthermore, examples of completed 120 periodic risk re-assessments were provided, which sufficiently demonstrated how the periodic re-assessments are conducted to reduce the risk of sexual abuse by or upon a resident. Through the auditor's analysis of the Behavioral Screening provided, no issues of concern were identified related to compliance with the requirements of this PREA standard. However, it is important to note that the auditor had discussions with the PC about the agency's current policy and practice of conducting the periodic risk re-assessments every 120 days for pre and post residents, in which it was recommended as a means of best practice by the auditor for the agency to modify the frequency of conducting the re-assessments to 30, 60, or 90 days for the pre-adjudication residents only. This was mainly due to the significant lower length of stays on average for the pre residents when compared to the post residents. The PC took this recommendation under advisement and confirmed that the agency will conduct the periodic re-assessments for the pre residents every 90 days from this point forward.

**Conclusion:**

	<p><b>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.</b></p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Agency's Risk Screening Tool (Behavioral Screen)</li> <li>- Confinement Procedures Policy</li> <li>- Classification Plan Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed three staff familiar with the intake process and who have conducted risk screenings of newly admitted youth, with each staff able to sufficiently describe their own process for conducting the agency's risk screening (Behavioral Screen) in a confidential manner and in a private setting, with using the screening as a tool to help with ascertaining the needed information to reduce the risk of sexual abuse by or upon a resident. The staff indicated the importance of taking the youth's own perception of safety and vulnerability into consideration when completing the screening and identifying the risk potential, as well as building trust and a positive rapport as the keys to ensuring the conversation they are having with the youth produce honest and valid answers to the screening questions. Each staff interviewed about the agency's risk screening tool provided the auditor with examples of some of the specific screening questions that are on the agency's Behavioral Screening form, such as asking each youth how they identify, inquiring about any disabilities, and asking the youth if he/she feels safe. The staff indicated that they are able to answer questions on the screening related to age, appearance, current and previous charges, and any other specific information pertinent to the risk screening process on their own without having to ask the youth due to this information being on the intake paperwork, in the agency's electronic file system, and/or provided by the transporting officer. Additionally, the intake staff confirmed that if a youth indicated prior sexual victimization or abusiveness, the youth are referred to a MHP via email and/or phone call. The intake staff also explained how only staff who need the information from the risk screenings for their professional duties in working with the residents are provided access to the risk screenings</li> </ul>

information. The intake staff also described how the risk screening is conducted in a private area that allows for confidentiality and is on camera to protect the resident and staff. Further, the information ascertained for the Behavioral Screen is used to make informed decisions on housing, bed, education, and programming assignments for each resident who is admitted to the pre and post adjudication programs (residents do not work at the juvenile facility). The intake staff clarified that if the intake process identified any concerns related to housing, programming, or room assignment, this would be staffed with management on a case-by-case basis to determine the most appropriate and safest assignments. In addition, mental health may, depending on the situation, be contacted to assist, with all post residents assigned to a therapist upon being admitted that meet with them frequently. The intake staff confirmed that transgender/intersex residents are able to shower alone, and specialized housing is not utilized by the facility for youth who identify a certain way (LGBTI). It was clarified by the intake staff that all youth's placement and programming assignments are re-assessed every 120 days, as part of the periodic re-assessment process of 115.341 (a), which exceeds the PREA required twice a year reassessment for transgender/intersex residents.

- The auditor also interviewed the agency's PC (Chief) and the PCMs, who all confirmed that the agency uses information ascertained from the agency's intake Behavioral Screening to make informed housing, bed, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The administrators confirmed that protective isolations related to a PREA matter are not used at the facility due to the agency having the capability in the pre and post programs to move and re-assign residents to different housing, room and programming assignments as needed and as applicable to each situation. The administrators described further how the agency has the option to place a resident who has been designated by management as a threat to other youth or staff, such as a resident who has displayed sexually inappropriate behavior, on the agency's "10 Foot Rule." This rule was explained by the administration as requiring the resident on the rule to be at least 10 feet away from all individuals at all times. Furthermore, the administrators all expressed how the agency does not utilize any form of specializing housing for LGBTI residents, and for any situation involving a transgender/intersex resident admitted into the facility, the facility will consider on a case-by-case basis the safest housing, room, and programming assignments. The transgender/intersex resident's own perception of their safety will be taking into serious consideration, with counselors available to assist with each situation and providing frequent check ins. The administrators also described how a transgender/intersex resident's status in the program will be re-assessed periodically, with the agency, at a minimum, conducting re-assessments at least every 120 days. The Chief described a situation prior to the past 12 month audit review period that involved accepting a resident in the pre and post programs who identified as a transgender female. The Chief provided verification documents, such as this youth's Behavioral Screening and 120 periodic re-assessment, which sufficiently demonstrated to the auditor how the agency took the resident's vulnerabilities into consideration while the youth was at the facility. The Chief clarified that there were no issues of concern expressed by the youth during the youth's stay at the facility,

with the youth completing the post program successfully. Lastly, the administrators confirmed that a resident who identifies as transgender/intersex are provided the opportunity to shower alone, and in the case of the last transgender youth admitted into the facility, this youth did shower alone. Furthermore, the transgender resident also was assigned a therapist who met with the youth weekly.

- The auditor also asked each of the 17 residents interviewed if they remember being asked certain questions on the risk screening form, such as do you identify as LGBTI, do you have any disabilities, do you fear for your safety, and have you ever experienced any past sexual victimization or abusiveness, and each resident confirmed that these type questions were asked during their intake process when they were first admitted into the facility. Furthermore, each resident advised that the screening was conducted in part with other forms and documents that were reviewed with them in the designated intake area, and the residents advised they had no concerns or issues to report about their programming, room, education, or housing assignment. The staffed who worked at the facility when the last youth who identified as transgender was accepted into the facility were asked questions related to how this youth's programming was managed, and each staff member confirmed that this youth did well in the program, showered alone, and was never segregated or isolated in a room due to a PREA related matter or for identifying as transgender. The staff explained how it was communicated to them that the youth requested to be called by the female pronouns, and each staff described how this was accommodated without any issues to note.

- The auditor also interviewed a sample of residents who identified as gay or bisexual, and each resident expressed feeling safe while in the program and no issues of concern were expressed. The residents confirmed they had never been placed in any form of specialized housing or isolation or have observed another resident secured in isolation or specialized housing due to identifying a certain way.

- The auditor also interviewed a resident who was isolated in her room due to a non-PREA related matter (medical isolation), and this youth confirmed that the medical isolation situation was due to her not feeling well. The youth answered all the auditor's resident PREA interview questions through her door, with the auditor remaining outside the door. The youth advised that she felt safe, understood how to make a PREA report, and confirmed she has access to medical and mental health services, as needed. During this interview, the auditor also observed another youth secured in her room due to a disciplinary matter not related to PREA (assault on staff situation). This youth was not interviewed due to her recent assaultive behavior and observable non-compliant behavior. This information helped the auditor to determine that none of the youth secured in their rooms during the onsite were isolated in their rooms due to a PREA related matter.

- The auditor discussed the access mental and medical health professionals have to residents in the facility when they are isolated in a room, and both the interviewed MHP (Deputy Director of Behavioral Health) and medical professional (LVN) confirmed they are able to speak and meet with any and all residents regardless if

they are secured in a room or in the program. The MHP further clarified that if there was a safety and/or security risk in meeting with a particular resident who was secured in an isolation room and displaying threatening and aggressive behavior, she would go to the youth's room to speak with him/her with the door either closed or open (depending on the level of threat) and, if necessary to ensure safety, would have a JSO positioned outside the door and/or in the hallway. The DD confirmed that the counselors conduct 120 re-assessments of all youth in the facility, and if a youth who identified as transgender/intersex was in the facility, this youth would be provided counseling services as needed to the situation.

**Site Review Observations:**

During the onsite, the auditor observed the agency's intake process for the pre and post adjudication programs, which provides for a confidential and private setting for an intake officer or case manager to objectively conduct the agency's risk screening form. The case manager in the post program had a newly admitted resident in a private office setting and asked the youth the questions from the risk screening form. Additionally, the case manager documented her own visual assessment of the youth, as well as broke down the questions when needed when the youth did not understand a particular question. During the onsite, the auditor also confirmed there was no specialized housing for residents who identified as LGBTI, and the auditor did not observe any resident who identified as gender non-confirming, transgender, or intersex. The auditor took note of the shower areas in each housing unit, and each shower room is constructed in such a way to allow for private showers that are off camera view.

**Explanation of Determination:**

**115.342**

**(a-i):**

According to the agency's PREA Policy on page 9:

- Residents will be screened for prior and potential sexual abuse upon admission (within 72 hours) pursuant to §115.341, to make housing, bed, program, education and work assignments.
- Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other programming solely based on such identification or status.
- Residents will be advised that mental health services are available to them, and each resident's risk will be reassessed every six months throughout their length of stay at the facility.
- Residents may be isolated to ensure their safety only as a last resort and terminated as soon as possible according to the Department's Confinement and Protective Isolation policy. During this time, they shall be afforded daily exercise and educational programming, as well as daily contact with medical or mental health staff. The facility shall afford each resident a review to

- determine if separation is necessary every 30 days.
- Placement and programming of a transgender or intersex resident will be evaluated on a case by case basis by the Facility Administrator to ensure safety and security. Resident input will be taken into consideration. Transgender and intersex youth will have the ability to shower separately from other youth. Placement and programming assignments shall be reassessed every six months to review any threats to safety experienced by the resident.

Additionally, the auditor was provided the agency's Confinement Procedures and Classification Policies, which provided the auditor with more details of the agency's classification process and limits to protective isolation, with protective isolations being described in the Policy as utilized not for PREA specifically but as a suicidal precautionary element.

**Resident PREA File Review (each youth was randomly selected by the auditor):**

The auditor was provided completed risk screening (Behavioral Screenings) for 6 pre and 8 post residents admitted into the facility prior to the onsite (within the 12 month audit review period), which sufficiently demonstrated compliance with the applicable requirements of this PREA standard in practice. Through the auditor's analysis of the Behavioral Screenings provided and additional relevant verification documentation provided throughout the audit process, it was confirmed that the information obtained from these screenings were used to make the appropriate housing, bed, program, & education assignments for each residents with the goal of keeping all residents safe and free from sexual abuse. In addition, the auditor reviewed a randomly selected sample of 10 disciplinary reports from the past 6 months, and upon the auditor's analysis of the reports reviewed, there was nothing reviewed that indicated the seclusions involved a PREA related matter.

**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.**

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> </ul>

- PAQ
- Grievance Form and Process
- TJJJ Hotline Call Process
- PREA Reporting Posters
- Texas Administrative Code (TAC) Standard

**Interviews:**

- The auditor also interviewed a total of 17 residents while onsite, and each resident was asked open-ended questions related to their understanding of PREA, their PREA rights, and different methods of making a PREA report. Each resident clearly understood their rights as related to PREA, how to stay safe, what PREA means to them, and how to report through verbally telling a staff member they trust, writing and submitting a grievance or a note/piece of paper (with or without their name- if on paper), calling the TJJJ ANE 24/7 Hotline (outside reporting & can be anonymous), or informing their parents/guardians/attorney/Judge/etc. (who can report on their behalf). Furthermore, the residents confirmed that intake staff went over the PREA information during the intake process when they were first admitted into the program, within a few hours, and how staff provided the PREA and orientation video. The pre-adjudication residents elaborated further and advised that PREA is gone over with them again every week, by the PCM of their program. However, the post residents did not advise of any refresher being provided on a periodic basis, and the auditor did observe how the pre residents were more detailed in their responses to the questions and required less follow-up questions to adequately assess for the level of PREA understanding. All the residents interviewed confirmed they were aware of the PREA signage throughout the facility, as well as the Resident Handbooks and PREA Brochures that are available on each housing unit, and each resident confirmed that residents are able to meet with and call their parents/guardians at least once per week. The residents explained the applicable programs visitation process, which allows for more frequent contact with parents/guardians/family that depends on their behavior level, and how they are able to meet with their attorney at any time. The only issue the auditor observed during the resident interviews was that several residents could not clearly express how to make an anonymous PREA report, and these residents were confused by the question. However, it is important to clarify that all the residents sufficiently described how to call the TJJJ hotline to make a report, which, as the auditor confirmed, does allow for an anonymous report to be received if the youth does not give his/her name. The residents were all asked by the auditor how they could make a PREA report without giving their name if they did not want to (example of being scared provided), and some of the residents explained how they did not know and did not understand why they would not give their name. This issue was shared with the Chief and administrative team upon the exit of the onsite, and the Chief immediately took action to ensure all residents and staff were aware of the anonymous report option that is available with the TJJJ ANE Reporting Hotline process (refer to Standard Explanation section below for more information of action



taken by the Chief).

- The auditor interviewed 12 randomly selected staff (JSOs) and asked each JSO to describe the multiple methods in place for residents to make a PREA report. Each staff provided examples of multiple methods of resident PREA reporting, which included describing the grievance process, the TJJD Hotline process, how a youth can tell any adult they trust in the facility (all are mandatory reporters), reporting to the resident's parent/guardian/attorney/therapist/probation officer/etc., and writing down the report on a piece of paper or other resident form and turning it in directly to a staff member he/she trust or the supervisor or administrator. All the staff interviewed confirmed that for any verbal report of sexual abuse or sexual harassment received, the staff are required to immediately report to their direct supervisor and document the verbal report on an incident report as soon as possible (before the end of their shift). The auditor asked each staff member interviewed how they can make a private report of sexual abuse or sexual harassment, and each confirmed that they can call the TJJD Hotline director and/or privately speak with their supervisor and/or any administrator. Additionally, the auditor asked a hypothetical question to each of the 12 staff members interviewed about how they would respond to a situation in which their immediately supervisor was notified {by them} of a PREA allegation, and this supervisor did not take the allegation seriously with taking no action in response. The staff all described how they believe the agency has an open-door policy for speaking with any one in management/administration, and they would immediately go up the chain of command until the situation was taken seriously and investigated accordingly, even if that meant going directly to the Chief and/or law enforcement or TJJD themselves.

- The Chief confirmed that no residents are detained solely for civil immigration purposes.

**Site Review Observations:**

During the onsite, the auditor tested the agency's outside reporting hotline process, observed an intake being processed, and watched as a staff member demonstrated the intake process. The test call to the TJJD Hotline was a success on both units (the pre and post programs), with the same TJJD operator answering the phone for both calls and confirming that a resident making a report to the TJJD Hotline can be anonymous if so desired and there are interpreters available on an as needed basis to assist. Additionally, while the auditor was onsite, it was clear that the agency provides all residents with access to PREA information and instructions on the multiple optional methods on how to report by providing Resident Handbooks in the dayrooms in each of the agency's two programs and through the PREA reporting signs posted all throughout the facility (English & Spanish). One of the PCM's also demonstrated the agency's resident grievance process, which provides for residents two methods of submitting a grievance. A resident can either submit an electronic grievance with using one of the tablets mounted in several locations throughout the facility, or a resident can write their grievance on a grievance form and submit this way if so desired. During the onsite, it was confirmed by the auditor through observations of resident activities onsite that all residents have access to writing

material, papers and grievance forms, an electronic process of submitting a grievance. Lastly, during the onsite, the auditor did not observe any concerns with the records storage process, with most confidential documents stored electronically to ensure maximum confidentiality.

**Explanation of Determination:**

**115.351**

**(a-e):**

The agency's PREA Policy includes the reporting requirements of this PREA standard on pages 12 and 13, as outlined below:

- Residents, parents/guardians and staff will have the ability to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to incidents without a time limit and staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports on the facility incident report form. Methods include:
  - Confidentially, to a staff member of the department;
  - Through the corresponding grievance process according to the Pre-Adjudication Grievance Policy or Post-Adjudication Grievance Policy, including accompanying appeals process (Staff shall allow for emergency completion of a grievance to report sexual abuse); and
  - Through the TJJD abuse, neglect and exploitation hotline at 1-877-STOP- ANE (1-877-786-7263) pursuant to the Departments ANE Call Line Procedures policy;

Furthermore, the agency's PREA Policy also includes procedures for residents detained solely for civil immigration purposes, which require the facility to provide information to such residents on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The agency's PREA Policy includes procedures for third-party reporting and staff/contractors accepting reports of sexual abuse, as noted below:

- Upon admission to Pre-Adjudication and Post-Adjudication facility, the primary parent or guardian listed in the intake process will be mailed the brochure, A Guide for Parents and the Public: Recognizing and Reporting Abuse, Neglect & Exploitation of Children in Texas Juvenile Justice Programs and Facilities. Parents and third parties may report to facility staff or call the TJJD hotline.
- All staff and contractors are required to take seriously and immediately report any reports of sexual abuse, pursuant to TAC §358.400 and §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director. All

reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Staff shall be prohibited from revealing any information related to allegations who does not require the information subject to their duties.

- All allegations to sexual abuse will be reported to the Texas Juvenile Justice Department (ph. 1-877-786-7263) by the facility administrator or his/her designee.
- If it is determined by staff that the incident is criminal in nature, law enforcement will be notified as soon as practically possible, but no later than 24 hours. In the instance of the Department, the Grayson County Sheriff's Office (ph. 903-813- 4408) is the law enforcement agency with jurisdiction.

The PC noted in the PAQ that any staff who receives a verbal report of sexual abuse or sexual harassment is required to report the allegation by the end of their shift (within 8 hours), and staff may report privately to their supervisor or directly to the agency's PREA Coordinator or TJJD. The PC noted that all staff are trained on these procedures during training, and the auditor verified this through examining the PREA training curriculum provided to all staff.

Additionally, through the auditor's PREA investigation documentation review, it was determined that each internal administrative investigation stemmed from a resident making a PREA report (of youth-on-youth sexual harassment or resident sexual misconduct) either directly to a staff member or counselor (verbally), calling the TJJD ANE Hotline (outside third-party), or through a third-party report by another resident. Each of the seven PREA allegations investigated by the agency sufficiently demonstrated to the auditor how the facility has institutionalized a practice of providing residents multiple options for making a report and the process of promptly documenting and investigating each report.

In response to the issue described in the resident interview section above, regarding several residents unable to clearly describe how to make an anonymous report to the TJJD Hotline, before the final report was completed, the Chief took the following steps to ensure the deficiency in understanding was addressed:

- Implemented the following process to make sure the agency is emphasizing the ability to remain anonymous, if preferred, by a resident when calling the TJJD Hotline:
  - Added specific language to the agency's training of staff related to knowing that youth should be able to make anonymous calls to the hotline (in part as a way of complying with PREA standards that allow for this as an option to report sexual abuse or sexual harassment).
  - Staff will start every call to the hotline (where they have to transfer the call to a youth) with the phrase: "I have a juvenile on the line that wants to make a report (and never using the juvenile's name) - the resident will have autonomy on sharing their name - or not."
  - Added specific language to the resident education process -

specifically noting that they can use the hotline without using their name, if preferred.

- A memo to staff sent out on the above enhancements of reporting practices, and the agency plans to do monthly education to existing residents that will include this emphasis of anonymous calls.

Furthermore, as per TAC §358.240, the agency is required and audited annually by TJJD for compliance with following standards related to displaying reporting signage:

- Departments, programs, and facilities must prominently display signage provided by TJJD regarding a zero-tolerance policy concerning abuse of juveniles.
- The signage must be displayed in each of the following places:
  - (1) lobby or visitation areas of the department, program, or facility to which the public has access;
  - (2) juvenile housing and common areas;
  - (3) common medical treatment areas;
  - (4) common educational areas; and
  - (5) other common areas.
- Signage must be posted in English and Spanish.

**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.**

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Memo from the Chief of the agency</li> <li>- Texas Administrative Code (TAC) Standards</li> <li>- Grievance Logs and Sample of Grievances Submitted</li> </ul> <p><b>Interviews:</b></p>

- The Chief of the agency, as well as the two PCMs, confirmed that all grievances alleging sexual abuse are required per agency Policy and by the applicable TAC, to be immediately reported to the Grayson County Sheriff's Office and TJJJD OIG, who have the authority to conduct the required criminal investigation. Furthermore, each of the 12 JSO randomly selected to be interviewed confirmed this required practice, as well.

**Explanation of Determination:**

**115.352**

**(a-g):**

The auditor confirmed that the agency has a policy describing the resident grievance process; however, since, as a matter of agency Policy and as required by Texas Administrative Code Chapter §358, a report of alleged sexual abuse {including as submitted through the agency's resident grievance process} or serious physical abuse must be made to local law enforcement (Grayson County Sheriff's Office) immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred. Furthermore, as per TAC §358 (B), report of alleged sexual abuse or serious physical abuse must be made to TJJJ D immediately, but no later than four hours after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred. Due to the agency required, as set forth in agency Policy and confirmed by the Chief and auditor, to immediately convert grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) to investigations that are outside of the agency's administrative remedies process.

Per what was noted in the PAQ by the PC, there has not been a situation involving a resident grievance that was filed alleging any type of sexual abuse during the 12-month review period for this audit. This was confirmed through the auditor's review of 10 randomly selected grievances (5 from pre and 5 from post) that were submitted by residents in the past 6 months, with zero of the 10 grievances reviewed describing a situation of alleged sexual abuse.

**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.**

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Grayson County Children's Advocacy Center (CAC) Flyers for Emotional Support Services
- Pictures of Flyers Posted
- Signed MOU with the CAC

### **Interviews:**

- Prior to the onsite, the auditor spoke with the Executive Director (ED) of the Grayson County Children's Advocacy Center (CAC), who shared information on the victim services and advocacy services her CAC provided to a juvenile victim of sexual abuse. For example, the ED of the CAC confirmed that all the required elements of this PREA standard are made available to any juvenile at the facility, such as: victim advocacy services, emotional support services related to sexual abuse, mental health and medical treatment and follow-up care as appropriate, and support for the victim, victim's family, and, in some cases, support and services to a juvenile perpetrator of sexual abuse. The ED acknowledged that the GCDJS and the Grayson County CAC have a good working relationship and an active MOU is in place to ensure all the required services are provided. The ED explained how there are advocates available at the CAC who can provide residents from the GCDJS the confidential emotional support services related to sexual abuse that is required by the PREA standard, with confidentiality, mandatory reporting protocols, and informed consent all part of the CAC service plan. Lastly, it was confirmed that the CAC can also receive reports of sexual abuse or sexual harassment from residents either through the Crisis Center 24/7 hotline or by a youth contacting the CAC directly.
- The auditor conducted onsite interviews with a total of 17 residents when onsite, and the residents described how they are able speak with a therapist on an as needed basis, with the residents from the post program scheduled to meet with their assigned therapist on a weekly basis. The residents described how the therapist help them with any emotional support they may need, and none of the residents interviewed were aware of the CAC victim advocacy availability. However, it is important to clarify that none of the residents interviewed felt the need to talk with anyone from the CAC, with the available onsite MHPs providing the support they needed, as per the resident's responses to the auditor's questions related to emotional support. Furthermore, the addition of the CAC victim advocacy posters, as explained in this section of the report, provide all residents with instructions on how to contact an outside victim advocacy if so desired for emotional support services. The residents interviewed sufficiently explained to the auditor how they

have reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians, with family visits made available, at a minimum, once per week for phone calls/FaceTime/in-person. The residents advised that they can request to speak with their attorney through informing a staff member or their JPO or writing down a request, with it being up to the attorney for answering, calling back, or going to the facility to meet with them. However, it should also be noted that the pre-adjudication residents are required to see the Judge and their attorney every two weeks during their mandatory 10-day detention hearings. The post residents clarified that they have already been adjudicated for their offense and, therefore, don't usually need to speak with their attorney or do not have an attorney at all.

- The PCM's and Chief of the agency also confirmed the practice of providing all residents reasonable and confidential access to their attorneys or other legal representatives and reasonable access to parents or legal guardians, with describing the process for each program (the pre and post). The post program utilizes case managers to coordinate the residents access to attorneys and family, with all resident's attorneys having access to their clients at any time and family contacts being provided, at a minimum, once per week. In the pre-adjudication detention program, residents can meet with their attorneys at any time and approved parent/guardian in-person visits and phone calls occur, at a minimum, once per week.

**Site Review Observations:**

During the onsite, the auditor did not observe any postings related to how residents can access the CAC for emotional support services related to sexual abuse; however, as soon as this issue was brought to the attention of the Chief, the Chief took immediate action and collaborated with the Executive Director with the local CAC to develop a compliant system for all residents to have confidential access to an advocate from the CAC for emotional support services related to sexual abuse. Two posters were created that provide residents with instructions on how to contact an advocate from the CAC for emotional support services pursuant to the requirements of this PREA standard. Pictures of the posters posted throughout the facility were provided to the auditor soon after the onsite was completed, which confirmed compliance with the requirements of this PREA standard. In addition, the contact information and instructions for how a resident can contact a CAC advocate was also added to the Resident Handbook, as confirmed by the auditor.

**Explanation of Determination:**

**115.353**

**(a-d):**

The auditor confirmed that the requirements of this PREA standard are included in the agency's PREA Policy on page 16, as outlined below:

- Pursuant to 115.353, residents of both facilities will have access to outside victim advocates for emotional support services related to sexual abuse through the Child Advocacy Center of Grayson County. In addition, Grayson County Juvenile Services will post or make available; addresses, telephone numbers of local, state, and national victim advocacy or rape crisis organizations. For individuals detained solely for civil immigration purposes, the facility will make available numbers of immigration services.
- Those circumstances that do not meet the definition of “Sexual Abuse” that requires mandatory reporting to local authorities, would be referred to the local Mental Health Services Authority or similar local interagency group for assessment.
- Both facilities {pre and post programs} will enable reasonable communication with these organizations and agencies, in as confidential a manner as possible. The only monitoring of these services will be allowing access to a reasonable time. If the youth provides information indicating that they are a victim, the facility employees will forward that information to the appropriate mandatory authorities. The agency will maintain copies of these agreements. The facilities will also provide residents with reasonable and confidential access to legal representation and reasonable access to parents or legal guardians.

As noted in the Site Review Observations section above, the auditor identified a compliance issue with the lack of information provided to residents on how they can access an advocate from the CAC for emotional support services; however, the Chief took immediate action to rectify this problem with promptly collaborating with the local CAC to create a compliant outside victim advocacy poster. Before the final report was completed, the Chief provided the auditor with the two versions of this sign, which includes instructions for how residents can contact the Crisis Center 24/7 hotline and/or contact the CAC directly by calling the organizations number that is included on the posters. The auditor confirmed that the process in which a resident would make this call is in a private setting that allows for a confidential conversation between the resident and the victim advocate through the successful test call made to TJJD in the pre and post programs. Furthermore, the Chief advised that the instructions for how a resident can contact the CAC for a victim advocate was added to the Resident Handbook, which includes the telephone number and mailing address.

**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.**

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard



## **Auditor Discussion**

### **The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- PREA Posters
- Agency Website

### **Site Review Observations:**

During the onsite, the auditor tested the agency's outside reporting hotline process, observed an intake being processed, and watched as a staff member demonstrated the intake process. The test call to the TJJD Hotline (third party reporting to outside public agency) was a success on both units (the pre and post programs), with the same TJJD operator answering the phone for both calls and confirming that a resident making a report to the TJJD Hotline can be anonymous if so desired and there are interpreters available on an as needed basis to assist. Additionally, while the auditor was onsite, it was clear that the agency provides all residents with access to PREA information and instructions on the multiple optional methods on how to report by providing Resident Handbooks in the dayrooms in each of the agency's two programs and through the PREA reporting signs posted all throughout the facility (English & Spanish).

### **Explanation of Determination:**

#### **115.354:**

The agency's PREA Policy includes the reporting requirements of this PREA standard on pages 12 and 13, as outlined below:

- Residents, parents/guardians and staff will have the ability to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to incidents without a time limit and staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports on the facility incident report form. Methods include:
  - Confidentially, to a staff member of the department;
  - Through the corresponding grievance process according to the Pre-Adjudication Grievance Policy or Post-Adjudication Grievance Policy, including accompanying appeals process (Staff shall allow for emergency completion of a grievance to report sexual abuse); and
  - **Through the TJJD abuse, neglect and exploitation hotline at 1-877-STOP- ANE (1-877-786-7263)** pursuant to the Departments ANE Call Line Procedures policy;

The agency's PREA Policy includes procedures for **third-party reporting** and staff/contractors accepting reports of sexual abuse, as noted below:

- Upon admission to Pre-Adjudication and Post-Adjudication facility, the primary parent or guardian listed in the intake process will be mailed the brochure, A Guide for Parents and the Public: Recognizing and Reporting Abuse, Neglect & Exploitation of Children in Texas Juvenile Justice Programs and Facilities. Parents and third parties may report to facility staff or call the TJJD hotline.
- All staff and contractors are required to take seriously and immediately report any reports of sexual abuse, pursuant to TAC §358.400 and §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director.
- All reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Staff shall be prohibited from revealing any information related to allegations who does not require the information subject to their duties.
- All allegations to sexual abuse will be reported to the **Texas Juvenile Justice Department (ph. 1-877-786-7263)** by the facility administrator or his/her designee.

If it is determined by staff that the incident is criminal in nature, law enforcement will be notified as soon as practically possible, but no later than 24 hours. In the instance of the Department, the Grayson County Sheriff's Office (ph. 903-813- 4408) is the law enforcement agency with jurisdiction.

Furthermore, the auditor confirmed that the TJJD Hotline number is included on posters that are posted throughout the facility and brochures that are provided to residents during the intake process. The PC also noted in the PAQ that the facility has toll free hotline numbers (that go to the state agency- TJJD) posted internally and on the agency's website.

Additionally, the Chief and the Executive Director of the Children's Advocacy Center (CAC) in Grayson County confirmed that the CAC has the ability to receive reports of sexual abuse or sexual harassment from residents either through the Crisis Center 24/7 hotline or by a youth contacting the CAC directly. The auditor confirmed that the agency provides information to residents on how to contact the CAC to make a third party report by including the instructions for placing the call on signs posted throughout the juvenile facility and in the Resident Handbook.

**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.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- PREA Policy
- PREA Investigative File Review

**Interviews:**

- The auditor discussed the requirements of this PREA standard with each of the 12 randomly selected staff members, and each JSO confirmed that, as per agency Policy, 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, retaliation for reporting, and staff neglect that occurred in a facility, whether or not it is part of the agency. Furthermore, all the adults interviewed by the auditor confirmed they are required to comply with mandatory reporting laws of Texas, which require any employee, volunteer, or other individual working under the auspices of a facility or program to immediately report any suspicion or knowledge of sexual abuse to local law enforcement and TJJD, as well as agency supervisors and/or administrators. The 12 JSOs interviewed also acknowledged that apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
- The MHP and medical professional (LVN) interviewed confirmed they are mandatory reporters and are required to report sexual abuse and sexual harassment to designated supervisors and, as applicable, TJJD and law enforcement. The professionals also explained how they are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.
- The PCMs and PC all confirmed that the required notifications of this PREA standard are complied with at the facility; however, the administrators confirmed that no sexual abuse allegation has been reported at the facility in the past 12 months prior to the onsite. It was clarified that such notifications would be documented in the agency's electronic records system and/or on a designated form, with the child's JPO utilized to assist with specific notifications.

**Explanation of Determination:**

**115.361**

**(a-f):**

The agency's PREA Policy includes the reporting and notification requirements of this PREA standard therein, as verified by the auditor. According to the agency's PREA Policy on page 13, all staff and contractors are required to take seriously and immediately report any reports of sexual abuse, pursuant to TAC §358.400 and §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director. All reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Further, staff shall be prohibited from revealing any information related to allegations who does not require the information subject to their duties.

In addition to the victim's parent/guardian required to be notified, the agency's PREA Policy on page 14 also clarifies that the youth's Juvenile Probation Officer (JPO) shall be notified and the JPO and parent shall be informed of the subsequent status and proceedings. The JPO and/or parent would notify the victim's attorney, if an attorney is assigned. Furthermore, if the victim is in under the guardianship of a child welfare system, the caseworker would be designated as the youth's parent/guardian and notified as such.

As noted in sections 115.321 and 115.322 of this report, the agency did not have a sexual abuse allegation reported in the 12 month auditor review period and, therefore, no notifications were made pursuant to the requirements of this PREA standard. However, in the two sexual harassment allegations investigated by the agency, the notifications were made to the alleged victim's parents, as verified by the auditor through the verification documentation provided. Furthermore, each of the seven PREA allegations reported at the facility in the past 12 month audit review period (youth-on-youth sexual harassment and sexual misconduct) sufficiently demonstrated to the auditor how the agency has instituted a compliant practice of ensuring residents are able to make a PREA report and staff adhere to the agency reporting duties as expressed in the agency's PREA Policy and the applicable PREA standard requirements.

**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.**

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency's PREA Policy
- PAQ
- PREA Investigative File Review

**Interviews:**

- The auditor interviewed the agency's PC (Chief) and the two PCM's (FA's), who all confirmed that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The steps taken include following the agency's first responder protocols such as immediately separating the victim from the perpetrator, conducting an internal investigations into the matter, possibly placing a resident perpetrator of imminent threat of sexual abuse on the agency's 10 foot rule (which, allows the resident to program but remain at least 10 feet away from all other residents as a safety precaution), make a housing/room change, provide counseling, unsuccessfully discharge a perpetrator out of the post program, etc. The administrators advised that they could not recall a situation that involved a substantial risk of imminent sexual abuse; however, it was clarified that all PREA situations are taken seriously and investigated and responded to accordingly.

- The auditor confirmed with each of the 12 JSOs interviewed the expectation explained of immediately taking action when it is learned that a youth is at a substantial risk of imminent sexual abuse. Upon the auditor asking each JSO an open-ended question related to a hypothetical situation on how they would respond to a situation involving a youth who confides with them about being scared that another youth is going to sexual assault him/her, each JSO provided a sufficient response to how they would ensure the youth is safe and kept away from the alleged threat. The staff explained how they would ensure the youth feeling threatened is removed from the situation and reassured of his/her safety, immediately notify the on-shift supervisor, document the incident on an incident report, and movement of residents involved may approved by the supervisor on an as needed basis. The staff also clarified that the alleged threat situation is then required to be communicated with other staff working with the residents to ensure the youth are kept separate and the situation is closely monitored for any retaliation activity or further threatening behavior observed. The staff confirmed that PREA protective isolation situations are not a practice at the facility due to having the capability of moving residents to different housing, room, and programming assignments, as well as placing youth who have been found to have engaged in inappropriate behavior on the agency's 10 foot rule, which ensures no contact or close proximity to other residents is allowed.

**Explanation of Determination:**

**115.362**

**(a-d):**

According to the agency's PREA Policy on page 13, all staff and contractors are required to take seriously and immediately report any reports of sexual abuse {including situations involving a substantial risk of imminent sexual abuse, as per the Chief}, pursuant to TAC §358.400 and PREA §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director. All reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Furthermore, immediately following any allegation of sexual abuse {including imminent risk of}, steps should be taken to ensure the safety and wellbeing of the victim and address potential retaliation, including:

- Separate the alleged victim and abuser:
- Reassign or suspend staff as necessary if a staff member is the alleged abuser;
- Make changes to the residents housing arrangements, considering the Departments corresponding Pre Adjudication and Post Adjudication Classification Plan, §115.342 and §115.367;
- Placement of the alleged victim in protective custody will only be used as a last resort and pursuant to the Departments Protective Isolation policy and §115.342;
- Placement of the alleged abuser in room confinement pending the outcome of the investigation, pursuant to the Departments Pre- Adjudication Confinement Procedures policy or Post-Adjudication Confinement Procedures policy.

The PC clarified in the PAQ that in the past 12 month audit review period, there have been zero situations in which the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse. However, it is important to note that in each of the seven situations involving possible resident-on-resident sexual harassment and sexual misconduct were immediately responded to and the protocols of immediately separating the alleged perpetrator and investigating were implemented, as verified through the PREA investigative documents provided to the auditor. This helped to demonstrate how the agency took all the PREA allegations seriously and responded with taking prompt action to prevent the resident-on-resident sexual harassment and sexual misconduct behavior situations to escalate any further.

**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.**

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- PREA Investigative Verification Documents

**Interviews:**

- The Chief advised that the requirements of this PREA standard are complied with for any situations involving a youth who makes a PREA report at another facility that he/she was a victim of sexual abuse at the Chief's juvenile facility. Additionally, as explained in the Explanation of Determination section below, the Chief provided the auditor with information related to a situation of a youth who was unsuccessfully discharged from the Grayson County post adjudication program months prior and reported to another facility (TJJD) that the youth was involved in a PREA incident when housed at the Grayson County post adjudication program.

**Explanation of Determination:**

**115.363**

**(a-d):**

The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included therein on page 13, as noted below:

- Upon becoming aware of any allegations that may have taken place in another facility, the facility administrator or Director will notify the facility administrator or Director of that facility and TJJD within 72 hours. Such notification shall be documented.
- All staff and contractors are required to take seriously and immediately report any reports of sexual abuse, pursuant to TAC §358.400 and §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director. All reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Staff shall be prohibited from revealing any information related to allegations who does not require the information subject to their duties.
- If it is determined by staff that the incident is criminal in nature, law enforcement will be notified as soon as practically possible, but no later than 24 hours. In the instance of the Department, the Grayson County Sheriff's Office (ph. 903-813- 4408) is the law enforcement agency with jurisdiction if the allegation is reported to have occurred at this facility.
- All allegations to sexual abuse will be reported to the Texas Juvenile Justice Department (ph. 1-877-786-7263) by the facility administrator or his/her

designee.

- The Department staff will coordinate with law enforcement and TJJJ investigators in responding to allegations of sexual abuse and the appropriate actions to take.

Furthermore, as noted by the PC in the PAQ, during the 12 month audit review period (June 2022 - June 2023),

- The agency received zero (0) allegations that a resident was abused while confined at another facility; and
- The agency received zero (0) allegations of sexual abuse received from other facilities that alleged sexual.

However, the Chief shared with the auditor a recent situation that occurred in August of this year, which involved a prior post resident who was unsuccessfully discharged from the agency's post program months prior to a report being made to a TJJJ nurse in August of this year. This allegation was reported by the TJJJ nurse to the TJJJ OIG Investigative Division and alleged that an incident of youth sexual conduct occurred at the Grayson County Bootcamp Program months prior. As a result of this outcry made, the Chief of Grayson County Juvenile was subsequently notified and advised that the report was assessed as alleged "youth-on-youth sexual conduct" by TJJJ OIG. The Chief provided the auditor with verification documentation of the email communications between the TJJJ investigator and the Chief, and the documentation proved that the Chief immediately began an internal investigation into the allegation. The Chief provided the auditor with updates throughout the internal investigation process and ultimately this allegation was classified by the Chief as alleged possible resident-on-resident sexual harassment. The Chief advised he was able to interview the alleged victim over the phone and confirmed with the alleged victim that the allegation was youth-on-youth sexual harassment type behavior alleged to have occurred at the Bootcamp months prior to the report being made. It was shared that there was limited information provided by the alleged victim and no major developments were discovered through this conversation; however, the auditor determined through the documentation provided that the Chief promptly, thoroughly, and objectively made his best efforts to conduct the full internal investigation.

**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.**

**115.364 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard



**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Sexual Abuse Protocol Checklist
- PREA Training Curriculum (PowerPoint Presentation- Slides 23 & 24)

**Interviews:**

- The auditor interviewed 12 randomly selected JSO's while onsite, and all staff confirmed they understand the requirement to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident or allegation of sexual abuse or sexual harassment that occurred in a facility. Furthermore, all the JSO's sufficiently explained the required first responder protocols for responding to a sexual abuse type incident, with staff being able to provide how they are required to immediately separate the victim and the perpetrator (even if a physical restraint is necessary); provide emergency mental health/medical services as needed to the situation; report to local law enforcement (Grayson Co. Sheriff's Office), TJJJ {OIG}, and the on-shift supervisor (up chain-of-command as needed to the situation); document on incident reports; preserve and protect the scene; and instruct the victim and perp to not do anything that could destroy or contaminate usable physical evidence. All the staff interviewed confirmed that local law enforcement (GCSO) and TJJJ are the investigative entities with jurisdiction to conduct a criminal investigation into alleged sexual abuse at the facility.

- The auditor also confirmed the above sexual abuse response protocols with agency leadership, with the Chief (PC) & both Facility Administrators (PCMs) confirming that it is the primary responsibility of first responding staff and agency leadership to initially ensure the victim and perpetrator are separated and emergency medical/mental health assistance is provided as needed to the situation. Further, staff are trained to preserve and protect the scene, document the incident, and instruct victim/perp to not destroy physical evidence. The Chief and PCM's also explained how a specially trained administrative team member will be designated to conduct the administrative investigation into any allegations or incidents of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. Lastly, the administrators confirmed that during the 12 month audit review period prior to the onsite, there have been seven (7) PREA type allegations investigated at the facility, with all seven being confirmed by the auditor to not reach the level of sexual abuse. Two of the allegations were assessed as youth-on-youth sexual harassment, with the remaining five being classified by the auditor as youth-on-youth sexual misconduct.

**Explanation of Determination:**

**115.364**

**(a-b):**

According to the agency's PREA Policy on pages 13 and 14:

- All staff and contractors are required to take seriously and immediately report any reports of sexual abuse, pursuant to TAC §358.400 and §115.361 and retaliation to their immediate supervisor, designated facility investigator, PREA Coordinator, facility administrator and/or Director. All reports of sexual abuse shall be reported as soon as practically possible, immediately if possible, but no later than 24 hours to the PREA Coordinator. Staff shall be prohibited from revealing any information related to allegations who does not require the information subject to their duties.
- First responder responsibilities, pursuant to §115.364:
- Separate the alleged victim and abuser;
  - Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
  - If the incident has occurred in a time period that still allows for the collection of evidence, ensure that the alleged victim and/or abuser takes no actions are taken that could possibly destroy such physical evidence, such as: washing, brushing teeth, changing clothes, urinating, defacating, smoking, drinking, or eating;
  - If the first staff responder is not a certified Juvenile Supervision Officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify a certified Juvenile Supervision Officer, who is not the alleged perpetrator.
- Immediately following any allegation of sexual abuse, steps should be taken to ensure the safety and wellbeing of the victim and address potential retaliation, including: separate the alleged victim and abuser and reassign or suspend staff as necessary if a staff member is the alleged abuser.

As per the PC's responses in the PAQ, during the audit review period (June 2022 - June 2023), there has not been a situation involving a resident at the facility who was involved in a sexual abuse incident or allegation at the facility.

Furthermore, upon further review of the agency's PREA Policy, the auditor determined that this Policy includes a comprehensive institutional response plan, with the agency also utilizing their Sexual Abuse Protocol Checklist to ensure staff first responders, medical and mental health practitioners, investigators, and facility leadership all work collaborate to effectively implement the necessary first responder protocols to ensure the most appropriate steps are taken during the initial responses to a incident or allegation of sexual abuse at the facility.

In order to assess how the agency ensures all staff and other individuals who have contact with residents in the facility understand the applicable first responder duties required to perform when responding to a situation of sexual abuse at the facility,

the auditor reviewed the agency's PREA training video and PREA PowerPoint in-person presentation. Upon the auditor's review, it was determined that the agency trains all staff and contractors who have contact with residents in the facility on how to respond to a situation involving sexual abuse and implement the applicable first responder protocols. Furthermore, as what was confirmed by the auditor on the first responder training elements included in the agency's PowerPoint Presentation on slides 23 & 24, the following procedures are trained to all staff during JSO Basic training and during annual PREA training refreshers:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time frame where possible, make sure no actions are taken that could destroy evidence (alleged victim & abuser);
- Make sure victim is safe;
- Refer to appropriate medical and/or mental health care;
- Secure the scene;
- Report to appropriate authorities (internal/TJJD/Law Enforcement);
- Record pertinent information (who, what, when & where);

**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.**

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Sexual Abuse Protocol Checklist</li> <li>- MOU with Grayson County Children Advocacy Center (CAC)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's FA and Chief confirmed that the agency has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and</li> </ul>

facility leadership. This was explained to be included in the agency's PREA Policy, in the Policy's Reporting & Responding sections, as well as specific first responder protocols in the Policy and on the agency's Sexual Abuse Protocol Checklist. Per the administrators, the agency has full-time medical (LVN) and mental health professionals who are available to assist in emergency, crisis type situations, and a call to the local hospital (911) would be utilized on an as needed basis and depending on the situation related to responding to a sexual abuse incident. Further, the agency's Policy outlines that agency will coordinate efforts with the Grayson County Sheriff's Office and the TJJJ to ensure a criminal investigation is completed for incidents or allegations of sexual abuse at the facility. The Chief also described how the MOU with the local CAC includes how a coordinated effort between a multi-disciplinary team of professionals shall be implemented in response to any juvenile involved in a sexual abuse incident at the facility.

**Explanation of Determination:**

**115.365:**

The PC noted in the PAQ that the agency's written institutional plan for responding to an incident or allegation of sexual abuse is incorporated into the agency's PREA Policy. Furthermore, upon the auditor's review of this Policy, the auditor determined that the Policy does include a comprehensive institutional response plan, with the agency also utilizing their Sexual Abuse Protocol Checklist to ensure staff first responders, medical and mental health practitioners, investigators, and facility leadership all work collaborate to effectively take action in response to an incident of sexual abuse.

For example, the agency's Sexual Abuse Protocol Checklist includes the following elements that successfully demonstrate how the agency adheres to the requirements of this PREA standard in practice when responding to an allegation or incident of sexual abuse:

- Critical dates and times
- Locations
- Individuals involved
- Investigator information
- Description of allegation
- Sexual Assault Response Team names and titles
- Medical assistance provided
- Mental health services provided
- Information about initial response to situation (i.e., was victim/perpetrator separated, was scene secured, etc.)
- Law enforcement notification information
- Evidence collection process
- Photographs/videos collected/saved
- Statement collected
- Post incident review information

	<p>Additionally, this Checklist also includes an Evidence Collection Log, which is used to describe the evidence collected, date collected, and by whom.</p> <p>As noted throughout this report, none of the PREA allegations reported in the past 12 month auditor review period involved any alleged sexual abuse behavior; therefore, the agency was unable to provide proof documentation to demonstrate how the first responder duties were adhered to in practice for responding to a sexual abuse incident. However, it should be pointed out that in each of the seven PREA youth-on-youth sexual harassment and sexual misconduct situations, the it was sufficiently proven that the agency took timely action to prevent the situations from escalating any further, which in each case prevented the need to respond with a fully coordinated response.</p> <p><b>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.</b></p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The Chief (PC) confirmed that the agency has not allowed for any staff to be involved in any type of collective bargaining agreement or union representation.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.366</b></p> <p><b>(a-b):</b></p> <p>The PC noted in the PAQ that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has NOT entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Furthermore, during the onsite the auditor did not observe any union representation signage or learn of any staff involved in a collective bargaining agreement or union representation.</p>

	<p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Agency Policy- Confinement Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Chief, who is currently designated as the administrator in charge of monitoring for retaliation, and the Chief explained how the agency complies with the requirements of this PREA standard in practice for any situation involving a resident who is found to be the alleged victim of sexual abuse allegation or incident at the facility. The Chief confirmed that in the past 12 month audit review period, there has not been a situation involving a resident who was alleged to be the victim of sexual abuse at the facility; however, the Chief elaborated on the applicable retaliation monitoring requirements if such a situation were to occur in the future, as outlined below: <ul style="list-style-type: none"> <li>• The retaliation monitoring will began as soon as the allegation is reported and the information goes up the chain of command.</li> <li>• The monitoring includes conducting frequent check-ins, speaking with staff and residents, reviewing behavioral reports and disciplinary reports, reviewing camera footage, assess room and housing changes, and documenting the check-ins and any pertinent information on a retaliation monitoring form.</li> <li>• Provide the alleged victim mental health services, as needed.</li> <li>• Implement protective measures such as room/housing changes, 10 foot rule as applicable, discharge confirmed perpetrators if possible, ensure staff know what to monitor for and who to report any retaliation type behavior or activity to, and checking in with the alleged victim frequently.</li> <li>• The length of monitoring for retaliation will continue as long as needed but no less than 90 days following the report.</li> </ul> </li> </ul>

- The auditor also discussed the multiple protection measures that can be utilized in response to a situation involving sexual abuse, such as the 10 foot rule, housing/ room movement, disciplinary action for confirmed perpetrators or discharge from the program, and mental health intervention.

**Explanation of Determination:**

**115.367**

**(a-f):**

According to the agency's PREA Policy on pages 14 and 15, the following procedures are required to be immediately followed for any allegation of sexual abuse to ensure the safety and wellbeing of the victim and address potential retaliation:

- Separate the alleged victim and abuser:
  - Reassign or suspend staff as necessary if a staff member is the alleged abuser.
  - Make changes to the residents housing arrangements, considering the Departments corresponding Pre Adjudication and Post Adjudication Classification Plan, §115.342 and §115.367.
  - Placement of the alleged victim in protective custody will only be used as a last resort and pursuant to the Departments Protective Isolation policy and §115.342.
  - Placement of the alleged abuser in room confinement pending the outcome of the investigation, pursuant to the Departments Pre-Adjudication Confinement Procedures policy or Post-Adjudication Confinement Procedures policy.
  - The Department shall take necessary action to prevent and/or protect resident, staff, contractors, and volunteers who report sexual abuse or sexual harassment, including housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
  - For at least 90 days, and if determined necessary, past 90 days if the department determines continuing need after the report, the PREA Coordinator shall monitor the alleged abuser and victim to prevent retaliation. Including status checks and other forms of documentation and/or observation.
  - The alleged victim shall receive an initial response from the assigned investigator within 48 hours of receiving a report of substantial imminent sexual abuse.

Per the PC, who is also the Chief of the agency, there has not been an incident or allegation that occurred in the facility during the audit review period (June 2022 - June 2023) that required the monitoring for retaliation due to no sexual abuse allegations reported during this time. However, as noted above, the auditor

determined that if such a situation were to occur, the agency includes the applicable PREA requirements of this PREA standard in their PREA Policy. Furthermore, the Chief provided the auditor with the agency's Confinement Procedure Policy, which outlines how a Protective Confinement would be implemented, as outlined below:

- Protective confinement may be ordered when a resident is threatened by a resident or by a group of residents. Any assigned trained staff can order protective confinement. This decision shall be approved in writing by the Facility Administrator or designee. The on-duty senior staff member shall review the action immediately, with documentation detailing why protective confinement was dictated shall be completed and distributed accordingly.
- Protective Confinement Procedures: Due to the nature of the Detention Center and protective Confinement procedures, the following procedures shall be followed:
  - Protective Confinement
  - The physical needs of the juvenile must be met.
  - Potentially dangerous articles shall be removed.
  - The Shift Supervisor or designee on duty shall be assigned to supervise the juvenile. The assigned staff member shall make contact with juvenile who is assigned to protective confinement for problems other than suicide in staggered intervals not to exceed 10 minutes and document the visit. While in protective confinement if the resident makes Suicidal Threats, the assigned staff member shall review policy and procedure. TJJJ state standards state a juvenile will be observed in random intervals not to exceed 15 minutes during Non-Program hours. A supervisor under certain circumstances may authorize staff to scan under this standard on a temporary basis due to an emergency.
  - If a juvenile is placed on protective confinement and is exhibiting behaviors that pose an imminent risk of physical harm to oneself, the supervising staff shall personally observe and document their observations of the juvenile no less than every 5 minutes.
- Documentation: The on-duty supervisor/designee will ensure the following actions are accomplished:
  - All required reports are accomplished by the end of the shift.
  - Protective confinement logs and reports are maintained.
  - The proper notifications are made.

**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.**



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Disciplinary Seclusion Logs and Random Sample of Disciplinary Reports

**Interviews:**

- The PCMs and PC advised that protective isolations have not been used for a PREA related situation since prior to the last PREA audit, and if such an isolation was authorized to be used to keep a youth safe, it would only be as a very last resort and only until least restriction measures can be implemented. Additionally, if such an isolation were authorized, the youth isolated would receive the required rights of daily large-muscle exercise and any legally required educational programming or special education services, as well as daily visits from medical or mental health care professionals. However, it should be clarified that the administrators and facility management are able to move residents to multiple locations and housing assignments to ensure safety, as well as place resident perpetrators of boundary violations on the agency's 10-foot rule (the youth must remain at least 10' feet away from others at all times) in order to ensure protection and full programming at the same time. Additionally, the agency's PC elaborated further and stated all youth are informed of their right to be protected from sexual abuse and sexual harassment at intake and the zero-tolerance status of the facility with being PREA compliant. The administrators confirmed that there is no specialized isolation process for residents who identify as LGBTI, and the requirements pursuant to this PREA standard related to youth who identify as transgender/intersex are accommodated, such as showering alone, re-assessing risk level and housing, and evaluating the youth's own perception of his/her safety.
- The auditor interviewed 12 randomly selected JSOs, who all are tasks with supervising residents in isolation; however, the staff interviewed confirmed that they have never observed a resident isolated as a protective measure stemming from a PREA incident or allegation.
- The auditor discussed the access mental and medical health professionals have to residents in the facility when they are isolated in a room, and both the interviewed MHP and medical professional confirmed they are able to speak and meet with any and all residents regardless if they are secured in a room or in the program. The MHP further clarified that if there was a safety and/or security risk in meeting with a particular resident who was secured in an isolation room and displaying threatening and aggressive behavior, she would go to the youth's room to speak with him/her with the door either closed or open (depending on the level of threat) and, if necessary to ensure safety, would have a JSO positioned outside the door and/or in

the hallway.

**Site Review Observations:**

During the onsite, the auditor did not observe any resident isolated in a room due to a PREA related situation. Additionally, the auditor did not observe any specialized housing for a certain group of residents or for a specific resident who identified as LGBTI.

**Explanation of Determination:**

**115.368:**

According to the agency's PREA Policy on page 9, residents may be isolated to ensure their safety only as a last resort and terminated as soon as possible according to the Departments Confinement and Protective Isolation policy. During this time, they shall be afforded daily exercise and educational programming, as well as daily contact with medical or mental health staff. The facility shall afford each resident a review to determine if separation is necessary every 30 days.

Furthermore, the PC noted in the PAQ that there have been no situations in the past 12 month audit review period involving a resident who was alleged to have suffered sexual abuse and subsequently placed in isolation. This was verified through the auditor reviewing 10 randomly selected disciplinary reports from the last 6 month time period, in which zero of the reports involved a situation involving a resident isolated for a sexual abuse incident.

**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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Agency's PREA Policy</li><li>- PAQ</li><li>- Sexual Abuse Protocol Checklist</li><li>- MOU with Grayson County Children's Advocacy Center (GCCAC)- Multidisciplinary Team Working Protocols (last updated June 2022)</li></ul>

- Sexual Abuse and Sexual Harassment Investigative File Review

**Interviews:**

- The auditor verified the required sexual abuse and sexual harassment investigative protocols with agency leadership, with the Chief (PC) & both Facility Administrators (PCMs) confirming that it is the primary responsibility of first responding staff and agency leadership to initially ensure the victim and perpetrator are separated and emergency medical/mental health assistance is provided as needed to the situation. Additionally, administration advised that they will ensure the allegation or incident was immediately reported to Grayson County Sheriff's Office and TJJJD OIG for sexual abuse allegations/incidents (to ensure a criminal investigation is prompted) and promptly begin the internal investigation for all allegations/incident of sexual abuse and sexual harassment. Further, staff are trained to preserve and protect the scene, document the incident, and instruct victim/perp to not destroy physical evidence. The Chief and PCM's also explained how a specially trained administrative team member will be designated to conduct the administrative investigation into any allegations or incidents of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. Lastly, the administrators confirmed that during the 12 month audit review period prior to the onsite, there have been seven (7) PREA type allegations investigated at the facility, with each allegation involving alleged youth-on-youth sexual harassment or sexual misconduct. It should be noted that one of the sexual harassment allegations originally was reported as youth-on-youth sexual conduct by TJJJ; however, this report was ultimately assessed as sexual harassment by the Grayson County Chief Juvenile Probation Officer due to the information learned through the Chief conducting the administrative investigation.

- The auditor also interviewed one of the agency's designated PREA administrative investigators, the Deputy Director (DD) of Probation Services, who sufficiently explained how all allegations related to PREA (including sexual abuse, sexual harassment, retaliation, and staff neglect) are required to be immediately reported up the chain-of-command internally, as well as all sexual abuse allegations/incidents required to be immediately reported to local law enforcement (Grayson County Sheriff's Office) and TJJJ OIG. Furthermore, it was clarified that all reports of sexual abuse, sexual harassment, retaliation, and staff neglect are internally investigated by a designated specially trained administrative staff member. The DD elaborated the process of conducting an internal administrative investigation from start to finish, which included explaining how he will stop whatever he is doing and focus all his efforts on the investigation. The investigative steps taken were described by the DD as initially ensuring the victim and perpetrator are separated and safely away from other residents, and then he will ensure local law enforcement (Grayson County Sheriff's Office), TJJJ, and parents are immediately notified. After these initial steps are taken, the DD advised that he will then begin the process of documenting who was involved in the situation in order to create a list of the individuals who will need to be interviewed, with recording an audio interview and having each individual provide a written statement. In addition to conducting interviews, the DD advised that surveillance footage will be reviewed and saved,

incident reports will be collected and reviewed, and the area in which the incident occurred will be examined. It was elaborated on how the DD will collaborate and communicate with law enforcement and TJJJ throughout the investigative process, complete a report of his findings on an Investigative Report, with a disposition determined using the preponderance of evidence standard. The DD explained how he will make the required notifications of the disposition of the investigation and advised that an internal investigation will continue until the disposition is determined, regardless if the alleged victim recants his/her allegation or if anyone involved in the case leaves the facility. The DD confirmed that he does not conduct compelled interviews, and the credibility of the alleged individuals involved will not have a bearing on the outcome of the investigation. It was further confirmed that truth telling devices are not used for administrative internal investigations, and a determination if staff acts or failures to act will be assessed on a case-by-case basis.

**Explanation of Determination:**

**115.371**

**(a-m):**

Per the agency's PREA Policy:

- All reports of sexual abuse (from any source, including internal and external, other agencies, facilities, etc.) will be investigated promptly, thoroughly and objectively as well as documented according to the Department Internal Investigation policy and using the Sexual Abuse Protocol Checklist. This shall be initiated by the first responder and completed by the assigned investigator and PREA Coordinator.
- All staff who may be assigned to conduct sexual abuse investigation will receive specialized investigator training pursuant to §115.334;
- The Department, in a coordinated effort, will assist the Grayson County Sheriff's Office and the Texas Juvenile Justice Department in the completion of any investigation of sexual abuse;
- The Department's investigative role will be administrative in nature, all criminal investigations will be conducted by the Grayson County Sheriff's Office, whom if necessary will schedule forensic interviews and sexual assault medical exams. Department staff will be responsible for transporting the resident to such appointments. The youth may request an advocate to accompany a victim advocate to the appointments;
- The Department will, pursuant to TAC §358.700, complete an Internal Investigation in the manner outlined in the Department's Internal Investigation policy. The Department shall complete all initiated investigations and make a final disposition. Investigations shall not be terminated due to the alleged victim recanting or leaves the facility, or the alleged perpetrator is no longer employed or provides services with the Department. The Department staff shall consult law enforcement and/or the

Criminal District Attorney's staff prior to conducting any compelled interview;

- The Department imposes a standard of preponderance of evidence or lower when determining if allegations of sexual abuse or harassment are substantiated.

Additionally, per the PC responses in the PAQ, Grayson County Sheriff's Department (GCSD) is the responsible for conducting criminal sexual abuse investigations, and the Texas Office of Inspector General (OIG) with TJJD has the state authorized power to conduct both an administrative and/or criminal investigation at the facility. The PC elaborated further that the OIG has yet to conduct a criminal investigation at the facility. The auditor was also provided the agency's Sexual Abuse Protocol Checklist and MOU with GCCAC, which provide further evidence to support that the appropriate law enforcement agencies are available to conduct criminal sexual abuse investigations at the facility (including resident-on-resident sexual abuse or staff sexual misconduct).

**Sexual Abuse and Sexual Harassment Investigative File Review:**

- As noted in the interview section above, the auditor was provided PREA investigative information related to a total of seven (7) sexual misconduct/sexual harassment type allegations made by residents in the facility in the past 12-month audit review period prior to the onsite. Upon the auditor's examination of each PREA investigative document provided, it was confirmed by the auditor that none of the allegations reached the level of sexual abuse. Furthermore, it was ultimately determined by the auditor that two of the PREA allegations were properly assessed as sexual harassment; however, the remaining five did not reach the level of sexual harassment due to the alleged incidents not being repeated by the same alleged victim to the same alleged perpetrator, as required by the PREA Juvenile Facility Standard definition of sexual harassment. These five allegations were assessed by the auditor as resident-on-resident sexual misconduct situations; however, the auditor explained to the Chief that it is a best practice to err on the side of caution with reporting and conducting an investigation into any level of PREA behavior alleged even if the allegation may not reach the level of sexual harassment, as the agency demonstrated through the PREA investigative file documentation review.
- Due to the facility not having an incident or allegation of sexual abuse during the 12-month audit review period, the auditor determined that the sexual abuse requirements of this PREA standard were not required to be adhered to during this time period. However, it is important to note the agency has successfully institutionalized policies, procedures, and training to the appropriate staff to ensure a compliant response is provided if a sexual abuse situation were to occur in the future. Additionally, to further clarify how the agency demonstrated compliance with responding to the youth-on-youth sexual harassment and sexual misconduct allegations during the past

12 months, the auditor analyzed the PREA investigative documents for each of the seven allegations and determined through the PREA investigations documentation review that the sexual harassment allegations were promptly reported to TJJJD OIG. Furthermore, for all seven of the PREA allegations made, each were proven to be promptly, thoroughly, and objectively investigated internally by the agency. Lastly, as documented in the applicable emails provided to the agency after the PREA reports were made to TJJJD OIG, the OIG did not pursue an investigation and advised the agency to handle each allegation internally, assessing each reported alleged PREA incident as alleged "youth-on-youth sexual conduct."

**Conclusion:**

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

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Sexual Abuse and Sexual Harassment Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The Deputy Director who was interviewed as one of the agency's PREA internal investigators explained how the preponderance of evidence standard of proof is utilized to determine if an allegation of sexual abuse or sexual harassment is substantiated. It was described as a more likely than not standard of proof or 51% sure the incident occurred.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372:</b></p> <p>According to the agency's PREA Policy on page 17, the Department imposes a standard of preponderance of evidence or lower when determining if allegations of sexual abuse or harassment are substantiated.</p> <p><b><u>Sexual Abuse and Sexual Harassment Investigative File Review:</u></b></p>

	<p>There were no sexual abuse investigations conducted at the facility in the past 12 month audit review period; however, the auditor did conduct a review of the seven PREA allegations reported that were investigated internally by the agency. In each of the sexual harassment investigations, the agency utilized the preponderance of evidence as the burden of proof required to substantiate an allegation of sexual abuse or youth-on-youth sexual conduct.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Deputy Director of Probation Services, who is a designated internal investigator, the agency's Chief (PC), and two of the agency's PCM's, who all confirmed that the required notification to residents following an investigation into sexual abuse are in the agency's PREA Policy and required to be adhered to. However, as noted throughout this report, in the past 12 month audit review period, the agency has not experienced a situation involving an investigation related to an allegation or incident of sexual abuse.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.373</b></p> <p><b>(a-e):</b></p> <p>Per the agency's PREA Policy on page 14, the youth's parent/guardian and Juvenile Probation Officer shall be notified of the allegations and remain informed of the subsequent status and proceedings. Furthermore, on page 19, the following procedures are included:</p>

- Youth who report allegations of sexual abuse will be notified at the conclusion of the outcome at the investigation if they are still a resident, regardless of the outcome. If the alleged perpetrator is a staff member or other youth, the youth will be advised of the outcome as outlined in §115.373(c) and §115.373(d) respectively. These notifications shall be documented.

Furthermore, the PC noted in the PAQ that during the past 12 month audit review period, there has not been a situation involving an administrative or criminal investigation of alleged resident sexual abuse that was completed by the agency/ facility.

**(f):** Auditor is not required to audit this provision.

**Sexual Abuse and Sexual Harassment Investigative File Review:**

There were no sexual abuse investigations conducted at the facility in the past 12 month audit review period; however, the auditor did conduct a review of the seven PREA allegations reported that were investigated internally by the agency. It is important to point out that in each of the sexual harassment investigations, the alleged victim's parent was notified of the situation, which demonstrates how the communication and notification process was practiced.

**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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Staff HR File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The 12 staff interviewed confirmed they have never been made aware or been involved in an incident or situation involving a staff member, contractor, or volunteer involved in violating any of the agency's PREA policies related to sexual</li> </ul>



abuse or sexual harassment of a resident. This was also confirmed in interviews with administrative staff, including the Chief of the agency and the agency's HR Specialist, who all verified that since the last PREA audit there has not been a situation involving a staff member, contractor, or volunteer who has violated the agency's PREA Policy. The Chief explained that if such a violation were to be alleged, the alleged perpetrator would be immediately removed from the facility and placed on some sort of administrative leave until the conclusion of the investigation. Furthermore, if the perpetrator was found to have engaged in such conduct, termination of employment/services would be the outcome of the action taken by administration, with possible criminal charges being accepted by Grayson County Sheriff's Office and/or TJJJD OIG.

**Explanation of Determination:**

**115.376**

**(a-d):**

According to the agency's PREA Policy on page 6, staff who have a substantiated allegation of sexual abuse may be subject to disciplinary action, administrative suspension, up to and including termination. Furthermore, on page 18 of this Policy, the agency includes additional procedures related to staff disciplinary, as noted below:

- Staff, volunteers and contractors may be subject to disciplinary or corrective action as a result of investigation findings, up to and including termination and/or criminal prosecution according to Department and county policy. Termination is the presumptive action for staff who have engaged in sexual abuse.

The PC noted in the PAQ that in the past 12 month audit review period, there has not been a situation involving a staff, contractor, or volunteer from the facility who violated agency sexual abuse or sexual harassment policies. This was verified by the auditor through the sexual abuse and sexual harassment investigative file review outlined below:

**Sexual Abuse and Sexual Harassment Investigative File Review:**

The auditor reviewed PREA verifications documents with the HR Specialist while onsite, and at no point did the auditor discover any information from the HR documentation that indicated a staff member, contractor, or volunteer were involved in any violation of the agency's policies related to PREA.

**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.**

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1318 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 609 517" style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> </ul> <p data-bbox="280 557 459 591"><b>Interviews:</b></p> <ul data-bbox="280 629 1461 1205" style="list-style-type: none"> <li>- The 12 staff interviewed confirmed they have never been made aware or been involved in an incident or situation involving a staff member, contractor, or volunteer involved in violating any of the agency's PREA policies related to sexual abuse or sexual harassment of a resident. This was also confirmed in interviews with administrative staff, including the Chief of the agency and the agency's HR Specialist, who all verified that since the last PREA audit there has not been a situation involving a staff member, contractor, or volunteer who has violated the agency's PREA Policy. The Chief explained that if such a violation were to be alleged, the alleged perpetrator would be immediately removed from the facility and placed on some sort of administrative leave until the conclusion of the investigation. Furthermore, if the perpetrator was found to have engaged in such conduct, termination of employment/services would be the outcome of the action taken by administration, with possible criminal charges being accepted by Grayson County Sheriff's Office and/or TJJJD OIG.</li> </ul> <p data-bbox="280 1245 762 1279"><b>Explanation of Determination:</b></p> <p data-bbox="280 1319 411 1352"><b>115.377</b></p> <p data-bbox="280 1393 370 1426"><b>(a-b):</b></p> <p data-bbox="280 1464 1477 1570">According to the agency's PREA Policy on page 18 of this Policy, the agency includes the following procedures related to disciplinary action taken as a result of a sexual abuse investigation, as noted below:</p> <ul data-bbox="352 1648 1477 1845" style="list-style-type: none"> <li>• Staff, volunteers and contractors may be subject to disciplinary or corrective action as a result of investigation findings, up to and including termination and/or criminal prosecution according to Department and county policy. Termination is the presumptive action for staff who have engaged in sexual abuse.</li> </ul> <p data-bbox="280 1890 1477 2085">Furthermore, the PC noted in the PAQ that in the past 12 month audit review period, there has not been a situation involving a staff, contractor, or volunteer from the facility who violated agency sexual abuse or sexual harassment policies. This was verified by the auditor through the sexual abuse and sexual harassment investigative file review outlined below:</p>

	<p><b>Sexual Abuse and Sexual Harassment Investigative File Review:</b></p> <p>The auditor reviewed PREA verifications documents with the HR Specialist while onsite, and at no point did the auditor discover any information from the HR documentation that indicated a staff member, contractor, or volunteer were involved in any violation of the agency's policies related to PREA during the last 12 month audit review period.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- Disciplinary Seclusions Logs &amp; Random Disciplinary Reports Selected</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The PCMs and PC advised that disciplinary isolations during programming hours have not been used for a PREA related situation since prior to the last PREA audit, and if such an isolation was authorized to be used, it would only be as a very last resort and only until least restriction measures can be implemented. Additionally, if such an isolation were authorized, the youth isolated would receive a formal disciplinary review (as also required by the applicable TAC standard), the required rights of daily large-muscle exercise and any legally required educational programming or special education services, as well as daily visits from medical or mental health care professionals. However, it should be clarified that the administrators and facility management are able to move residents to multiple locations and housing assignments to ensure safety, as well as place resident perpetrators of boundary violations on the agency's 10-foot rule (the youth must remain at least 10' feet away from others at all times) in order to ensure protection and full programming at the same time. Additionally, the agency's PC elaborated further and stated all youth are informed of their right to be protected from sexual abuse and sexual harassment at intake and the zero-tolerance status of the facility with being PREA compliant. The administrators confirmed that there is no specialized isolation process for residents who identify as LGBTI, and the</li> </ul>

requirements pursuant to this PREA standard related to youth who identify as transgender/intersex are accommodated, such as showering alone, re-assessing risk level and housing, and evaluating the youth's own perception of his/her safety. The Chief did recall one situation in the past 12 months that involved a resident found to be involved in a sexual harassment incident was moved from the multiple occupancy housing to a single room that is located in the same housing unit; however, the youth programmed normally with being on the agency's 10 foot rule while in the program to prevent further misconduct and only slept in the single room.

- The auditor interviewed 12 randomly selected JSOs, who all are tasks with supervising residents in isolation; however, the staff interviewed confirmed that they have never observed a resident removed from the program and placed on a disciplinary seclusion stemming from a PREA incident or allegation.

- The auditor discussed the access mental and medical health professionals have to residents in the facility when they are isolated in a room, and both the interviewed MHP and medical professional confirmed they are able to speak and meet with any and all residents regardless if they are secured in a room or in the program. The MHP further clarified that if there was a safety and/or security risk in meeting with a particular resident who was secured in an isolation room and displaying threatening and aggressive behavior, she would go to the youth's room to speak with him/her with the door either closed or open (depending on the level of threat) and, if necessary to ensure safety, would have a JSO positioned outside the door and/or in the hallway.

- The auditor also interviewed a resident who was isolated in her room due to a non-PREA related matter (medical isolation), and this youth confirmed that the medical isolation situation was due to her not feeling well. The youth answered all the auditor's resident PREA interview questions through her door, with the auditor remaining outside the door. The youth advised that she felt safe, understood how to make a PREA report, and confirmed she has access to medical and mental health services, as needed. During this interview, the auditor also observed another youth secured in her room due to a disciplinary matter not related to PREA (assault on staff situation). This youth was not interviewed due to her recent assaultive behavior and observable non-compliant behavior. This information helped the auditor to determine that none of the youth secured in their rooms during the onsite were isolated in their rooms due to a PREA related matter.

**Site Review Observations:**

During the onsite, the auditor did not observe any resident isolated in a room due to a PREA related situation.

**Explanation of Determination:**

**115.378**

**(a-g):**

According to the agency's PREA Policy on pages 18 and 19:

- residents who have perpetrated a substantiated allegation of sexual abuse as a result of an investigation and pursuant to a formal disciplinary review may be subject to the Pre and Post Adjudication Discipline Plan and Confinement policy, up to and including criminal prosecution.
- residents who receive confinement shall be subject to the departments Confinement policy, receive educational programming, large muscle exercise, as well as receive daily visits from medical or mental health staff;
- the facility shall 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; and
- youth who report allegations of sexual abuse will be notified at the conclusion of the outcome at the investigation if they are still a resident, regardless of the outcome. If the alleged perpetrator is a staff member or other youth, the youth will be advised of the outcome as outlined in §115.373(c) and §115.373(d) respectively. These notifications shall be documented.

Furthermore, the PC noted in the PAQ that there have been no situations in the past 12 month audit review period involving a resident who was alleged to have suffered sexual abuse and subsequently placed in isolation. The PC also clarified that in this past 12 month period, there have not been an administrative findings of resident-on-resident sexual abuse that have occurred at the facility. This was verified by the auditor by reviewing 10 randomly selected disciplinary reports from both the pre and post programs (5 and 5 respectfully), in which none of the reports involved placing a youth in a disciplinary seclusion due to a PREA related incident or allegation.

**Sexual Abuse and Sexual Harassment Investigative File Review:**

In reviewing the agency's PREA investigative files for the past 12 month audit review period, it was confirmed that none of the allegations reached the level of sexual abuse. The allegations were either assessed as youth-on-youth sexual harassment or sexual misconduct, and each incident did not involve a youth being secured in a room during programming hours due to the allegations made.

**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.**

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Mental Health Notes
- Behavioral Screenings

**Interviews:**

- The intake staff and full-time Deputy Director (DD) of Behavioral Health interviewed all confirmed that if a youth indicated prior sexual victimization or abusiveness during the intake process, these youth are referred to a MHP via email and/or phone call. The staff also explained how only staff who need the information from the risk screenings for their professional duties in working with the residents are provided access to the risk screenings information, with mental health and medical having full access to the resident files. The DD MHP advised when a resident is referred to the mental health unit regarding being a victim or perpetrator of sexual abuse prior to arriving at the facility, a mental health provider is notified by email, phone, or face to face. Further, a staff member would typically contact the on call MHP, the youth's assigned MHP (if applicable), and/or the Deputy Director of Behavioral Health, with the agency's counselors meeting with the referred residents within the 14 day requirement; although, a MHP will typically meet with them within a few days of arriving at the facility. Furthermore, the DD elaborated further about the mental health services provided to residents, in which it was explained in the post program, the DD of Behavioral Health attempts to meet with each resident on the day of their intake, but if she is not onsite, the DD would meet with the resident as soon as she is back in the facility. Detention is slightly different, as the mental health unit does not have an assigned MHP for those residents due to their pre-adjudication status and minimum length of stay. As a result, MHPs move through Detention facility and connect with residents daily, and if there is a risk identified, a counselor will typically meet with a resident within 24 hours or there are crisis on-call counselors available on a case-by-case basis. Furthermore, the medical professional (LVN) confirmed that she conducts medical intake screenings with all post residents within a hour of admission into the program. If a resident is screened, either in the pre or post programs, as a victim or perpetrator of sexual abuse during the facility's intake process, the LVN verified that she will be notified if the resident had acute medical needs related to sexual abuse, or if it was still within the window of possibility to collect physical evidence. However, for all youth identified through the intake process as experiencing prior victimization or abusiveness, as per the LVN, are referred to the agency's counseling team right away, with a MHP required to meet with the referred youth within 14 days of being admitted into the facility.
- The auditor also interviewed the agency's PC (Chief) and the PCMs, who all

confirmed that the agency has 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.

- The auditor interviewed two residents who were identified by the Chief as having experienced prior sexual victimization on their risk screening during the intake process, and each resident confirmed they met with a MHP within a few days of being at the facility.

**Site Review Observations:**

During the onsite, the auditor did not observe any issues related to storage of confidential information of residents, with most documents, such as the agency's Behavioral Screening form, secured electronically in the agency's electronic database. Additionally, all resident files are secured in a secure area of the facility.

**Explanation of Determination:**

**115.381**

**(a-d):**

As per the agency's PREA Policy on page 15, any victim of sexual abuse shall, in consultation with the facility health and mental health professionals, shall be offered and receive the appropriate and timely medical and mental health care. The auditor found this policy language to be vague and missing several elements of PREA standard 115.381, and no other relevant policy language was identified to be in the agency's PREA Policy. However, upon the auditor bringing this issue up with the Chief, it was clarified that facility specific PREA language will be added to the agency's PREA Policy to ensure all the requirements of this PREA standard are included.

Furthermore, the auditor was provided examples of completed Behavioral Screenings (risk screening pursuant to 115.341) and applicable mental health notes/emails that sufficiently demonstrated to the auditor the agency's institutional practice of providing those residents who were identified on their risk screening forms (Behavioral Screenings) as having experienced prior victimization or abusiveness of sexual abuse with a follow-up with a MHP within 14 days of admission into the facility. In addition, the agency has developed an electronic system for ensuring the required referral to mental health services is provided for each situation of a youth being admitted who is found to have experienced past sexual victimization or abusiveness. For example, the Chief provided the auditor with an alert email that was automatically sent to the agency's Deputy Director of Behavioral Health for a youth who was identified during the PREA risk screening process as having experienced prior sexual victimization. The email confirmed that the Deputy Director MHP received this referral during the intake process when the child was admitted into the program, and the Deputy Director also indicated in the email that the MHP follow-up was provided within 24 hours of admission into the

	<p>facility.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- MOU with Grayson County Children's Advocacy Center (GCCAC)- Multidisciplinary Team Working Protocols (last updated June 2022)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's full-time medical professional and Deputy Director (DD) of Behavioral Health both confirmed that the applicable resident access to emergency medical and mental health services are available to any and all residents on an as needed basis. In addition, the professionals advised that the Grayson County Children's Advocacy Center (CAC) and the local hospital are available to provide victim services pursuant to this PREA standard. The DD of Behavioral Health for the agency elaborated further and explained how victim services will be available to victims of sexual abuse through the CAC as soon as possible and coordinated through the Grayson County Sheriff's Office and the juvenile agency. If medical services were warranted, the youth would be transported to the Texoma Medical Center (TMC) ER. Further, as explained by the DD, if counseling and medical staff are onsite, the appropriate professional would respond immediately. If not onsite, the victim would have the option to talk to the on-call counselors and medical staff. The DD also clarified that all residents in post are assigned a treatment provider throughout their placement in the program. Furthermore, the agency also contracts with a LSOTP, who is available to provide sex offender treatment to specific residents. The above information was also confirmed to be available by the agency's full-time medical professional (LVN), as well as the following: pregnancy testing, Plan B, and other medical treatment, as well as therapy/counseling services are available either within the juvenile facility or through an outside agency, such as the local hospital or the CAC. The agency's LVN also confirmed that she conducts medical intake screenings with all post residents within a hour of admission into the</li> </ul>



program. If a resident is screened, either in the pre or post programs, as a victim or perpetrator of sexual abuse during the facility's intake process, the LVN verified that she will be notified if the resident had acute medical needs related to sexual abuse, or if it was still within the window of possibility to collect physical evidence.

- The auditor interviewed 12 randomly selected JSOs, who are all trained in first responder duties for responding to a sexual abuse incident, and each staff confirmed that they will take the necessary steps to protect a resident victim of sexual abuse, such as immediately separating the victim from the perpetrator, calling the on-call or on-site MHP and/or medical professional, calling 911 Emergency Services if needed, and providing life saving measures (CPS/First Aid) as needed to the situation.

**Explanation of Determination:**

**115.382**

**(a-d):**

According to the agency's PREA Policy on pages 15 and 16, the following procedures are related to medical and mental health care provided to a victim of sexual abuse:

- Pursuant to §115.382 and TAC §343.332, any victim of sexual abuse shall, in consultation with the facility health and mental health professionals, shall be offered and receive the appropriate and timely medical and mental health services at no cost.
- Services include emergency medical treatment, HIV/AIDS and other STD testing, pregnancy testing, crisis intervention, mental health treatment, pregnancy related medical services. Victims will also be offered access to sexual assault forensic examination where evidentiary or medically appropriate.
- Examinations will be performed by SAFEs or SANEs where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The department will document efforts to provide SAFEs or SANEs. A qualified staff member will accompany the victim for medical exams.
- Any victim of sexual abuse shall be offered and receive follow-up mental health and medical treatment that is needed as a result of the sexual abuse, as determined appropriate by the treating medical and mental health professionals pursuant to §115.383;
- Victim and victim services will be available to victims of sexual abuse through the Children's Advocacy Center and the attempts to procure such services will be documented.

Additionally, and as noted in section 115.321 of this report, the fully executed MOU with the Grayson County Children's Advocacy Center includes resident victim services that are available in response to a sexual abuse situation at the facility. This MOU outlines that the PREA required victim services are made available at no

	<p>cost to the victim or victim's family and ensures a medical and mental health professional is provided to provide such services upon referral to the organization.</p> <p>As noted throughout this report, the agency did not have an incident involving a resident who was involved in a sexual abuse situation as a victim or perpetrator; therefore, there was no verification documentation provided to review for the requirements of this PREA standard.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> <li>- MOU with Grayson County Children's Advocacy Center (GCCAC)- Multidisciplinary Team Working Protocols (last updated June 2022)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's full-time medical professional and Deputy Director (DD) of Behavioral Health both confirmed that the applicable resident access to emergency medical and mental health services are available to any and all residents on an as needed basis. In addition, the professionals advised that the Grayson County Children's Advocacy Center (CAC) and the local hospital are available to provide victim services pursuant to this PREA standard. The DD of Behavioral Health for the agency elaborated further and explained how victim services will be available to victims of sexual abuse through the CAC as soon as possible and coordinated through the Grayson County Sheriff's Office and the juvenile agency. If medical services were warranted, the youth would be transported to the Texoma Medical Center (TMC) ER. Further, as explained by the DD, if counseling and medical staff are onsite, the appropriate professional would respond immediately. If not onsite, the victim would have the option to talk to the on-call counselors and medical staff. The DD also clarified that all residents in post are assigned a treatment provider throughout their placement in the program. Furthermore, the agency also contracts</li> </ul>

with a LSOTP, who is available to provide sex offender treatment to specific residents. The above information was also confirmed to be available by the agency's full-time medical professional (LVN), as well as the following: pregnancy testing, Plan B, and other medical treatment, as well as therapy/counseling services are available either within the juvenile facility or through an outside agency, such as the local hospital or the CAC. The LVN confirmed that she conducts medical intake screenings with all post residents within a hour of admission into the program. If a resident is screened, either in the pre or post programs, as a victim or perpetrator of sexual abuse during the facility's intake process, the LVN verified that she will be notified if the resident had acute medical needs related to sexual abuse, or if it was still within the window of possibility to collect physical evidence. Furthermore, both professionals advised that if evaluation and treatment of victims or perpetrators of sexual abuse is necessary pursuant to this PREA standard, the DD of Behavioral Health will be able to ensure the services are provided. Additionally, the agency is able to consult and provide resident services from a contracted physician and psychiatrist on an as needed basis. The professionals provided their opinion of the level of care provided at the agency, which was confirmed to be as good or better than the community level of care, with all services and treatment implemented within the scope of each professional's licensing and professional ability.

**Explanation of Determination:**

**115.383**

**(a-h):**

Per the agency's PREA Policy on page 16,

- any victim of sexual abuse shall be offered and receive follow-up mental health and medical treatment that is needed as a result of the sexual abuse, as determined appropriate by the treating medical and mental health professionals pursuant to §115.383; and
- victim and victim services will be available to victims of sexual abuse through the Children's Advocacy Center and the attempts to procure such services will be documented.

Additionally, and as noted in section 115.321 of this report, the fully executed MOU with the Grayson County Children's Advocacy Center includes resident victim services that are available in response to a sexual abuse situation at the facility.

This MOU outlines that the PREA required victim services are made available at no cost to the victim or victim's family and ensures a medical and mental health professional is provided and applicable follow-up treatment is offered.

As noted throughout this report, the agency did not have an incident involving a resident who was involved in a sexual abuse situation as a victim or perpetrator; therefore, there was no verification documentation provided to review for the requirements of this PREA standard.

	<p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed a PCM (FA) and the Chief of the agency to review the procedures related to conducting a sexual abuse incident review (SAIR), and each administrator clearly understood the requirements associated with conducting a SAIR and confirmed they are members of the SAIR team. However, as both administrators clarified during their interviews, during the last 12 month audit review period, they have not conducted a SAIR due to no sexual abuse situations occurring at the facility during this time frame. Furthermore, the agency has not had an unsubstantiated or substantiated investigation into an allegation of sexual abuse since prior to the last PREA audit, as confirmed by the administrators and upon the auditor's review of all the PREA data provided. The administrators described the process of conducting a SAIR for any substantiated or unsubstantiated allegation of sexual abuse, which included considering whether changes are needed to policy or practice, assess the motivation of the act, examine the area in which the incident occurred, assess for any deficiencies in the facility's video monitoring system, and document the SAIR on a report that outlines any recommendations for improvement determined.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.386</b></p> <p><b>(a-e):</b></p> <p>The auditor confirmed that all the elements required by this PREA standard are included in the agency's PREA Policy, on page 18, as outlined below:</p> <ul style="list-style-type: none"> <li>• The Department will utilize a Sexual Assault Response Team (SART) with the</li> </ul>

purpose of ensuring services are provided for victims of sexual abuse, adherence to this policy and develop a coordinated and written plan of action;

- Pursuant to §115.386, the Department will, within 30 days of the conclusion of a sexual abuse investigation, conduct a review of the incident unless the outcome was unfounded. This review will consist of Department management, and any other person deemed appropriate by the Director or facility administrator and shall consider issues and complete tasks as outlined in §115.386;
- Members of the SART may include, but not limited to:
  - The assigned investigator;
  - The PREA coordinator;
  - The facility administrator;
  - A facility supervisor;
  - Facility medical personnel; and
  - Facility mental health personnel and/or other mental health personnel and service providers providing services to the child, such as Grayson County Children’s Advocacy Center personnel.

Furthermore, as noted by the PC in the PAQ, in the past 12 month audit review period, there have been no situations involving a criminal and/or administrative investigations of alleged sexual abuse completed at the facility and, therefore, no situations occurred that were followed by a sexual abuse incident review within 30 days. The PC clarified that the PREA involved investigations investigated at the facility during this 12 month period involved youth-on-youth sexual harassment, inappropriate conduct, and/or indecent exposure, with no allegations meeting the PREA definitions of sexual abuse. This was confirmed through the auditor's review of the PREA investigative documents provided, in which all allegations were sexual harassment or sexual misconduct by one resident toward another.

**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.**

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> </ul>

- PAQ
- Grayson County Department of Juvenile Services ( ) Sexual Abuse & Sexual Harassment Aggregate Data
- Placement Contracts
- GCDJS Annual Data Report, Findings, and Action Plan (January 27, 2023- Report for Calendar Year 2022)

**Explanation of Determination:**

**115.387**

**(a-f):**

According to the agency's PREA Policy on pages 19 and 20:

- Pursuant to §115.387, the Department will securely maintain data concerning all allegations, investigations and dispositions for incidents of sexual abuse that have occurred or alleged to have occurred in the facility as required;
- Data is maintained in the TJJD Incident Report Form and internal investigation report and is accessible for review by administrative personnel only pursuant to TAC §358.220;
- Data is maintained and reported annually to the Bureau of Justice Statistics by the Director or Facility Administrator pursuant to §115.387 using the Survey of Sexual Violence – Incident Form (Juvenile);
- Data concerning all forms of abuse, neglect and exploitation is reported quarterly to the Juvenile Board or Juvenile Board Chairperson pursuant to TAC §343.212(h);
- The Department shall annually aggregate the sexual abuse data.
- The PREA Coordinator shall prepare an annual report no later than the last day of January for the preceding calendar year's data.
- Source documentation for the data shall include, but is not limited to:
  - Serious incident reports;
  - Abuse, Neglect, and Exploitation incident reports;
  - Internal investigation reports and files; and
  - Sexual abuse incident reviews.
- The PREA Coordinator shall ensure the aggregate data and annual report is posted on the Juvenile Services website and retained for 10 years.
- The annual report will include information for each facility and the agency as a whole:
  - Identifying areas to improve;
  - Discussing corrective action taken or to be taken; and,
  - Comparing data and actions taken each year with previous reports.

Furthermore, according to the agency's PREA Policy on page 12, "any agency or entity, either public or private, that the Department contracts with for confinement

of residents shall include a requirement within the contract, that said agency or entity complies with the Prison Rape Elimination Act of 2003 pursuant to §115.312, as well as a mechanism to ensure that the agency or entity is in compliance with PREA." Furthermore, the PC indicated in the PAQ that the agency currently contracts with 5 juvenile placement agencies for the confinement of juveniles from the Grayson County Juvenile Probation Department, and upon the auditor's review of each of the 5 contracts, it was confirmed that the contracts include the PREA language required by this PREA standard, as well as 115.387 (e).

In addition, the auditor reviewed the agency's Annual Data Report, Findings, and Action Plan for Calendar Year 2022 that is published on the agency's website ([https://www.co.grayson.tx.us/upload/page/0281/docs/PREA/GCJS\\_PREA\\_Annual\\_Report\\_Data\\_CY2022.pdf](https://www.co.grayson.tx.us/upload/page/0281/docs/PREA/GCJS_PREA_Annual_Report_Data_CY2022.pdf)), and upon the auditor's review it was determined that this report sufficiently demonstrated to the auditor how the agency collects and reviews the PREA data pursuant to the requirements set forth by this PREA standard. The agency's Deputy Director (DD) of Probation Services was also interviewed by the auditor and confirmed that incident-based PREA data from the private facilities with which the agency contracts for the confinement of its residents is shared with the agency. Additionally, the DD confirmed that this data is required to be shared as per the contracts executed with each private facility, and each private facility contracted is required to be in compliance with PREA.

It is important to note that some of the PREA data documented on the agency's Annual Data Report was found by the auditor to be inaccurate due to the agency over reporting PREA related incidents. For example, the auditor had a discussion with the agency's Chief about the most recent sexual abuse allegations documented on the annual report (from 2022), in which the Chief clarified that the allegations did not reach the level of sexual abuse and were reported as such in order to err on the side of caution for reporting and responding to the allegations. Furthermore, the auditor learned that some of the allegations reported as sexual harassment also did not reach the PREA definition of sexual harassment due to the incidents being single acts of resident misconduct by one resident toward another and/or not repeated by the same perpetrator to the same victim (as noted previously in this report). The Chief advised that the agency's PREA Policy has been revised to include specific PREA language related to the definitions of sexual abuse and sexual harassment, which will help to ensure the agency has an effective process of assessing PREA related allegations for the appropriate severity level and classification going forth.

**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.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Grayson County Department of Juvenile Services Sexual Abuse & Sexual Harassment Aggregate Data
- Annual Data Report, Findings, and Action Plan January 27, 2023 – Report for Calendar Year (CY) 2022
- Agency's Website ([https://www.co.grayson.tx.us/page/juv.about\\_detention](https://www.co.grayson.tx.us/page/juv.about_detention))

**Interviews:**

- The auditor interviewed the agency's Chief (PC) and the PCMs for the post and pre adjudication programs, who all confirmed that PREA data is aggregated and reviewed pursuant to the requirements of this PREA standard. For example, the administrators described how they assess the PREA data often, and at a minimum of formally twice per year, to identify patterns or trends to determine if changes or revisions are needed, such as programming updates, schedule changes, or altering the number of staff assigned to a group or area. The data is also used to assess for an evidence of a reporting culture and to find areas of progress and growth that may be required to improve sexual safety practices within the facility. It was also confirmed that the information posted online does NOT include identifying information. All the administrators were familiar with the PREA allegations investigated and confirmed that the allegations did not reach the level of sexual abuse.

**Explanation of Determination:**

**115.388**

**(a-d):**

According to the agency's PREA Policy on pages 19 and 20:

- Pursuant to §115.387, the Department will securely maintain data concerning all allegations, investigations and dispositions for incidents of sexual abuse that have occurred or alleged to have occurred in the facility as required;
- Data is maintained in the TJJD Incident Report Form and internal investigation report and is accessible for review by administrative personnel only pursuant to TAC §358.220;
- Data is maintained and reported annually to the Bureau of Justice Statistics



- by the Director or Facility Administrator pursuant to §115.387 using the Survey of Sexual Violence – Incident Form (Juvenile);
- Data concerning all forms of abuse, neglect and exploitation is reported quarterly to the Juvenile Board or Juvenile Board Chairperson pursuant to TAC §343.212(h);
  - The Department shall annually aggregate the sexual abuse data.
  - The PREA Coordinator shall prepare an annual report no later than the last day of January for the preceding calendar year’s data.
  - Source documentation for the data shall include, but is not limited to:
    - Serious incident reports;
    - Abuse, Neglect, and Exploitation incident reports;
    - Internal investigation reports and files; and
    - Sexual abuse incident reviews.
  - The PREA Coordinator shall ensure the aggregate data and annual report is posted on the Juvenile Services website and retained for 10 years.
  - The annual report will include information for each facility and the agency as a whole:
    - Identifying areas to improve;
    - Discussing corrective action taken or to be taken; and,
    - Comparing data and actions taken each year with previous reports.

In addition, the auditor reviewed the agency's Annual Data Report, Findings, and Action Plan for Calendar Year 2022 that is published on the agency's website ([https://www.co.grayson.tx.us/upload/page/0281/docs/PREA/GCJS\\_PREA\\_Annual\\_Report\\_Data\\_CY2022.pdf](https://www.co.grayson.tx.us/upload/page/0281/docs/PREA/GCJS_PREA_Annual_Report_Data_CY2022.pdf)), and upon the auditor's review it was determined that this report sufficiently demonstrated to the auditor how the agency collects and reviews the PREA data pursuant to the requirements set forth by this PREA standard. The agency's Deputy Director (DD) of Probation Services was also interviewed by the auditor and confirmed that incident-based PREA data from the private facilities with which the agency contracts for the confinement of its residents is shared with the agency. Additionally, the DD confirmed that this data is required to be shared as per the contracts executed with each private facility, and each private facility contracted is required to be in compliance with PREA.

**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.**

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following is a list of evidence used to determine compliance:**

- Agency's PREA Policy
- PAQ
- Grayson County Department of Juvenile Services Sexual Abuse & Sexual Harassment Aggregate Data
- Annual Data Report, Findings, and Action Plan January 27, 2023 – Report for Calendar Year (CY) 2022
- Agency's Website ([https://www.co.grayson.tx.us/page/juv.about\\_detention](https://www.co.grayson.tx.us/page/juv.about_detention))

**Interviews:**

- The auditor interviewed the agency's Chief (PC) and the PCMs for the post and pre adjudication programs, who all confirmed that PREA data is aggregated and reviewed pursuant to the requirements of this PREA standard. For example, the administrators described how they assess the PREA data often, formally twice per year, in order to identify patterns or trends to determine if changes, revisions, or enhancements are needed, such as programming updates, schedule changes, or altering the number of staff assigned to a group or area. The data is also used to assess for an evidence of a reporting culture and to find areas of progress and growth that may be required to improve sexual safety practices within the facility, as per the Chief. It was also confirmed that the information posted online does NOT include identifying personal information. All the administrators were familiar with the PREA allegations investigated during the past 12 month audit review period and confirmed that the PREA allegations did not reach the level of sexual abuse. Lastly, each administrator confirmed that all data collected related to PREA is securely retained and maintained as long as it is required by this PREA standard.

**Explanation of Determination:**

**115.389**

**(a-d):**

According to the agency's PREA Policy on pages 19 and 20:

- Pursuant to §115.387, the Department will securely maintain data concerning all allegations, investigations and dispositions for incidents of sexual abuse that have occurred or alleged to have occurred in the facility as required;
- Data is maintained in the TJJD Incident Report Form and internal investigation report and is accessible for review by administrative personnel only pursuant to TAC §358.220;
- Data is maintained and reported annually to the Bureau of Justice Statistics by the Director or Facility Administrator pursuant to §115.387 using the

	<p>Survey of Sexual Violence –Incident Form (Juvenile);</p> <ul style="list-style-type: none"> <li>• Data concerning all forms of abuse, neglect and exploitation is reported quarterly to the Juvenile Board or Juvenile Board Chairperson pursuant to TAC §343.212(h);</li> <li>• The Department shall annually aggregate the sexual abuse data.</li> <li>• The PREA Coordinator shall prepare an annual report no later than the last day of January for the preceding calendar year’s data.</li> </ul> <p>Source documentation for the data shall include, but is not limited to:</p> <ul style="list-style-type: none"> <li>◦ Serious incident reports;</li> <li>◦ Abuse, Neglect, and Exploitation incident reports;</li> <li>◦ Internal investigation reports and files; and</li> <li>◦ Sexual abuse incident reviews.</li> </ul> <ul style="list-style-type: none"> <li>• The PREA Coordinator shall ensure the aggregate data and annual report is posted on the Juvenile Services website and retained for 10 years.</li> <li>• The annual report will include information for each facility and the agency as a whole: <ul style="list-style-type: none"> <li>◦ Identifying areas to improve;</li> <li>◦ Discussing corrective action taken or to be taken; and,</li> <li>◦ Comparing data and actions taken each year with previous reports.</li> </ul> </li> </ul> <p>Furthermore, the auditor confirmed that the agency's Annual Data Report, Findings, and Action Plan (January 27, 2023 – Report for Calendar Year (CY) 2022) and Grayson County Department of Juvenile Services Sexual Abuse &amp; Sexual Harassment Aggregate Data sheet are available to the public from the agency's website (<a href="https://www.co.grayson.tx.us/page/juv.about_detention">https://www.co.grayson.tx.us/page/juv.about_detention</a>). The documents sufficiently demonstrated to the auditor how the agency's complies with the requirements of this PREA standard in practice.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Explanation of Determination:</b></p> <p><b>115.401:</b></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</p>

	<p>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 paper throughout all 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><b>Conclusion:</b></p> <p><b>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.</b></p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Explanation of Determination:</b></p> <p><b>115.403:</b></p> <p>The auditor advised the PC that the Final Report is required to be posted on the agency's website within 30 days of receipt. All previous final reports are made available upon request and will be posted on the agency's website, as confirmed by the agency's Chief.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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" or areas where staff or residents may be isolated)?	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 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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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	yes



	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes



<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in 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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes



	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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	yes



	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency 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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes



	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to 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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes



	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes