

# PREA Facility Audit Report: Final

**Name of Facility:** Jerry J. Esmond Juvenile Justice Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/06/2024

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> 04/06/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	03/03/2024
<b>End Date of On-Site Audit:</b>	03/04/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Jerry J. Esmond Juvenile Justice Center
<b>Facility physical address:</b>	6101 Attwater Ave, Dickenson, Texas - 77539
<b>Facility mailing address:</b>	6101 Attwater Avenue, Texas City, Texas - 77590

Primary Contact
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<b>Name:</b>	Dink Watson
<b>Email Address:</b>	dink.watson@co.galveston.tx.us
<b>Telephone Number:</b>	14097705935

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Dink Terrell Watson
<b>Email Address:</b>	dink.watson@co.galveston.tx.us
<b>Telephone Number:</b>	14097705935

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Frances Amber Tyson
<b>Email Address:</b>	ftyson@VitalCoreHS.com>
<b>Telephone Number:</b>	409-763-7570

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	39
<b>Current population of facility:</b>	31
<b>Average daily population for the past 12 months:</b>	21
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<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>	Secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	65
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	25
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	50

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Galveston County Juvenile Justice Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	6101 Attwater Ave, Dickenson, Texas - 77539
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Dink Watson	<b>Email Address:</b>	dink.watson@co.galveston.tx.us

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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:

4

- 115.313 - Supervision and monitoring
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.381 - Medical and mental health screenings; history of sexual abuse

#### Number of standards met:

39

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-03
2. End date of the onsite portion of the audit:	2024-03-04

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	39
15. Average daily population for the past 12 months:	29
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**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**

<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>	27
<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>	0
<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>	0
<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>	0
<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>	0
<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>	0
<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>	0

<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>2</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>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><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></p>	<p>67</p>
<p><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></p>	<p>26</p>

<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>	55
<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>	No text provided.
<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>	9
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor used the facility's roster, which included all the characteristics needed to ensure a representative sample is selected. For example, the roster used to randomly select the 9 residents in the pre and post programs included housing assignments, date of births, race/ethnicity, length of stay, gender, etc. A representative sample was achieved through this randomized selection process and ensuring a fair sample was selected for each of the five housing units.</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 <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>Conducted nine random resident interviews and one targeted. No barriers or issues were experienced through the onsite phase of the audit process.</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>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<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>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension. Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation. Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension.</p> <p>Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation.</p> <p>Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension.</p> <p>Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation.</p> <p>Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension.</p> <p>Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation.</p> <p>Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.



<p><b>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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension.</p> <p>Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation.</p> <p>Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>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>The PC identified one resident who may identify as gay or bisexual; however, upon the auditor's speaking with this youth in private, the resident advised as identifying as straight and not gay or bisexual. Furthermore, the auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension. In addition, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation. Lastly, the 12 random staff interviewed, the PC, and the mental health professional all shared how they rarely admit a resident who is not able to understand the many layers in the PREA education process; however, if a youth has trouble understanding the initial information provided during the intake process, the counseling unit ensures a therapist meets with every resident admitted into the facility within a 48 hour period to ensure a licensed counselor is able to provide the necessary specialized education and provide a one-on-one counseling session to assess for any specific needs of the resident.</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>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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>The auditor examined several documents and inquired with several individuals in order to successfully verify the limited number of targeted residents at the facility during the time of the onsite. For example, the representative sample of the nine random residents interviewed were all asked if they have any disabilities that may cause an issue with communicating or fully understanding the questions being asked, and each resident advised that there were no communication barriers or issues with comprehension.</p> <p>Furthermore, the residents interviewed verified that they had no serious disabilities or were limited English proficient. The auditor also analyzed a random sample of risk screening assessments (as described in more detail in section 115.341 of this report), which further corroborated the facility's situation.</p> <p>Moreover, the 12 random staff interviewed, the PC, and the mental health professional all shared how the facility may have admitted one resident who identified as transgender since the last PREA audit. However, they all confirmed that this was months or years ago, and at the time of the onsite, there was not a resident in the facility who they knew or suspected identified as transgender/intersex. This was also verified by the auditor through the onsite phase of the audit, with no evidence to suggest such a resident was in the facility at the time of the onsite.</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>Throughout the compliance documentation review process for the entire audit, the interviews and observations conducted during the onsite, and, more specifically, in examining the PREA investigative files with the PC during the onsite; no evidence was discovered to indicate a resident who was admitted into the facility since the last PREA audit was involved in any way with a sexual abuse type situation at the facility. The only two PREA related allegations reported at the facility since the last PREA audit were two allegations that did not reach the level of sexual abuse. Further details of the two PREA allegations and corresponding investigations can be found in sections 115.321, 115.322, and 115.371 of this report.</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>1</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>In conducting the onsite inspection and interviews onsite with the random staff and residents confirmed that the facility has not isolated or segregated a resident for any PREA related reason. During the walk through of the facility, no residents were secured in their room for a PREA related matter, and all individuals interviewed advised that they could not recall such a situation to share with the auditor. Furthermore, the auditor conducted an analysis of the facility's disciplinary seclusion log for the past 6 months, in which the auditor met with the PC to randomly select five disciplinary seclusion reports to review. Upon the auditor's review, none of the five disciplinary seclusion reports examined included language related 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 checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><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 issues or barriers were experienced and all the random staff selected were interviewed by the auditor in a private room within the secure facility. A representative sample of staff were selected, which included staff selected from the weekend and weekday and from various shifts, work assignments, rank, length of service.</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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>The auditor had conversations with the Agency Head during the second day of the onsite; however, the Deputy Director, who is also the PC and Facility Administrator, successfully answered all the Agency Head interview protocols questions.</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>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**79. Were you able to interview the PREA Compliance Manager?**

Yes

No

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 checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Mental Health Program Director, LVN, and Dickenson ISD Teacher
<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>	2
<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 checked="" type="checkbox"/> Religious <input 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>	3
<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.
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
--	--

**Was the site review an active, inquiring process that included the following:**

<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
---	--

<b>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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>During the onsite, the auditor conducted successful test calls to the TJJD 24/7 reporting hotline and the Resource &amp; Crisis Center of Galveston, both of which are external third-party agencies. These agencies verified their ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Moreover, the TJJD Hotline operator informed the auditor that a translation service is readily available to assist youth with limited English proficiency in making a report.</p> <p>In addition, the auditor conducted successful test call to Resource &amp; Crisis Center of Galveston County hotline number and spoke with the Program Director of Victim Support Services. The Program Director successfully verified the organization's ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Additionally, the Program Director shared the victim services that are available to any juvenile who calls the organization, which includes, but is not limited to, emotional support services related to sexual abuse. The emotional support services were explained to be provided either by a licensed counselor or a specially trained victim advocate.</p>
<p><b>Documentation Sampling</b></p>	
<p>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>	

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

Yes

No

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

The auditor was provided the last two PREA internal investigations conducted at the facility since their last PREA audit, which, as per the PREA definitions, did not reach the level of sexual abuse or sexual harassment but were identified as verbal sexual misconduct and a staff ethical violation of policy. While onsite the PC provided his internal investigative files for each of these allegations, and the auditor and PC went over each file together during the internal investigator interview process. Analysis of these investigations are outlined in sections 115.321, 115.322, and 115.371 of this report. Furthermore, the auditor randomly reviewed nine JSO training files to evaluate compliance with PREA standards. The analysis confirmed that each of the nine JSOs had attended PREA training upon initial hire, as part of JSO Basic Training for relevant staff hired since the facility implemented PREA, and annually through refresher courses on PREA training. The auditor also examined the PREA training records for two volunteers and three contractors during the onsite interviews. It was evident from the review that each of these individuals had completed mandatory PREA training before interacting with residents at the facility, which was documented on each individual's PREA acknowledgement forms included in their files. Additionally, the contractors underwent annual refresher training due to their regular contact with residents. Moreover, the medical and mental health professionals' files included verification of specialized PREA training in accordance with PREA standard 115.335, which was in addition to the regular PREA training they complete annually.

The auditor examined the detention folders of ten randomly selected pre-adjudication and five randomly selected post-adjudication residents who were in the facility within the past 12 months. The examination of the 15 resident files concluded that the agency maintains the necessary PREA verification documents to sufficiently demonstrate that

each resident received and understood the initial PREA orientation during the intake process within 1-2 hours of admission, as mandated by provision (a) of this PREA standard. Additionally, there was documented evidence that each resident had met with a MHP within 10 days of intake to receive comprehensive PREA education, as required by provision (b) of this standard. As previously noted, samples of completed periodic PREA resident education refresher verification documents were provided to the auditor by the PC, which further demonstrates how the agency substantially exceeds the minimum requirements of this PREA standard in practice.

Lastly, during the onsite phase of the audit, the auditor randomly selected and reviewed ten resident detention files from the pre-adjudication program and five from the post-adjudication program. In all fifteen resident files examined, the agency's risk screening assessments completed during the intake process (within 1-2 hours of admission) were included, demonstrating compliance with the standard practice. Additionally, the risk screenings confirmed that none of the youth identified as LGBTI or had significant disabilities that could impair their understanding of the PREA information provided or contribute to an increased risk of abuse. Moreover, for two longer-tenured residents at the facility, completed periodic risk re-assessments were provided to showcase the process of conducting periodic re-screenings at around the 60-day mark of their stay.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<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>	1	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	2	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<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>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	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	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>As noted throughout this report, the two PREA allegations investigated at the facility since the last audit did not meet the threshold for sexual abuse or sexual harassment, according to the definitions outlined in the PREA standards. Despite this, the agency promptly responded to each allegation by taking immediate action to ensure that the reports were quickly communicated to the appropriate authorities (TJJD OIG) and internal administrators within the facility. This ensured that thorough and comprehensive investigations were conducted to address the reported incidents effectively and in compliance with the necessary protocols and standards. By handling each allegation as a serious PREA matter, the agency demonstrated a commitment to addressing all concerns related to sexual misconduct and staff policy violations and maintaining a safe and accountable environment within the facility.</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</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><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>

<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

The auditor was provided the last two PREA internal investigations conducted at the facility since their last PREA audit, which, as per the PREA definitions, did not reach the level of sexual abuse or sexual harassment but were identified as verbal sexual misconduct and a staff ethical violation of policy. While onsite the PC provided his internal investigative files for each of these allegations, and the auditor and PC went over each file together during the internal investigator interview process. The auditor's analysis of these investigations are outlined below:

1. Youth-on-youth sexual misconduct (verbal statement): Alleged Incident: One resident made a sexual comment to another resident.
  1. Reporting: The victim reported the incident verbally to a supervisor, who promptly took action.
  2. Response: The victim requested to call the TJJD Reporting Hotline, and both residents were immediately separated and moved to different housing units.
  3. Assessment: The TJJD Office of the Inspector General (OIG) categorized the incident as "youth-on-youth sexual conduct" and recommended internal handling.
  4. Investigation: The Internal Investigation Summary Report completed by the PC demonstrated that the investigation met the requirements outlined by the PREA standard for the situation.
2. Staff (JSO) on resident alleged sexual comment (verbal statement): Alleged Incident: The alleged resident victim reported to a therapist at the facility

that a JSO made a sexual comment to the youth.

1. Response: The therapist promptly informed the Deputy Director of Special Programs and the PC.
2. Actions Taken: Prompt notification to TJJD OIG and local law enforcement, alleged perpetrator placed on administrative leave, and completion of a TJJD Incident Report.
3. Assessment: The OIG initially assessed the allegation as "sexual abuse non-contact" but at the conclusion of the administrative investigation determined this allegation as unfounded. However, the JSO was found to have made an inappropriate comment to the resident and, therefore, this action was deemed an ethics violation of the TJJD standards.
4. Investigation: A detailed internal investigation report outlined the facility and OIG's administrative investigations that were conducted simultaneously, addressing the alleged sexual comment and the subsequent ethics violation.

## 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> 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>- Galveston County Juvenile Justice Department (GCJJD) PREA Policy (*will be referred to throughout this report as: "Agency's PREA Policy)</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Postings in Spanish and English</li> <li>- GCJJD Abuse, Neglect, and Exploitation Policy</li> <li>- Organization Chart</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Site Review Observations:</b></p>

- During the onsite audit, the auditor took note of the multiple PREA related signs displayed throughout the facility. These signs featured the agency's zero-tolerance policy towards all forms of sexual abuse and sexual harassment and were displayed in both Spanish and English languages to ensure effective communication with all individuals. Additionally, the signs included crisis hotline reporting information, offering individuals a confidential and accessible means to report any incidents of sexual abuse or harassment, as well as provide for emotional support services.

**Explanation of Determination:**

**115.311**

**(a):** The auditor thoroughly reviewed the agency's PREA Policy and verified that it encompasses the agency's unwavering stance on maintaining a zero-tolerance policy towards any instances of sexual abuse and sexual harassment. The Policy also effectively outlines the agency's comprehensive approach to preventing, detecting, and appropriately responding to all forms of such misconduct. Furthermore, it is important to highlight that the agency explicitly articulates its Policy stance on page 1 of their PREA Policy, reinforcing their commitment to preventing, detecting, and appropriately responding to all instances of sexual abuse and sexual harassment within their facilities, as documented below:

- "The Galveston County Juvenile Justice Department (GCJJD) observes a zero tolerance policy and practice regarding all forms of sexual abuse and sexual harassment of any juvenile or other individual served by a department program or facility. It is the goal of the GCJJD to establish policies, procedures and practices that ensure effective prevention, detection, reduction, intervention, and punishment of sexual assault or sexual behavior while a juvenile is in the legal care, custody or control of any component of the Galveston County Juvenile Justice Department. The Galveston County Juvenile Justice Department has developed and implemented extensive policies and procedures related to PREA and Abuse, Neglect and Exploitation in order to safeguard, to the greatest degree possible, the health and safety of the department's clients from all forms of sexual abuse, sexual harassment or other abusive behavior."

**(b):** Based on the review of the agency's PREA Policy and interviews conducted onsite, the auditor verified that the agency has successfully appointed an upper-level, agency-wide PREA Coordinator (PC). This individual, referred to as the agency's Deputy Director of Detention, possesses both the necessary time and authority to effectively develop, implement, and oversee the agency's efforts to comply with the PREA standards in the pre and post adjudication programs housed within the one secure facility. The agency's PREA Policy, specifically on page 4, explicitly designates the PC with the responsibilities outlined in this PREA standard. The auditor was also provided with the agency's Organization Chart, which clearly illustrates the hierarchical structure of the agency and validates the administrative level status of the Deputy Director/PC within the organization. As per the chart, the

PC reports directly to the agency's Director and holds authority over all the staff working in the detention facility.

During the onsite audit, the auditor conducted an interview with the facility's PC to discuss his PREA related responsibilities. The PC effectively articulated his ability to delegate tasks and prioritize daily responsibilities to ensure full compliance with the PREA standards in practice. He also emphasized the use of a computer calendar with reminders to ensure timely completion of periodic requirements such as periodic risk re-screenings, annual reviews, and audit timelines. The PC highlighted how he collaborates with the management team to continuously meet PREA requirements and ensure there is effective communication within the organization. It was further explained how he meets regularly with the Director of the agency to discuss any pertinent issues surrounding PREA compliance, and if any deficiencies are identified, the problems are immediately addressed and handled accordingly to ensure effective and efficient corrective action is implemented appropriate to the situation.

During the facility walkthrough, the PC demonstrated a thorough understanding of the facility layout, had full access to all areas of the facility, and exhibited familiarity with all staff members and residents encountered. It was evident that the PC held a position of authority overseeing all staff at the facility, and throughout the audit process, the auditor did not uncover any evidence to suggest that the PC lacked the necessary time and authority to effectively fulfill the responsibilities in accordance with this PREA standard. During the PC's interview that was conducted in his office that is inside the secure facility, he demonstrated how he utilizes his Outlook Calendar to stay up-to-date on all his PREA related and Facility Administrator related duties. Additionally, the PC showed the auditor how he has access to the video and audio surveillance system at the facility, with a large television monitor portraying a multitude of displays mounted above his desk. The PC advised that he helps create and approves the monthly staff schedule and reviews current resident population levels to ensure adequate staffing levels are maintained at all times.

**(c):** As per the agency's PREA Policy on page 4, "the GCJJD has further designated the Deputy Director of Special Programs, Supervisor Special Programs, Deputy Director of Casework, and the Detention Superintendent as PREA Compliance Managers (PCMs) in order to assist in the department's efforts to comply with PREA standards and local policies and procedures. However, it is important to note that the auditor determined through the documentation compliance review, interviews conducted onsite, and the facility inspection process that the agency is not required to designate a PCM due to the following facility dynamics:

- The GCJJD operates a secure facility that serves two distinct populations: youth in a pre-adjudication state with the Juvenile Court, and individuals who have been ordered by the Juvenile Court to participate in the agency's post adjudication residential treatment program. The secure juvenile facility is of medium size, with a designated capacity to house up to 39 youth. Over the past 12 months leading up to the onsite phase of the audit, the average

daily population at the facility has been 21 residents.

Note: As of the time of the onsite, the PC clarified that currently the PCM's designations are not in effect at this time due to the PC able to ensure the effectiveness, continued development, successful implementation, and continuous oversight of the agency's efforts to comply with the PREA standards in the pre and post programs, which are operated within the same secure facility. The PC explained further that he may activate the PCM's designations in the future; however, at this time the facility dynamics do not require the additional designations.

**Conclusion:**

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

**115.312 Contracting with other entities for the confinement of residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Galveston County Juvenile Justice Department (GCJJD) PREA Policy (\*will be referred to throughout this report as: "Agency's PREA Policy)
- Pre-Audit Questionnaire (PAQ)
- Residential Treatment Center (RTC) Executed Contracts

**Interviews:**

- Agency Contract Administrator (Resource Supervisor)

**Explanation of Determination:**

**115.312**

**(a & b):**

According to the Agency's PREA Policy on page 4:

"The Galveston County Juvenile Justice Department requires all private agencies or other entities engaging in contract with the GCJJD for the confinement of residents to adopt and fully comply with all federal laws inclusive of PREA standards. Contract monitoring is conducted by the Deputy Director - Casework Services

utilizing the following monitoring methods:

TJJD Form: Private Service Provider Contractual Monitoring and Evaluation Report - Residential Services

- Interview with Placement Officer
- Compliance Monitoring Enforcement Tracking System (COMETS)
- Review of ANE and Serious Incident allegations for fiscal year
- Confirmation of facility registration with TJJD if applicable
- Obtain written statement from facility to following questions:
  - Is any civil or criminal litigation pending or contemplated related to your business operations?
  - Have any investigations occurred or are contemplated related to the business operations or staff by the United States Dept. of Justice, FBI, or any external law enforcement agency or advocacy group?

All Galveston County Juvenile Justice Department contracts include a no fault clause for termination of the contract in the event that the department finds that the private agency has failed to comply with PREA requirements and, cannot or will not come into compliance."

Additionally, the auditor was provided with examples of executed contracts between the agency and two Residential Treatment Centers (RTC's) contracted for the placement of juveniles as per the orders by the Galveston County Juvenile Judge. Upon thorough review, it was confirmed that each contract explicitly mandates the contracted agency's compliance with the PREA standards.

During the onsite audit, the auditor conducted an interview with the agency's Resource Supervisor, who oversees all placements contracted by the agency. The Resource Supervisor provided a comprehensive explanation of the placement monitoring process, indicating that each youth in placement is met with at least twice per month to ensure their well-being and address any concerns. Additionally, the Resource Supervisor highlighted the accessibility of communication channels for youth in placements, emphasizing that each youth has access to her cellphone and office number to reach out at any time.

Furthermore, the Resource Supervisor detailed a proactive approach to soliciting feedback from youth in contracted placements by requiring them to complete a survey. This survey enables youth to confidentially share any issues of concern, ensuring their voices are heard and addressed promptly. It was confirmed that the contracted placements promptly share PREA-related data with the Resource Supervisor upon the occurrence of an allegation, allowing for prompt communication and action to be taken. This information is then shared with the administration at GCJJD to assess the impact on placement status and inform decisions regarding future contract renewals.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the**

	<b>auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds 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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Meeting Minutes (for development of Staffing Plan)</li> <li>- Facility Staffing Plan</li> <li>- PREA Staffing Plan Deviation Form</li> <li>- Annual Administrative Review of Department Policies and Procedures (2022 &amp; 2023)</li> <li>- Electronic Check System PREA Rounds</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC), who is the agency's Facility Administrator (FA)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite audit phase, the auditor thoroughly examined all areas of the facility and verified that the pre and post programs comply with the minimum PREA staff to resident PREA supervision ratios of 1:8 and 1:16. Each housing unit (Pod) is constructed with eight beds (rooms), which fully ensures compliance with the 1:8 ratios at all times since each Pod is continuously staffed with at least one same gender staff member. During the onsite, the audit confirmed that each housing unit is continuously staffed with a same-gender certified Juvenile Supervision Officer (JSO) on both day and night shifts, ensuring the 1:8 ratio is maintained 24/7. The auditor validated this by observations, JSO interviews, and comparing staff schedules with resident rosters.</li> </ul> <p>While conducting the facility walkthrough, the PC pointed out a singular "blind spot" that encounters infrequent resident traffic, with camera views monitoring individuals going to and from this area. The auditor closely assessed staff's direct supervision practices throughout the facility and observed no issues with staff ratios, line of sight, or neglect of supervision duties. Additionally, the video surveillance system was examined, with the PC providing access to all cameras with</p>

an audio component and retention details from his office. A main control room staffed 24/7 by a female JSO further enhances security measures, with security gates and doors limiting resident movements within the facility.

All the resident rooms in the facility are single-occupancy secure rooms equipped with essential amenities, including a bed, toilet, and sink. Staff conduct periodic room checks at staggered intervals not exceeding 13 minutes when a youth is secured in their room. An electronic check system registers each room observation on a secure computer program, allowing for full transparency and accountability of conducting room observations.

**Explanation of Determination:**

**115.313**

**(a):** The agency operates a single secure facility that houses both a pre-adjudication and post-adjudication program within its secure perimeter. The auditor conducted a thorough review of the agency's PREA Policy and confirmed that the Staffing Plan requirements specified in this provision are comprehensively outlined on page 5. Verification documents provided to the auditor demonstrated the agency's original development of their Staffing Plan in 2015. These documents included minutes from an administrative meeting discussing the creation of the Staffing Plan, as well as the original Staffing Plan document. In adherence to the Staffing Plan, the agency has chosen to maintain staffing levels that substantially exceed the state's minimum requirements. The agency has implemented PREA-mandated ratios of 1 certified Juvenile Supervisor Officer (JSO) for every 8 residents during waking hours and 1 JSO for every 16 residents during sleeping hours. This approach surpasses the state-regulated staffing ratios of 1:12 and 1:24 respectively. Additionally, it is important to note that the Staffing Plan reflects how administrators reviewed the plan, ensuring compliance with the 11 elements required by this provision.

The agency's PC sufficiently explained the agency's Staffing Plan during his onsite interview, indicating that the plan undergoes an annual review by the management team to ensure full adherence to PREA standards and to assess for any improvements or corrective action related to the implementation of the Staffing Plan in practice throughout the year. The PC, who also serves as the Facility Administrator, maintains active oversight of the staffing and resident population dynamics at the facility. As part of his responsibilities, the PC reviews and approves staff schedules to uphold full compliance with PREA staffing requirements at all times.

To further validate the agency's commitment to this PREA standard, it is important to add the following excerpt from the agency's PREA Policy on page 5:

- The Galveston County Juvenile Justice Department has developed, implemented, and documented staffing and supervision plans that provide for levels of staffing and supervision that exceeds both state and federal



standards. At least one juvenile supervision officer is assigned to each pod (i.e., eight bed single occupancy housing unit) during program hours and one juvenile supervision officer to every 16 residents during non-program hours. Existing policies and staffing plans provide for continuous uninterrupted visual supervision by a juvenile supervision officer during regular program hours and random room checks at intervals not to exceed 13 minutes during non-program hours. Staff ratios meet or exceed the minimum requirement of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

**(b):** The agency's PREA Policy expresses how the department follows the staffing plan and policies related to staffing during limited and discrete exigent circumstances. Any deviations from the plan during such circumstances are required to be documented and justified on the agency's PREA Staffing Plan Deviation Form. The PC documented in the PAQ that the facility had not encountered any circumstances in the preceding 12 months prior to the onsite that necessitated a deviation from the Staffing Plan. However, to illustrate the facility's compliance with the documentation requirements of this provision, the PC provided the auditor with the agency's PREA Staffing Plan Deviation Form. This form offers insights into how the facility would fulfill the documentation requirements in practice.

The facility's PC explained during his interview onsite how deviations from the agency's Staffing Plan would be highly unlikely due to robust staffing levels, supervision practices, and the ability to mobilize officers from other units such as casework, JJAEP, or administration. Additionally, the agency's policy mandates that staff members remain at their assigned posts until relieved by another staff member, further minimizing the likelihood of staffing deviations. In the event of an exigent circumstance where a deviation from the Staffing Plan becomes unavoidable, the PC indicated that the deficiency would be promptly addressed, and a corrective action plan would be swiftly developed. Staff would be called in from other areas of the Department to ensure adequate supervision is maintained, and the PC advised he can reach out to the contracted juvenile departments and the Juvenile Court to reduce the resident population at the facility on a case-by-case basis. Furthermore, the PC emphasized the importance of documenting any deviations from the Staffing Plan on the PREA Staffing Plan Deviation Form, ensuring accountability and compliance with established provisions. However, he confirmed that the agency has never deviated from their Staffing Plan and further elaborated that even through the COVID-19 pandemic and multiple hurricanes, the facility has never deviated from the PREA mandated minimum staffing ratios.

**(c):** As mentioned in subsection (a), the agency maintains the required 1:8 and 1:16 staff to resident ratios in accordance with this PREA standard provision. Furthermore, the PC acknowledged in the PAQ and during his interview that the facility has not encountered any deviations from these staffing ratios thus far. However, in the event that a deviation does occur in the future, the PC assured that it would be promptly documented on the agency's PREA Staffing Plan Deviation

Form. For further explanation of compliance with this provision, refer to "Site Review Observations" section above.

**(d):** The auditor confirmed that the requirements of this provision are expressed in the agency's PREA Policy on pages 5 and 6, as outlined below:

- "The GCJJD conducts an annual review of department policies and procedures inclusive of any department needs to modify staffing plan, staffing patterns, deployment of video monitoring equipment, and availability of resources necessary to ensure adherence to the department's staffing plan. The annual review will take into consideration generally accepted practices, judicial findings, federal investigative findings, finding by internal or external oversight bodies, facility plant design, components that might contribute to a PREA event, composition of resident population, number and placement of supervisory staff, institutional programming by shift, applicable state laws and standards, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, and other relevant factors."

In addition, the auditor was furnished with signed documents titled 'Annual Administrative Review of Department Policies and Procedures,' signed by the GCJJD Director, PC, and two PCM's. These reports, covering the calendar years 2023 and 2022, serve as evidence of the agency's leadership engaging in an annual review of the Galveston County Juvenile Justice Department's Policies and Procedures. Moreover, it is documented on each report that the administrative review was to assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph 115.313(a) of PREA standards;
2. Prevailing staffing patterns;
3. The facilities deployment of video monitoring systems and other monitoring technologies; and
4. The resources the facility has available to commit to ensure adherence to the staffing plan pursuant to PREA Standards adopted May 17, 2012.

The PC detailed during his interview how an annual review of the Staffing Plan is conducted with the management team to uphold compliance with PREA standards and to address any deficiencies identified. The team meets to address any concerns regarding plan adherence, analyze staffing patterns and resident population dynamics, evaluate video monitoring systems and other monitoring technologies, and review and assess applicable policies, procedures, practices, and training to ensure full compliance. The PC also informed that the management team recently approved the implementation of a new room observation check system, which operates as a "live" system enabling instantaneous uploads of checks. The incorporation of this "live" system mitigates the risk of missed resident room checks by activating an alarm if a room check is at risk of exceeding the prescribed 13-minute interval. The PC shared how he works closely with the

Director of the agency and meets with him regularly to discuss any changes needed related to PREA policy, procedures, practices, and/or training. Furthermore, the Director reviews and approves the agency's annual review of the Staffing Plan, as well as all other annual reviews and reports required by the PREA standards.

**(e):** It was verified that the agency includes the requirements of this provision in their PREA Policy on page 5, as noted below:

- "Supervisors (i.e., Director, Deputy Directors, Detention Superintendent, Supervisor Special Programs, Intake Officers) will conduct unannounced rounds on day and night shifts to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be documented for each housing unit in the POD log books or using the electronic data recording system referred to as "The PIPE". Pursuant to federal standards, facility staff is prohibited from alerting other staff members that these supervisory staff rounds are occurring."

To further evaluate the facility's compliance with this specific PREA provision, the auditor thoroughly examined several electronic PREA unannounced round log sheets. Notably, the PAQ contained uploaded "PIPE" unannounced round spreadsheets, which effectively demonstrated how the facility's supervisors conducted unannounced rounds on each of the two 12 hours shifts over a four-day period in January 2024. Moreover, to ensure a comprehensive review of the facility's compliance, the auditor randomly selected six (6) dates spanning six months prior to the onsite visit. This selection aimed to establish a representative sample of PREA unannounced round logs for assessment. After thoroughly reviewing the provided corresponding unannounced round spreadsheets, the facility was found to be in full compliance with the requirements set forth by this provision.

Additionally, the PC shared during his interview the process of conducting and documenting PREA unannounced supervisory rounds at the facility. With two operational shifts (day shift from 8am-8pm and night shift from 8pm-8am), a specially trained designated supervisor is assigned to each shift and required to conduct a PREA unannounced round per shift. Additionally, the PC conducts periodic PREA rounds and offers assistance to Supervisors when needed. These rounds are conducted randomly and without prior planning, with Supervisors documenting the checks using the facility's electronic check system. The PC explained how he reviews the spreadsheets containing PREA unannounced round documentation to ensure adherence to policy and standards. Furthermore, it was confirmed that all staff are trained not to disclose the ongoing PREA unannounced rounds to others, and the Supervisors and the PC continuously monitor radio traffic and staff behavior for any indications of inappropriate behaviors or alerts of the unannounced rounds being conducted.

The PC shared during his onsite interview that random reviews of facility operations are facilitated through the assistance of the facility's video and audio monitoring system. While interviewing the PC in his office, the auditor observed a large

monitor above his desk displaying a continuous feed of the entire facility. The PC explained that the monitor remains on at all times, providing him with the ability to review past events and have a live feed of daily operations. He described how this monitoring system allows for him to maintain oversight of the facility's activities, ensuring compliance with protocols and regulations while also facilitating quick responses to any incidents or emergencies as they occur.

**Conclusion:**

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

**115.315 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Texas Administrative Code (TAC) Chapter 343
- PREA Training Acknowledgement Documents
- PREA Cross-Gender and Transgender/Intersex Pat-Search Video (Moss Group)

**Interviews:**

- Random Staff (12 Juvenile Supervisor Officers- JSOs)
- Random Residents (10)

**Site Review Observations:**

- During the onsite audit, the auditor observed all areas of the facility, paying particular attention to the intake area where pat-searches are conducted on camera view and the housing units (Pods) where same-gender resident strip searches and showers take place in a private and off camera area. The viewing arrangement for the shower area in each Pod was thoroughly assessed, with each Pod being equipped with an individual shower stall featuring a door to ensure complete privacy (\*only allows for staff to observe the youth's lower leg/feet and head). The auditor confirmed that the inside of the shower rooms were not within camera view, ensuring the privacy of residents during showering activities. It was also verified that only same-gender staff were assigned to Pods, eliminating the risk of cross-

gender viewing incidents. In cases where an opposite-gender staff member needs to enter a housing unit, proper announcements are made to alert all youth on the Pod, ensuring awareness of the presence of opposite-gender staff. The auditor confirmed this practice through interviews with randomly selected residents and staff members, all of whom corroborated the institutionalized practice of opposite gender staff making an announcement of, "Male/Female entering the Pod." Throughout the onsite visit, the auditor conducted multiple facility walkthroughs, engaged in numerous interactions with staff and residents, and assessed all areas of the facility. At no point during these activities did the auditor identify any concerns related to opposite-gender viewing, searches, or privacy violations. Furthermore, the staff interviewed reiterated that only same gender staff are assigned to work on a Pod, and opposite gender staff rarely enter a Pod unless for an active emergency type situation.

During the onsite, the PC facilitated a demonstration of the intake process utilizing the facility's camera system, showcasing audio and visual monitoring of a same-gender JSO providing comprehensive PREA education to the youth at a table on the Pod. The video surveillance footage also showed this Officer monitoring the youth during the strip search and shower process, which was conducted with the resident off camera view in the individual shower room while the staff was seen on camera. It is essential to highlight that, at no point, was the youth in a state of undress while within camera view. The same-gender staff member remained on camera throughout the entirety of the process, ensuring the privacy of the youth. Moreover, no staff members or residents entered the housing unit during this time, which further ensured no possibility of opposite gender viewing.

**Explanation of Determination:**

**115.315**

**(a-c):** In accordance with agency policy and the standards outlined in the Texas Administrative Code (TAC), the Galveston County Juvenile Justice Department strictly prohibits staff from engaging in cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat searches. It is important to note that TAC 343.260 specifically mandates that juvenile facilities in Texas are only permitted to conduct same gender searches, without any exceptions. Additionally, the PC confirmed in the PAQ that the facility has not conducted any form of cross-gender search on a resident throughout the entire 12-month audit review period, and if such a situation were to occur in the future, the PC noted that this situation would be fully documented as required by provision (c).

During the onsite interviews, the JSOs provided detailed explanations of the facility's policy for resident searches, confirming that all searches are conducted by staff members of the same gender as the resident being searched. The JSOs indicated that they had never witnessed or participated in any instances of cross-gender searches for residents. Additionally, they disclosed receiving annual training on conducting cross-gender pat-searches and searches for transgender/intersex residents through a PREA video and a review of relevant policies. The auditor

confirmed that this training video is the video created by the National PREA Resource Center and DOJ Bureau of Justice Assistance and is a compliant training guide in cross-gender and transgender pat searches required by this PREA standard.

The staff interviewed elaborated on the training they receive annually on resident searches, which includes addressing exigent circumstances that may require a cross-gender pat-search. However, each staff member confirmed that there has always been at least one male and one female staff member on shift to ensure that a same-gender staff member is available 24/7 to conduct the search when required. The JSOs further explained that in the rare event of an exigent situation requiring a cross-gender pat-search (i.e., natural disaster event), such action would require authorization from a facility supervisor and/or administrator from the agency. Furthermore, any cross-gender searches would be conducted on camera view with an additional witness present and thoroughly documented.

During interviews with randomly selected residents, all individuals confirmed that they had only been searched by a JSO of the same gender as themselves. Additionally, each resident reported that the searches were consistently conducted in a professional and respectful manner. None of the interviewed youth raised any concerns regarding the search process, and they all expressed feeling safe during their time at the facility. The resident shared how they were pat-searched by a same gender staff member when they first entered the intake area, and then a same gender JSO monitored the strip search and shower process when they entered their housing unit after the intake process was completed. The residents stated that all showers are conducted one at a time, and all residents are able to shower in private with the shower door closed.

**(d):** The requirements of this provision are included in the agency's PREA Policy on page 6, as outlined below:

- "Nonmedical staff members of the opposite gender will not view residents in a state of partial or total undress including during showers, bodily functions, or clothing changes that expose the breasts, buttocks, or genitalia except in unavoidable exigent circumstances. The presence of a staff member of the opposite gender to the gender of the residents' assigned to a pod must be announced (e.g., D-Pod worker calls out to the girls in a voice loud enough to be heard throughout the pod "Male staff member in the pod" when a male worker is entering D-Pod)."

During interviews with JSOs, it was confirmed that only staff members of the same gender are assigned to work with the youth on each housing unit (Pod). In the rare instances where an opposite-gender staff member needs to enter a different-gender Pod (i.e., to assist with an emergency situation such as a fight or assault), a loud announcement is made to ensure that all youth and staff on the Pod are aware of the presence of the opposite-gender staff member. Each staff member and resident interviewed shared examples of the opposite gender staff announcements that are

made by staff at the facility, with the most frequent announcement being "male/female on the pod." The JSOs also outlined the facility's shower process, which involves residents using the private individual showers one at a time. During this time, opposite-gender staff members are not permitted on the unit, and it is mandatory for residents to be fully dressed when exiting the shower room.

During interviews with residents, it was confirmed that they have the ability to shower, use the restroom, and change their clothes in privacy, without any opposite-gender staff members viewing them. The youth expressed feeling safe while at the facility, and they did not report any concerns regarding the invasion of their privacy. Furthermore, residents indicated that staff consistently make announcements when entering a different-gender housing unit, ensuring that all individuals on the unit are aware of the presence of an opposite-gender staff member.

**(e):** The auditor confirmed that the elements required by this PREA provision are included on page 6 of the agency's PREA Policy, as noted below:

- "GCJD staff is prohibited from searching or physically examining a transgendered or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, it will be determined by medical practitioner following conversation with the resident, review of medical records, or, if necessary, by medical examination conducted in private by a medical practitioner."

During interviews with the randomly selected JSOs, it was confirmed that all employees were aware of the prohibition outlined above, and the staff further confirmed that they have never encountered a situation of having to conduct a search on a transgender/intersex resident. The staff shared that they did not recall a situation of a transgender/intersex resident ever being in the facility; however, if such a situation occurs in the future, the staff shared they felt comfortable with how the situation would be handled. The JSOs described how the PC reviews hypothetical PREA situations, such as the admission of a transgender or intersex youth into the facility, during each annual PREA refresher class. The staff members indicated that they understood the protocol for such situations, which involves facility management and the mental and medical health units examining the case on an individual basis to establish a compliant and suitable safety plan. Specific accommodations, such as using preferred pronouns and names, adjusting clothing options, preferred pat-search process, and determining housing and programming assignments, would be made as required. Additionally, periodic risk reassessments and check-ins would be conducted by a Mental Health Professional (MHP) and the PC to ensure the safety and well-being of the youth in question. The staff further emphasized that all residents are treated equally, with their rights safeguarded regardless of the circumstances. Special accommodations are implemented to ensure the safety and protection of vulnerable youth from sexual abuse and harassment within the facility.

In order to assess staff knowledge of key procedures related to working with a transgender/intersex resident at the facility, a hypothetical scenario was presented by the auditor to each JSO about a transgender youth being referred to the facility who was refusing to speak to anyone. The JSOs were asked how this situation would be handled to determine the biological sex of the youth and how the pat-search process would be conducted. In response, each staff member provided sufficient explanations that the youth's sex could be determined without the need for a physical search, and this was, of course, prohibited by agency policy. Instead, this determination could be achieved by reviewing intake paperwork, engaging in conversations with the youth and their parents, consulting the transporting officer and/or Juvenile Probation Officer, or seeking assistance from supervisors, counselors, or medical professionals. Additionally, if the youth is found to be uncomfortable with the normal operating procedure of a same gender staff conducting the pat-search during the intake process, a supervisor and/or the PC would be contacted to provide further instructions and to ensure the proper accommodations are made according to the PREA standards and agency policies.

**(f):** Page 6 of the agency's PREA Policy includes the requirements of this provision, as outlined below:

- "All juvenile supervision officers receive training on how to conduct pat-down searches of all prospective residents. Pat-down search of transgendered or intersex residents will be conducted according to department policies, procedures and training for pat searches by a staff member of the same gender as the resident as determined by medical staff. The pat-down search will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

The auditor confirmed that the agency has a training program in place for staff regarding search procedures, including cross-gender pat searches and pat searches of transgender residents. The curriculum includes a slide in the staff PREA training curriculum presentation and an instructional video developed by the PREA Resource Center and Department of Justice (DOJ). These training materials are made available to all staff during JSO Basic training, when they are first hired, and during annual PREA trainings after each state audit. The agency provided training verification documents as evidence that staff receive this training when initially hired and annually during refresher PREA training, as further explained by the auditor in section 115.331 of this report. The staff members interviewed also confirmed that this PREA cross-gender and transgender/intersex pat-search training video is provided annually, as well as a review of the corresponding policies and procedures.

**Conclusion:**

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



115.316	<p><b>Residents with disabilities and residents who are limited English proficient</b></p> <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>- Pre-Audit Questionnaire (PAQ)</li> <li>- Professional Interpreting Services Contract</li> <li>- MasterWord website (MasterWord - Connecting People Across Language &amp; Culture)</li> <li>- Staff PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Random Staff (12 JSOs)</li> <li>- No Disabled Residents</li> <li>- No Limited English Proficient Residents</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite visit, the auditor noted the presence of PREA signage in both English and Spanish displayed prominently throughout the facility. Each sign was easily visible, undamaged, and provided detailed instructions on how to make a PREA report. Furthermore, the auditor observed the intake process, during which the staff member administering the intake procedure read and explained the PREA information to the resident to ensure a comprehensive understanding. The resident was asked several questions related to PREA to confirm their comprehension, and both the staff member and resident signed acknowledgment forms signifying their understanding. Additionally, it is important to note that the auditor did not encounter any youth with disabilities or individuals who had limited proficiency in English throughout the onsite audit.</li> </ul> <p>Additionally, the auditor conducted successful test calls to the TJJD 24/7 reporting hotline and the Resource &amp; Crisis Center of Galveston, both of which are external third-party agencies. These agencies verified their ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Moreover, the TJJD Hotline operator informed the auditor that a translation service is readily available to assist youth with limited English proficiency in making a report.</p> <p><b>Explanation of Determination:</b></p>
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**115.316**

**(a-c):** The auditor confirmed that the agency's PREA Policy includes all the required elements of this PREA standard on pages 6 and 7, as outlined below:

- "GCJJD residents with disabilities of all types (e.g., learning disability, hearing impaired, visually impaired, limited English proficiency, intellectual, psychiatric or speech impediments, etcetera) will be accommodated in order for them to have an equal opportunity to participate in and benefit from all aspects of the Galveston County Juvenile Justice Departments efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Accommodations will include, when necessary, sign language interpreters, assistance from staff, professional interpreter services when bi-lingual staff members lack the specialized vocabulary to effectively translate (GCJJD maintains a contract with Masterword Services), large print, simplified explanations and other accommodations as necessary that ensure effective communication and the resident's right to participate in and benefit from all aspects of the Galveston County Juvenile Justice Departments efforts to prevent, detect, and respond to sexual abuse and sexual harassment regardless of disability. The Galveston County Juvenile Justice Department does not rely on resident interpreters, resident readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under §115.364 (Staff First Responder Duties), or the investigation of the resident's allegations."

Additionally, the auditor was provided an executed agreement between Galveston County and Masterword Services, Inc. This document clearly outlines how Masterword Services is a professional interpreting company that can be used at any time by the GCJJD. Additionally, the auditor confirmed from the Masterword company's website that this company is able to provide the following professional services:

- In-person, remote, and virtual interpreting and translation services (250 plus language combinations)
- Deaf, Hard of Hearing, and Blind services (sign language interpreting- American Sign Language, Certified Deaf, SEE, etc. and Tactile Interpreting- all highly qualified and certified professionals with experience to provide excellent communication outlines in diverse settings)

During the audit, it was discovered that the agency's staff PREA training curriculum includes training for all staff members on working with juveniles with disabilities and those who are limited English proficient. This training is provided to staff members when they are first hired and on an annual basis throughout their employment. Slide 16 of the training curriculum outlines the services available to residents with disabilities and provides guidance on how to ensure that these individuals benefit from department activities related to PREA. This includes individuals who are Deaf

or Hard of Hearing, Blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The training slide also emphasizes that juveniles with limited English proficiency will be provided with staff or professional interpreters in order to ensure they can fully participate in department activities related to PREA.

During discussions with the PC, who serves as both the facility's Facility Administrator and the PC, the auditor inquired about the facility's procedures to provide equal opportunities for youth with disabilities or those who have limited English proficiency to fully engage in the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. The PC shared the available comprehensive measures in place to accommodate all populations of youth, emphasizing that all staff members, particularly intake staff, receive specialized training to work effectively with diverse youth populations. Additionally, the facility employs bilingual staff proficient in both English and Spanish to facilitate communication for those youth whose primary language is Spanish.

In situations where a youth's circumstances necessitate additional support to ensure a complete understanding of PREA-related information, the facility has established appropriate protocols. For example, a mental health professional conducts a meeting with every youth admitted into the facility within a 48 hour period to review available services and provide a one-on-one, tailor-made comprehensive PREA education experience. Moreover, to cater to the needs of youth who are limited in English proficiency, Deaf or hard of hearing, or blind or have low vision, the agency has a contractual agreement with a professional interpreting services company. This service ensures that appropriate translation services are promptly available to facilitate effective communication and understanding for all individuals, regardless of their language capabilities or disabilities.

Furthermore, during interviews with JSOs, the auditor presented a hypothetical scenario in which a youth whose primary language was Spanish needed to make a PREA report to them. In response, all JSOs stated that they would not rely on another youth to translate in such a situation. Instead, they affirmed that an adult would be called in to assist, ensuring that the matter is handled appropriately and with the necessary sensitivity. Moreover, the staff members explained that Spanish-speaking staff are available to be called in on a case-by-case basis. In situations where language barriers exist, a supervisor would be contacted to coordinate the logistics of arranging for an adult translator to assist with interpreting and ensuring that the youth's report is accurately and comprehensively conveyed.

**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:** Exceeds Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Galveston County Website (Juvenile Supervision Officer - Recreation Instructor | Job Details tab | Career Pages (governmentjobs.com))
- Galveston County Application
- Texas Department of Public Safety Website (FACT Clearinghouse | TxDPS Crime Records Division (texas.gov))

**Interviews:**

- Human Resource Staff Member (Administrative Assistant)

**Explanation of Determination:**

**115.317**

**(a - c):** The agency includes the requirements of this provision, including elements 1-3, in their PREA Policy on page 7, as outlined below:

- "The Galveston County Juvenile Justice Department does not hire, promote or enlist the services of anyone (including contractors) who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or has been civilly or administratively adjudicated for 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."

The auditor also examined the agency's website to evaluate the hiring process and public disclosure of minimum qualifications. The review confirmed that the agency publishes the following information on its website to ensure the public is made aware of the disqualifying criminal history requirements:

- To be eligible for certification the applicant must meet eligibility requirements for appointment as a Juvenile Supervision Officer, shall not have disqualifying criminal history pursuant to TAC 349.7 (a)(B-D) and

343.15(c), must obtain current CPR certification, current First Aid certification, current physical restraint training/ certification, and eighty (80) hours of in-hire training that is approved by the Texas Juvenile Probation Commission, within the first six months of employment, to become certified as a Juvenile Supervision Officer. Thereafter, the applicant must (maintain and hold certification throughout employment) re-certify every two years, not have a disqualifying criminal history, receive eighty (80) hours of training every two years, and maintain certification in First Aid, CPR, and physical restraint. Staff should maintain a record of completed training for certification."

Page 7 of the agency's PREA Policy includes the requirement of provision (b), as outlined below:

- "The GCJJD will consider incidents of sexual harassment in determining whether to hire, promote or enlist the services of anyone."

Furthermore, the agency's PREA Policy on page 7 includes the required elements of provision (c), as outlined below:

- "Potential employees who may have contact with residents are screened prior to employment through TXDFPS database, TXDPS Sex Offender Registry, fingerprint based criminal background checks using Fingerprint Applicant Services of Texas (FAST), physical exam inclusive of drug test, psychological examination, employment reference check with prior employers and, written personal references from three person not related to the applicant who have known the applicant for at least one year."

The auditor found that the agency's policy goes beyond the minimum requirements of this provision by including additional background procedures such as conducting a drug screen, psychological examination, and obtaining written personal references.

Furthermore, during the onsite audit, the agency's Administrator Assistant provided comprehensive explanations regarding the agency's hiring process. She detailed the requirement for all individuals who may come into contact with residents in the facility, including employees, contractors, and volunteers, to answer the mandatory PREA questions. Moreover, the Administrator Assistant outlined the steps taken by the agency to conduct thorough background checks on these individuals pursuant to the requirements set forth by this PREA standard, which include criminal background checks, child abuse registry checks, and sex offender registry checks. As explained by the Administrative Assistant, these vetting procedures are essential to ensure that no individual with a disqualifying history is allowed to have contact with residents in the facility. In cases where a history of sexual harassment or other concerning behavior is identified during the vetting process, the Director of the agency holds the final decision-making authority to authorize employment or the

provision of services to youth within the facility. However, it was confirmed that no individual with disqualifying history related to this PREA standard was allowed access to youth at the facility.

**(d):** The agency's PREA Policy also includes the requirements of this PREA standard, as noted below:

- "Potential contract service providers, volunteers and interns who may have contact with residents are screened prior to contact with residents through TXDFPS database, TXDPS Sex Offender Registry, and fingerprint based criminal background checks using Fingerprint Applicant Services of Texas (FAST)."

It is important to highlight that the agency has taken proactive measures to enhance its screening procedures by subjecting all volunteers and interns to the same rigorous screening process as contractors, even though the PREA standards do not specifically outline screening requirements for volunteers and interns. This additional step goes beyond the minimum requirements of the particular PREA provision related to screening individuals who may have contact with residents in the facility.

The agency's commitment to applying consistent screening protocols for all individuals, including volunteers and interns, was confirmed through a review of contractor/volunteer personnel files and further corroborated during the interview with the Administrative Assistant. The agency's proactive approach in subjecting all individuals who may have contact with residents in the facility (including not only employees but also contractors, volunteers, and interns) to thorough screening procedures substantially exceeds the minimum requirements outlined in the PREA standards. By prioritizing comprehensive background checks and exceeding the standard expectations for vetting processes, the agency demonstrates a commitment to ensuring the safety and well-being of individuals within the facility.

**(e):** As noted in subsections (c) and (d) of this section of the Report, the GCJJD utilizes the FAST in order to subscribe all employees, contractors, volunteers, and interns to the FACT Clearinghouse, which, per the Texas DPS website:

- "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 criminal records stored at the DPS and the FBI are based on fingerprints submitted at the time of arrest. The DPS and the FBI use Automated

Fingerprint Identification Systems (AFIS) that take an electronic image of fingerprints submitted by FAST and compares it to fingerprints of persons previously reported to the DPS and the FBI as having been arrested in Texas or elsewhere in the Nation. The DPS and the FBI have criminal history files of all arrests, prosecutions and court dispositions, if they have been reported to the DPS. When a match is identified through either AFIS, the corresponding criminal history record is pulled from the DPS or the FBI system. FACT displays both results in one location.

- 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."

Note: Upon analyzing the proof evidence provided, the auditor determined that the agency significantly surpasses the minimum requirements of this specific PREA provision. The agency goes beyond expectations by subscribing not only all employees and contractors but also all volunteers and interns to the FACT subscription service. This was confirmed by the Administrative Assistant during her interview and through the personnel file review conducted onsite.

**(f):** As per the agency's PREA Policy on page 7:

- "Potential employees and current employees (during annual evaluation) will be asked if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or has been civilly or administratively adjudicated for 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."

During the audit, the agency's Administrative Assistant presented the agency's PREA Questionnaire form, which had been completed by each of the fourteen personnel files reviewed. The Administrative Assistant further explained that this questionnaire is a mandatory requirement for all employees, contractors, and volunteers before they are permitted to have any contact with residents in the facility. The questionnaires are completed by all staff on an annual basis to ensure full compliance with each element of this provision.

**(g & h):** According to the agency's PREA Policy on page 7:

- "Employees of the GCJJD are required to disclose any such conduct pursuant to federal law and state standards related to Abuse, Neglect and Exploitation. Material omissions regarding sexually abusive misconduct, or the provision of materially false information, shall be grounds for termination. The GCJJD will, upon request for information, notify an institutional employer if a former employee who has made application for employment is not eligible for rehire at the GCJJD based on substantiated allegations of sexual abuse or sexual harassment."

Additionally, the agency's Abuse, Neglect, and Exploitation Policy also includes procedures related to provision (g) on page 12, as noted below:

- "All staff, volunteers, and interns shall fully cooperate during the investigation of the allegation. If abuse, neglect or exploitation is being alleged towards a staff member, that staff member shall be placed on administrative leave or reassigned."

The agency's Administrative Assistant informed the auditor that she is authorized to disclose specific information related to a former employee's work history upon formal request. This information can include details such as whether the individual is eligible for rehire or if they were involved in a sexual abuse or sexual harassment incident as a perpetrator during their employment at the facility. However, all requests for such information undergo a review and approval process involving the Chief of the agency before any details are released.

During separate interviews with the agency's Administrative Assistant and the PC, it was confirmed that all staff members are informed about the agency's policy regarding material omission or providing false information related to misconduct, as outlined in the specific PREA standard. According to this policy, any employee found to have engaged in material omission or provided false information concerning misconduct is subject to termination of their employment.

#### **Employee, Contractor, Volunteer/Intern Personnel File Review**

During the onsite, the auditor reviewed the following randomly selected employee, contractor, and volunteer personnel files with the HR staff member to assess for compliance with the requirements of this PREA standard in practice at the facility:

- Nine JSOs
- Two Volunteers
- Three Contractors (Teacher, Counselor, & Medical Professional)

Through the file review process of each of the above individuals, the auditor utilized the PREA Documentation Review Worksheets to assess for and document the required elements of this PREA standard. Upon examination of each file, it was



confirmed that the required verification documents were included in each file. For example, each file included the annual completion of the PREA questions required by provision (f), the initial criminal history check and corresponding subscription to the DPS criminal history database required by provisions (c-e), applicable institutional reference checks for employees pursuant to provisions (a) and (c), child abuse registry check verifications required by provision (c), and the applicable PREA training. Additionally, it is important to note that through the auditor's review of each of the fourteen personnel files, there was no evidence to suggest non-compliance with the requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the required 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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC), who is also the agency's Facility Administrator (FA)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor did not observe any evidence to suggest any major building modifications or additions or newly upgraded or newly installed video monitoring equipment.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.318</u></b></p> <p><b><u>(a &amp; b):</u></b> According to the agency's PREA Policy on page 8:</p> <ul style="list-style-type: none"> <li>• "The GCJJD has numerous closed circuit video cameras throughout the facility including all hallways and common areas and three cameras per living unit (pod). These cameras are monitored by a control room operator and recorded to secured digital video recorders. The department will</li> </ul>

consider the effect of design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The department will consider how technology upgrades may enhance the department's ability to protect residents from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology."

Furthermore, the PC noted in the PAQ that the GCJJD has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. However, since the last PREA audit, the PC did indicate in the PAQ that the facility updated several cameras to include audio recording. This information was confirmed through the PC's testimony during the onsite visit, where he stated that the only changes to the video monitoring system made since the last PREA audit involved adding audio capabilities to some of the cameras.

Additionally, the PC mentioned during the onsite phase of the audit that a decision was made since the last PREA audit to relocate female residents to the housing unit closest to the Control Room and farthest away from the other housing units, occupied by male youth. This strategic move aimed to prevent cross-gender viewing and enhance overall safety measures within the facility.

**Conclusion:**

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

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</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>- Abuse, Neglect, &amp; Exploitation Policy</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Cooperative Working Agreement (creation of the Galveston County Sexual Assault Response Team)</li> <li>- Children's Advocacy Center Working Protocol</li> </ul>

- PREA Sexual Abuse Incident Review Checklist
- Letter to UTMB Emergency Department from the GCJJD
- Internal Investigation File Review
- Resource and Crisis Center of Galveston County (RCCG) website

**Interviews:**

- Random Staff (12 JSOs)
- PREA Coordinator/PC (Internal Investigator and Facility Administrator)
- Medical Professional (LVN)
- Mental Health Professional (MHP)
- Resource & Crisis Center of Galveston (RCCG): Program Director of Victim Support Services

**Site Review Observations:**

- Throughout the onsite phase of the audit, the auditor did not learn of any evidence to suggest a youth at the facility was involved in any type of PREA investigation or who had made a PREA report while at the facility. In addition, the auditor conducted a test call onsite to the RCCGC (local child advocacy center) and spoke with the Program Director of Victim Support Services. This Program Director explained the victim services provided by her organization, which included collaborating with law enforcement and medical/mental health professionals to conduct forensic interviews, forensic medical examinations, to provide victim support through specialized advocacy services, mental health services and treatment, emotional support services to the victim and his/her family, and follow-up support and referrals (all free of charge).

**Explanation of Determination:**

**115.321**

**(a):** The agency's PREA and Abuse, Neglect, & Exploitation Policies were provided to the auditor during the pre-onsite phase of the audit, along with the signed Working Agreements with the Galveston County Sexual Assault Response Team and the local Children's Advocacy Center. The auditor's review confirmed that the agency has a standardized evidence protocol in place, which aims to maximize the collection of usable physical evidence for both administrative proceedings and criminal prosecutions.

Moreover, according to GCJJD policies regarding the investigation of sexual abuse allegations, the department does not perform criminal investigations or process potential crime scenes for physical evidence that could be used in criminal prosecutions. However, it is required to immediately report all allegations of sexual

abuse to local law enforcement (Galveston County Sheriff's Office and TJJD Office of Inspector General), within one hour of receiving or learning of the initial allegation. Additionally, per these policies, while the department is obligated to conduct an internal investigation within 30 days, the agency will endeavor to protect and secure any area where a sexual assault is alleged to have occurred to preserve potential crime scenes and maximize the chances of obtaining usable physical evidence during the law enforcement investigation or forensic examination.

During interviews with the 12 randomly selected Juvenile Supervision Officers (JSOs) onsite, each of them demonstrated a clear understanding of the mandatory reporting requirements and applicable evidence protocol expectations for responding to allegations and incidents of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect at the facility. In their own words, each staff adequately described the protocol of immediately reporting such allegations to their immediate supervisor, the PC of the agency, the Texas Juvenile Justice Department (TJJD), and local law enforcement (for any allegation of sexual abuse/assault). The JSOs also mentioned that they review these procedures during annual trainings presented by the PC and have unimpeded access to department policies and procedures.

While the JSOs did not recall any specific instances in which a youth was alleged to have been a victim or perpetrator of sexual abuse or sexual harassment at the facility, they elaborated on the first responder duties they have been trained on in response to such situations. These duties include calling for assistance to ensure the safety of the victim and separate the victim from the perpetrator, instructing the victim and perpetrator to refrain from actions that could compromise or destroy usable physical evidence, making necessary notifications, documenting the incident, preserving and protecting the scene, and allow law enforcement in the facility to promptly process the crime scene and initiate the criminal investigation.

**(b):** The auditor verified that the protocols outlined in the Galveston County Assault Response Team's Working Agreement, as well as the relevant procedures included in the agency's policies for responding to sexual abuse situations, are deemed appropriate for youth and compliant with the requirements of this PREA provision. This confirms that the agency's policies and trained practices align with the necessary standards in addressing sexual abuse incidents involving residents at the facility. The interviews with the PC and Program Director of the RCCG also corroborated the appropriateness of the working protocols for responding to a sexual abuse situation at the facility.

**(c):** The auditor confirmed that a forensic medical examination would not be conducted at the facility, with the Galveston County Assault Response Team's Working Agreement outlining the procedures for the exam to be performed by a certified SANE/SAFE within 60 minutes of the victim's arrival at the hospital (University of Texas Medical Branch). Furthermore, the PC indicated in the PAQ that there has not been a situation at the facility in the past 12-month audit review period that required a forensic medical exam to be conducted. This information was also confirmed by the PC, medical and mental health professionals interviewed

onsite, and the Program Director of the local children's advocacy center- RCCGC.

**(d-f):** According to the agency's PREA Policy on page 8:

- "The Galveston County Juvenile Justice department will: provide alleged victims of sexual assault access to a victim advocate from the Resource & Crisis Center of Galveston County, Inc. or other rape crisis center; will provide medical treatment for victims of sexual abuse including testing for sexually transmitted diseases and HIV/ AIDS for any resident designated as a victim of sexual assault/ abuse that is confirmed by criminal investigation, internal investigation or Texas Juvenile Justice Department investigation; and will provide behavioral health care services for victims of sexual abuse including assessment by a mental health professional for any resident designated as a victim of sexual assault/ abuse that is confirmed by criminal investigation, internal investigation or Texas Juvenile Justice Department investigation free of charge to the juvenile or their family."

The auditor additionally confirmed that the Galveston County Cooperative Working Agreement and the local Child Advocacy Center Working Protocols meet the requirements outlined by this specific PREA standard. Specifically, they adhere to the requirements pertaining to forensic interviews, forensic medical examinations, victim advocacy, and follow-up care. This verification demonstrates that the protocols established by these agreements and protocols align with the necessary standards for handling these aspects related to sexual abuse investigations. This information was also confirmed by the PC, medical and mental health professionals interviewed onsite, and the Program Director of the local children's advocacy center.

Furthermore, this Policy also states that the GCJJD will request that any law enforcement agency investigating an allegation of sexual abuse/assault at the facility to comply with PREA standards set forth in Part 115.321(a-e) and as required by Part 115.321(g) of the Prison Rape Elimination Act National Standards. Additionally, the auditor was provided a signed letter from the Director of GCJJD that was sent to the Medical Director of UTMB Emergency Department. This letter requests that the UTMB perform any forensic medical examinations of any victim of sexual assault that is alleged to have occurred at the Galveston County Juvenile Justice Department's detention facility. The letter further clarifies that the hospital is required to assist with ensuring the following PREA requirements are provided to a victim of sexual abuse, as medically appropriate to the situation:

1. Perform medical forensic examinations that are developmentally appropriate for youth.
2. Conduct medical forensic examinations adopted 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 that maximizes the potential

for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.

3. Only utilize certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to conduct forensic medical examinations related to allegations of sexual assault or sexual abuse.
4. Allow, as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews including the provision of emotional support, crisis intervention, information, and referrals.

Additionally, the auditor also reviewed the RCCGC's website (<https://www.rccgc.org>) and verified the following services are provided by the RCCGC:

- 24-hour Reporting Hotline (888-919-SAFE)
- Confidential intervention services available 24-hour a day (English and Spanish)
- Case management, safety planning, and support services
- Therapeutic services for individuals, families, and groups
- Legal advocacy, assistance, and representation
- Sexual Assault services provide advocacy, crisis intervention and medical accompaniment to survivors of sexual assault and their families. This program also participates in case review teams to provide the survivor with support and empowerment through the criminal justice system.
- Crisis intervention is available on a walk-in basis
- Sexual Assault and Domestic Violence Resources
- Advocates provide accompaniment to hospitals, law enforcement offices, prosecutors' offices and courts for those adult survivors of stranger and non-stranger sexual assault.
- Advocacy is provided to adult survivors of stranger and non-stranger sexual assault 24 hours a day, 7 days a week through the 24-hours crisis hotline and accompaniment services.
- Medical accompaniment and accompaniment during forensic exams is provided to sexual assault survivors, regardless of age, 24-hours a day, 7 days a week.
- Resource and Crisis Center is mandated to meet legislative standards as a service provider for victims of family violence and is a certified Rape Crisis Center through the office of the Attorney General.
- RCC provides core, comprehensive services to victims of family violence through our Family Violence Center and to victims of sexual violence through our Rape Crisis Center to support their transition from victim to survivor. RCC's client services include: 24-hour crisis hotline, residential emergency shelter, crisis intervention, advocacy, medical accompaniment, case management, therapeutic services, and legal services. The continuum of services offered to our clients is designed to facilitate an inclusive healing process that leads to life free from violence.

### **PREA Investigative File Review:**

The auditor was provided the last two PREA internal investigations conducted at the facility since their last PREA audit, which, as per the PREA definitions, did not reach the level of sexual abuse or sexual harassment but were identified as verbal sexual misconduct and a staff ethical violation of policy. While onsite the PC provided his internal investigative files for each of these allegations, and the auditor and PC went over each file together during the internal investigator interview process. The auditor's analysis of these investigations are outlined below:

#### **1. Youth-on-youth sexual misconduct (verbal statement):**

1. Alleged Incident: One resident made a sexual comment to another resident.
2. Reporting: The victim reported the incident verbally to a supervisor, who promptly took action.
3. Response: The victim requested to call the TJJJ Reporting Hotline, and both residents were immediately separated and moved to different housing units.
4. Assessment: The TJJJ Office of the Inspector General (OIG) categorized the incident as "youth-on-youth sexual conduct" and recommended internal handling.
5. Investigation: The Internal Investigation Summary Report completed by the PC demonstrated that the investigation met the requirements outlined by the PREA standard for the situation.

#### **2. Staff (JSO) on resident alleged sexual comment (verbal statement):**

1. Alleged Incident: The alleged resident victim reported to a therapist at the facility that a JSO made a sexual comment to the youth.
2. Response: The therapist promptly informed the Deputy Director of Special Programs and the PC.
3. Actions Taken: Prompt notification to TJJJ OIG and local law enforcement, alleged perpetrator placed on administrative leave, and completion of a TJJJ Incident Report.
4. Assessment: The OIG initially assessed the allegation as "sexual abuse non-contact" but at the conclusion of the administrative investigation determined this allegation as unfounded. However, the JSO was found to have made an inappropriate comment to the resident and, therefore, this action was deemed an ethics violation of the TJJJ standards.
5. Investigation: A detailed internal investigation report outlined the facility and OIG's administrative investigations that were conducted simultaneously, addressing the alleged sexual comment and the subsequent ethics violation.

**Note:** It is important to reiterate that the two PREA allegations investigated at the facility since the last audit did not meet the threshold for sexual abuse or sexual harassment, according to the definitions outlined in the PREA standards. Despite this, the agency promptly responded to each allegation by taking immediate action

to ensure that the reports were quickly communicated to the appropriate authorities (TJJD OIG) and internal administrators within the facility. This ensured that thorough and comprehensive investigations were conducted to address the reported incidents effectively and in compliance with the necessary protocols and standards. By handling each allegation as a serious PREA matter, the agency demonstrated a commitment to addressing all concerns related to sexual misconduct and staff policy violations and maintaining a safe and accountable environment within the facility.

**Conclusion:**

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

115.322	Policies to ensure referrals of allegations for investigations
	<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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Agency Head Designee (PREA Coordinator/Facility Administrator)</li> <li>- Random Staff (12 JSOs)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor observed numerous PREA related signage throughout the facility, which included the agency's zero tolerance policy and reporting entities such as TJJD Office of Inspector General and other crisis reporting hotlines.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.322</b></p> <p><b>(a-c):</b> The auditor verified that the agency has two policies that ensure an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, the agency's PREA and Abuse, Neglect, &amp;</p>



Exploitation Policies. As noted in section 115.321 of this report, the agency is required, by local policy and states standards enumerated in the Texas Administrative Code, to report any allegation of sexual abuse to local law enforcement (Galveston County Sheriff's Office) immediately but not later than one (1) hour of when an allegation is initially made and, to the Texas Juvenile Justice Department (OIG) via phone within 4 hours of the time the person gains knowledge of or suspects the allegation occurred. Furthermore, per the agency's PREA Policy, allegations of sexual harassment will be investigated in the same manner as sexual assault and evaluated for the existence of criminal behavior and/ or emotional abuse. The department is required to conduct an internal investigation within 30 days of the allegation being made. The department policy on referral and investigation of sexual assault and sexual harassment will be maintained on the department website including the responsibilities of the department and law enforcement in investigating sexual misconduct at the Jerry J. Esmond Juvenile Justice Center.

Note: The Galveston County Sexual Assault Response Team Working Agreement also outlines the criminal investigative responsibilities of the team, which further confirms that sexual abuse allegations referred to Galveston County Sheriff's Office are investigated according to the applicable PREA standards.

The 12 randomly selected JSOs confirmed during their individual interviews onsite that they have been trained on the agency's requirements to report any allegation or incident of resident sexual abuse and sexual harassment immediately to TJJD, to their immediate supervisor and the PC, and to local law enforcement if sexual abuse is alleged. The staff shared how these mandatory reporting protocols are the same for any adult who enters the facility, and all staff, volunteers, and contractors are provided this information as a formal PREA training that is conducted before they have contact with residents in the facility and annually as PREA refresher trainings.

While onsite the auditor interviewed the agency's designated Facility Head, the PREA Coordinator (PC) who is also the agency's Facility Administrator (FA). The PC confirmed that the agency has institutionalized a policy to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. He explained the entirety of the investigative process, emphasizing that all allegations of resident sexual abuse and sexual harassment must be promptly reported internally, to the TJJD Office of Internal General (OIG), and to local law enforcement if the allegations involve sexual abuse/ assault.

The PC discussed further the investigative authorities for allegations of resident sexual abuse and harassment, highlighting that the TJJD OIG can conduct both criminal and administrative investigations, while the Criminal Investigative Division of the Galveston County Sheriff's Office handles criminal investigations in cases involving crimes against individuals. The PC explained that he has completed numerous courses on specialized training in conducting administrative investigations for PREA allegations and serves as the designated PREA

administrative investigator for the agency. He mentioned attending specific PREA investigator trainings conducted by the TJJJD OIG unit, with refresher training completed as recently as summer 2023. These trainings covered various aspects, such as techniques for interviewing juvenile sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the standards and evidence necessary to substantiate a case for administrative action or prosecution referral. Furthermore, the PC provided proof documentation of completion of these trainings to corroborate his statements and demonstrate his expertise in conducting PREA administrative investigations effectively and in accordance with established protocols.

During the interview with the PC, the PC and auditor reviewed the two internal investigations conducted since the previous audit, noting that these allegations did not meet the criteria for sexual abuse or sexual harassment as defined by PREA standards. A summary of each investigation is outlined below.

**PREA Investigative File Review:**

The auditor was provided the last two PREA internal investigations conducted at the facility since their last PREA audit, which, as per the PREA definitions, did not reach the level of sexual abuse or sexual harassment but were identified as verbal sexual misconduct. While onsite the PC provided his internal investigative files for each of these allegations, and the auditor and PC went over each file together during the internal investigator interview process. The auditor's analysis of these investigations are outlined below:

**1. Youth-on-youth sexual misconduct (verbal statement):**

1. Alleged Incident: One resident made a sexual comment to another resident.
2. Reporting: The victim reported the incident verbally to a supervisor, who promptly took action.
3. Response: The victim requested to call the TJJJD Reporting Hotline, and both residents were immediately separated and moved to different housing units.
4. Assessment: The TJJJD Office of the Inspector General (OIG) categorized the incident as "youth-on-youth sexual conduct" and recommended internal handling.
5. Investigation: The Internal Investigation Summary Report completed by the PC demonstrated that the investigation met the requirements outlined by the PREA standard for the situation.

**2. Staff (JSO) on resident alleged sexual comment (verbal statement):**

1. Alleged Incident: The alleged resident victim reported to a therapist at the facility that a JSO made a sexual comment to the youth.
2. Response: The therapist promptly informed the Deputy Director of Special Programs and the PC.
3. Actions Taken: Prompt notification to TJJJD OIG and local law enforcement, alleged perpetrator placed on administrative leave,

and completion of a TJJD Incident Report.

4. Assessment: The OIG initially assessed the allegation as "sexual abuse non-contact" but at the conclusion of the administrative investigation determined this allegation as unfounded. However, the JSO was found to have made an inappropriate comment to the resident and, therefore, this action was deemed an ethics violation of the TJJD standards.
5. Investigation: A detailed internal investigation report outlined the facility and OIG's administrative investigations that were conducted simultaneously, addressing the alleged sexual comment and the subsequent ethics violation.

Note: It is important to reiterate that the two PREA allegations investigated at the facility since the last audit did not meet the threshold for sexual abuse or sexual harassment, according to the definitions outlined in the PREA standards. Despite this, the agency promptly responded to each allegation by taking immediate action to ensure that the reports were quickly communicated to the appropriate authorities and internal administrators within the facility. This ensured that thorough and comprehensive investigations were conducted to address the reported incidents effectively and in compliance with the necessary protocols and standards. By handling each allegation as a serious PREA matter, the agency demonstrated a commitment to addressing all concerns related to sexual misconduct and maintaining a safe and accountable environment within the facility.

**Conclusion:**

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

115.331	Employee training
	<b>Auditor Overall Determination:</b> Exceeds 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>- Pre-Audit Questionnaire (PAQ)</li><li>- PREA Staff Training Curriculum (56 slides)</li><li>- PREA Training Acknowledgement Form</li><li>- Employee PREA Training File Review</li></ul>

**Interviews:**

- Random Staff (12 JSOs)
- PREA Coordinator (PC)

**Explanation of Determination:****115.331**

**(a):** The auditor confirmed that the agency's PREA Policy includes the eleven (1-11) training elements of this PREA provision therein, on pages 9 and 10. This Policy also states that the GCJJD shall provide comprehensive training to staff who have contact with residents through:

- PowerPoint slide show (overview of PREA);
- PREA video (including Moss Group Search Video);
- PREA related documents and policies;
- PREA e-Course;
- PREA curriculum available through the U.S. Department of Justice; and
- other PREA material as they come available.

To assess compliance with the required training elements of this PREA standard, the auditor was provided with a PowerPoint slide show presentation consisting of 56 slides that serves as an overview of PREA. The auditor conducted an extensive examination of the presentation to ensure it met the minimum requirements outlined in this PREA provision. Upon careful review, it was determined that the training presentation adequately covers all eleven training topics mandated by this PREA standard. This finding indicates that the facility has taken appropriate measures to ensure the inclusion of essential training content in their program. The auditor also interviewed the PC onsite, who trains staff on their PREA responsibilities pursuant to the requirements of this PREA standard. The PC confirmed that all staff complete 80 hours of training before having unsupervised contact with residents in the facility, with the mandatory topics of PREA covered with each new JSO before they have contact with residents. It was further explained that all staff, volunteers, and contractors complete refresher PREA training on an annual basis, which includes a comprehensive review of all the 11 training topics of this PREA provision, as well as other PREA related procedures such as resident searches, resident discipline, working with transgender/intersex residents, and abuse, neglect, and exploitation reporting protocols. The PC indicated that all staff sign an acknowledgement form at the completion of attending any PREA training, as well as the training sign-in sheets include an acknowledgement statement, as well.

The 12 randomly selected JSOs confirmed during their individual interviews onsite that they have been trained on the required PREA employee training topics when they were first hired during JSO Basic and mandated to attend refresher PREA trainings on an annual basis. The auditor asked each JSO several questions about the PREA training provided since they have been working for the agency, including

open-ended questions about the most important topics to them they remembered from their most recent PREA training course. Each JSO shared several examples of training topics they recalled, in which information was shared such as the mandatory reporting protocols, how to ensure resident and staff safety, first responder duties, how to communicate effectively with youth who identify as LGBTI, how to ensure the necessary accommodations are made for a resident who identifies as transgender/intersex, resident search procedures, red flags they may observe related to a youth who is a victim of abuse or going through a crisis/trauma type situation, resident rights, how youth are provided PREA information, the dynamics of working with juveniles at the facility, and professional boundaries, etc. The staff confirmed that after each PREA training, they sign an acknowledgement form that verifies their attendance and level of understanding.

**(b):** As per the agency's PREA Policy on page 9, it is stated that the PREA training delivered is customized to align with the specific characteristics and needs of the juveniles housed at the Jerry J. Esmond Juvenile Justice Center, encompassing both male and female residents. The auditor validated the accuracy of this claim through a comprehensive analysis of the PREA PowerPoint presentation provided in the Pre-Audit Questionnaire (PAQ). The contents of the presentation were assessed to ensure they are relevant, appropriate, and tailored to address the unique circumstances of the juvenile population. The auditor's examination confirmed that the PREA training presentation aligns with the agency's policy and effectively caters to the juveniles' requirements at the Jerry J. Esmond Juvenile Justice Center. Furthermore, since the facility houses both male and female residents, all staff receive the applicable gender specific training to ensure they can effectively work with all residents at the facility.

**(c):** According to the agency's PREA Policy, as stated on page 9, staff members undergo PREA training during their initial hiring process. Additionally, they receive refresher training on PREA and/or information regarding current sexual abuse and sexual harassment topics annually. The initial PREA training was found to include all the required element of provision (a), as outlined in the policy. However, during the audit, the auditor discovered evidence indicating that the agency goes beyond the minimum requirements of this PREA provision by implementing a practice of providing comprehensive PREA refresher training to all staff members on an annual basis, rather than the required two-year interval. This finding indicates that the agency has institutionalized a higher standard of training frequency, demonstrating their commitment to ensuring staff competence and awareness regarding PREA and related issues. This was also confirmed as an institutional practice through the onsite interviews with staff, the PC, and the auditor's PREA training file review for the random sample of staff selected.

**(d):** According to the agency's PREA Policy on page 10, it is stated that after receiving PREA training, each employee is required to sign an acknowledgement form, indicating their understanding of the training received and their role in preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. In order to demonstrate the agency's commitment to ensuring staff comprehension of PREA training, the auditor was provided with the agency's 'PREA

Training Acknowledgement' form by the PREA Coordinator (PC). The acknowledgement form prominently displays an initial acknowledgement statement at the top, which reads as follows:

- "I acknowledge that I have participated in training on the Prison Rape Elimination Act."

Furthermore, the Acknowledgement Form includes the eleven required training topics specified in provision (a), and at the bottom of the form, another acknowledgement statement is documented:

- "I acknowledge that I have participated in PREA training and that I understand the training, including my role in the prevention, detection, reporting, and responding to sexual abuse and sexual harassment."

Beneath this second acknowledgement statement, there is a section for the staff member to print their name, provide their signature, and write the date. This comprehensive acknowledgment process ensures that all staff members formally recognize their participation in PREA training and their responsibilities regarding addressing and preventing sexual abuse and sexual harassment.

**Staff PREA Training File Review:**

The auditor randomly reviewed nine JSO training files to evaluate compliance with PREA standards. The analysis confirmed that each of the nine JSOs had attended PREA training upon initial hire, as part of JSO Basic Training for relevant staff hired since the facility implemented PREA, and annually through refresher courses on PREA training.

The auditor's review concluded that the agency goes above and beyond the minimum requirements of this PREA standard by ensuring that all staff receive annual PREA refresher training. This proactive approach to continuous training and education indicates the agency's commitment to maintaining a high level of awareness, preparedness, and compliance with PREA standards. By providing regular refresher training to staff, the agency demonstrates a dedication to fostering a culture of vigilance, accountability, and safeguarding against sexual abuse and sexual harassment within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the 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

## **Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- PREA Training Curriculum (56 Slides)
- Specialized PREA Training Curriculum for Medical/Mental Health Care (Modules 1-4)
- PREA Training Acknowledgement Form
- Specialized PREA Training Pre and Post Test Form
- Contractors/Volunteers PREA Training File Review

### **Interviews:**

- Two Volunteers (Religious)
- Three Contractors (Therapist, Medical Professional, & Teacher)

### **Explanation of Determination:**

#### **115.332**

**(a - c):** According to the agency's PREA Policy on page 10:

- "The Galveston County Juvenile Justice Department ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities and role in the prevention, detection, reporting and responding to sexual abuse and sexual harassment according to GCJJD policies and procedures. Volunteer and contractor training will be commensurate with the level of services and type of contact they have with facility residents. At a minimum, all volunteers and contractors will be notified of the department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The department will maintain documentation verifying that volunteers and contractors understand the training they receive."

In order to demonstrate how the agency complies with the requirements of this PREA standard in practice, the auditor was provided the PREA PowerPoint slide presentation that is provided to each volunteer and contractor. This presentation is the same 56-slide presentation of an overview of PREA that is provided to each staff member, as explained in section 115.331 of this report.

As noted in the previous section, the auditor reviewed the presentation and confirmed that, at a minimum, the 11 training topics of provision (a) of PREA

standard 115.331 are included therein the presentation. Therefore, the PREA training provided to each volunteer and contractor who have contact, or may have contact, with residents at the GCJJD is fully compliant with the requirements of this PREA standard.

Furthermore, the same PREA training acknowledgement forms that are used for staff are also used for all volunteers and contractors, as verified by the auditor. The acknowledgement forms ensure that all volunteers and contractors who attend the PREA training understand the PREA topics presented and understand their responsibilities pursuant to the requirements of this PREA standard.

The auditor conducted interviews on-site with two volunteers providing religious services at the facility and three contractors, including a mental health professional, medical practitioner, and teacher. During the interviews, each individual explained their PREA training, which they received before gaining access to the facility. The contractors and volunteers were asked open-ended questions about their understanding of responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies. These individuals effectively communicated their knowledge of the agency's policies regarding reporting procedures under PREA, as well as how to ensure the safety and protection of residents from harm. The individuals advised that they receive PREA training at least annually, with the medical and mental professionals sharing that they completed specialized PREA training in accordance with the scope of their duties.

**Contractor & Volunteer Training File Review:**

The auditor examined the PREA training records for two volunteers and three contractors during the onsite interviews. It was evident from the review that each of these individuals had completed mandatory PREA training before interacting with residents at the facility, which was documented on each individual's PREA acknowledgement forms included in their files. Additionally, the contractors underwent annual refresher training due to their regular contact with residents. Moreover, the medical and mental health professionals' files included verification of specialized PREA training in accordance with PREA standard 115.335, which was in addition to the regular PREA training they complete annually.

**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>



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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- PREA PowerPoint Slide Presentation
- PREA Video
- Reporting Allegations by Juveniles & Juvenile Grievances Form
- PREA Comprehensive Education Acknowledgement Form
- Periodic PREA Education Refresher Acknowledgement (Samples)
- Detention Therapy Services Form
- PREA Periodic Detention Risk Assessment Form
- Resident PREA File Review
- Staff PREA Training Curriculum

**Interviews:**

- Intake Staff (Supervisor)
- Random Residents (10: 7 from pre and 3 from post)
- Random Staff (12 JSOs)
- Mental Health Professional (MHP)
- PREA Coordinator (PC)

**Site Review Observations:**

- During the onsite phase of the audit, the auditor noted the presence of PREA signage in both English and Spanish displayed prominently throughout the facility. Each sign was easily visible, undamaged, and provided detailed instructions on how to make a PREA report. The PREA signs consisted of information about how residents have the right to have free and confidential access to the TJJJD toll-free number for reporting allegations or suspicions of sexual abuse, sexual harassment, abuse, neglect, and/or exploitation (and, instructions on how to make such a call in private); details on how to make a PREA report to staff within the facility; how youth can access the local children's advocacy center and other local and/or national advocacy or crisis organizations to make a report and/or be provided emotional support services related to sexual abuse; and the agency's zero tolerance statement.

Furthermore, the auditor observed the intake process, during which the staff members conducting the intake process read and explained the PREA information to

the resident to ensure a comprehensive understanding. The resident was asked several questions related to PREA to confirm the youth's understanding of the information provided, and both the staff member and resident signed acknowledgment forms signifying their understanding. The intake staff member who covered the initial PREA orientation with the youth and the staff member on the Pod who provided the comprehensive PREA education both were able to conduct their duties without interruption and made it a point to make sure the youth fully comprehended the information presented. Moreover, it is important to note that the auditor did not encounter any youth with any communication barriers, serious disabilities, or individuals who had limited proficiency in English throughout the onsite audit.

Additionally, the auditor conducted successful test calls to the TJJJD 24/7 reporting hotline and the Resource & Crisis Center of Galveston, both of which are external third-party agencies that can receive reports of abuse or harassment and notify the proper authorities. These agencies verified their ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports.

Moreover, the TJJJD Hotline operator informed the auditor that a translation service is readily available to assist youth with limited English proficiency in making a report and anonymous reports are accepted.

**Explanation of Determination:**

**115.333**

**(a):** As per the agency's PREA Policy on page 10,

- "The Galveston County Juvenile Justice Department presents residents with age appropriate information regarding the department's zero tolerance policy regarding sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment, how to report allegations of sexual abuse or sexual harassment and, their right to be free from retaliation for reporting such incidents during the intake orientation process."

The auditor conducted a review of intake PREA orientation documents used by intake officers to ensure compliance with the relevant PREA provision. Two specific forms, namely 'Reporting Allegations by Juveniles' and 'Juvenile Grievances,' were examined. The analysis revealed that both forms contain essential information, meeting the minimum requirements set forth by the department. Notably, these documents outline the department's zero tolerance policy towards sexual abuse and harassment, emphasize the juveniles' right to be free from such misconduct, provide guidance on reporting allegations of sexual abuse or harassment, and safeguard against any form of retaliation for reporting such incidents.

In addition to the aforementioned forms, another document titled 'Juvenile Justice Center Detention Orientation Rules and Regulations' was reviewed. This twelve-

page document functions as a comprehensive resident handbook, covering a wide range of topics. The contents include a detailed explanation of PREA, facility rules, resident rights, a breakdown of minor and major infractions with corresponding disciplinary actions, the disciplinary review and appeal process, approved individuals' communication procedures (phone calls, visits, mail, etc.), mental and medical healthcare services, information about nutrition and meals, guidelines for personal hygiene, available educational programming, identification of off-limit areas, and an overview of the behavior level system. This document is reviewed with each juvenile admitted into the program during the intake process, and the auditor confirmed that residents are able to take this packet of documents to their housing unit, if so desired.

The procedures described above were verified to be an institutional practice by the auditor's thorough onsite assessment, which was evident through the interviews conducted onsite with the Intake Supervisor and the 12 randomly selected JSOs. The Intake Supervisor detailed the PREA orientation process during initial intake, ensuring it is done within 1-2 hours of a resident's arrival. The Supervisor's office in the Intake Unit was highlighted for privacy, confidentiality, and oversight, with video monitoring and direct observation through a large window. It was shared that the PREA orientation includes explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. For example, the Intake Supervisor described how the different methods in place for a resident to make a PREA report are emphasized on the orientation form, with also reviewing the facility's resident grievance process that is reviewed using a grievance orientation form. He explained the specifics related to conducting the orientation process, including verifying each resident's understanding through questioning, observation, and signed acknowledgment forms. In addition, during interviews with the 12 JSOs, it was verified that residents receive PREA information during the intake process and undergo more comprehensive education when escorted to their assigned housing units. Each staff member was keenly aware of the PREA signs posted all throughout the facility, which provided individuals instructions for how to make a PREA report and the agency's zero tolerance policy.

In addition, during interviews with ten randomly selected residents, it was confirmed that they received the orientation PREA information upon their initial arrival at the facility. The residents recalled the Intake Officer delivering the PREA information during the intake process, with a subsequent review by a JSO on their respective Pod. Additionally, the residents affirmed meeting with a counselor within a few days of their arrival, during which further PREA information was provided. Each resident stated that they signed an acknowledgment form after receiving the PREA information. Furthermore, the residents were able to identify the location of PREA posters within the facility and articulate the information displayed on the posters, which includes details on reporting procedures and the agency's zero tolerance policy for sexual abuse and harassment.

**(b):** According to the agency's PREA Policy on page 10:

- "Resident education will be conducted in person through verbal explanation, in writing through facility orientation information and through the use of video based PREA education resources (e.g., Comprehensive Resident Educational Video produced by PRC and JDI)."

To effectively demonstrate the agency's compliance with the PREA standard in practice at the facility, the auditor was provided with several resources. These include two forms titled 'Galveston County Juvenile Justice PREA Comprehensive Education Acknowledgement' and 'Detention Services - Galveston County.' Additionally, the auditor received a PREA PowerPoint slide presentation and a comprehensive education video that is shown to each resident within 10 days of their arrival at the facility. Upon reviewing the PREA video and PowerPoint presentation, it was evident that the facility provides every resident with a comprehensive and age-appropriate education. The educational materials cover essential topics of this PREA standard, including the residents' rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. Furthermore, the materials also explain the agency's policies and procedures for responding to reported incidents, ensuring that residents are aware of the protocols in place to address any potential issues effectively.

As verified by the auditor during the onsite review, the facility employs a comprehensive approach to PREA education through a dual system. Following the initial intake process, a JSO conducts a detailed PREA education review on the housing unit with each new intake, as confirmed by statements from JSOs, the PC, and the Intake Supervisor. This review involves a thorough examination of the agency's 12-page Orientation Rules and Regulations packet and ends with the staff member and resident signing and dating the acknowledgement of understanding document that is maintained in each resident's detention folder.

Additionally, within approximately 48 hours of arrival, all residents meet with a licensed counselor and medical professional, as noted in documentation and interviews with the MHP and PC on-site. During these sessions, residents receive age-appropriate education in a private setting on their rights to be free from sexual abuse, harassment, and retaliation, as well as agency response protocols. The counselor and resident both sign an acknowledgement of understanding form, demonstrating compliance with this process, as confirmed by the MHP and through the documentation review. The MHP also shared that the PREA Power Point presentation and a PREA video are provided to each resident within the two business days, which is to ensure all residents fully comprehend their rights as residents and how to make a report if they are involved in or suspect any type of sexual abuse, sexual harassment, retaliation, or staff neglect.

The PC mentioned the requirement for staff working in the Pods to conduct periodic comprehensive PREA education refresher sessions for all residents, indicating the playing of PREA educational videos and subsequent PREA discussions lead by the staff on the Pod every quarter. This proactive measure aims to remind residents of vital PREA information, particularly beneficial for long-term residents. Completed

acknowledgement forms from the most recent PREA refreshers, containing resident names and signatures, dates, and staff signatures, were shared with the auditor, demonstrating the facility's commitment to exceeding minimum requirements and fully institutionalizing additional education opportunities for residents.

Note: The acknowledgement statement on the periodic PREA education refresher acknowledgement form states:

- "I have viewed the Comprehensive Resident Educational Video produced by the PREA Resource Center and Just Detention International. I understand that all residents have a right to be free from sexual abuse and sexual harassment. I also understand the importance of reporting and how to report allegations of sexual abuse and sexual harassment."

In addition, during interviews with ten randomly selected residents, it was confirmed that they received the orientation PREA information upon their initial arrival at the facility. The residents recalled the Intake Officer delivering the PREA information during the intake process, with a subsequent review by a JSO on their respective Pod. Additionally, the residents affirmed meeting with a counselor within approximately two days of their arrival, during which further PREA information was provided. Each resident stated that they signed an acknowledgment form after receiving the PREA information. Furthermore, the residents were able to identify the location of PREA posters within the facility and articulate the information displayed on the posters, which includes details on reporting procedures and the agency's zero tolerance policy for sexual abuse and harassment.

The residents demonstrated a comprehensive understanding of how to make a PREA report through various channels, such as in writing, verbally, confidentially, privately, and anonymously, as well as to external entities like the TJJJD Hotline, or to their parents, guardians, JPOs, counselors, among others. They also displayed knowledge of the facility's grievance process and the procedure for requesting to call the TJJJD Hotline by informing a staff member and being accompanied to the Intake Office for assistance. Despite their familiarity with reporting mechanisms in place at the facility, the residents confirmed that they had not encountered situations warranting a PREA report, as they were unable to recall any incidents rising to the level of sexual abuse or harassment during their time at the facility.

**(c):** The auditor's findings indicate that all juveniles admitted to the facility undergo the same intake and comprehensive education process, regardless of whether they are transferred from another facility or referred for any other reason. This consistent approach ensures that every juvenile entering the facility receives the same PREA orientation and comprehensive PREA education as outlined above. Additionally, during individual interviews, both the Intake Supervisor and the 12 JSOs confirmed that all youth undergo the same mandatory intake process, whether they are being transferred or returning to the facility.

**(d):** Per the agency's PREA Policy, as explained in the "Resident Education" section on page 10:

- "Resident orientation and education regarding sexual abuse and sexual harassment will be delivered to residents in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, as well as those who have limited reading skills."

Additionally, the auditor was provided an executed agreement between Galveston County and Masterword Services, Inc. This document clearly outlines how Masterword Services is a professional interpreting company that can be used at any time by the GCJJD. Additionally, the auditor confirmed from the Masterword company's website that this company is able to provide the following professional services:

- In-person, remote, and virtual interpreting and translation services (250 plus language combinations)
- Deaf, Hard of Hearing, and Blind services (sign language interpreting- American Sign Language, Certified Deaf, SEE, etc. and Tactile Interpreting- all highly qualified and certified professionals with experience to provide excellent communication outlines in diverse settings)

Furthermore, it was discovered that the agency's staff PREA training curriculum includes training for all staff members on working with juveniles with disabilities and those who are limited English proficient. This training is provided to staff members when they are first hired and on an annual basis throughout their employment.

Slide 16 of the training curriculum outlines the services available to residents with disabilities and provides guidance on how to ensure that these individuals benefit from department activities related to PREA. This includes individuals who are Deaf or Hard of Hearing, Blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The training slide also emphasizes that juveniles with limited English proficiency will be provided with staff or professional interpreters in order to ensure they can fully participate in department activities related to PREA.

During discussions with the PC, who serves as both the facility's Facility Administrator and the PC, the auditor inquired about the facility's procedures to provide equal opportunities for youth with disabilities or those who have limited English proficiency to fully engage in the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. The PC shared the available comprehensive measures in place to accommodate all populations of youth, emphasizing that all staff members, particularly intake staff, receive specialized training to work effectively with diverse youth populations. Additionally, the facility employs bilingual staff proficient in both English and Spanish to facilitate communication for those youth whose primary language is Spanish.

In situations where a youth's circumstances necessitate additional support to ensure a complete understanding of PREA-related information, the facility has established appropriate protocols. For example, a mental health professional conducts a meeting with every youth admitted into the facility within a 48 hour period to review

available services and provide a one-on-one, tailor-made comprehensive PREA education experience. Moreover, to cater to the needs of youth who are limited in English proficiency, Deaf or hard of hearing, or blind or have low vision, the agency has a contractual agreement with a professional interpreting services company.

This service ensures that appropriate translation services are promptly available to facilitate effective communication and understanding for all individuals, regardless of their language capabilities or disabilities.

Furthermore, during interviews with JSOs, the auditor presented a hypothetical scenario in which a youth whose primary language was Spanish needed to make a PREA report to them. In response, all JSOs stated that they would not rely on another youth to translate in such a situation. Instead, they affirmed that an adult would be called in to assist, ensuring that the matter is handled appropriately and with the necessary sensitivity. Moreover, the staff members explained that Spanish-speaking staff are available to be called in on a case-by-case basis. In situations where language barriers exist, a supervisor would be contacted to coordinate the logistics of arranging for an adult translator to assist with interpreting and ensuring that the youth's report is accurately and comprehensively conveyed.

**(e):** The agency's PREA Policy includes the documentation requirements of this PREA provision and states:

- "Documentation of resident participation in PREA required educational topics is maintained in each resident's intake folder."

To demonstrate how the agency ensures that all youth admitted into the facility receive the required PREA orientation and comprehensive PREA education outlined in provisions (a) and (b), the PREA Coordinator (PC) provided the auditor with the relevant documents used by the facility.

The documents titled 'Reporting Allegations by Juveniles,' 'Juvenile Grievances,' and 'Juvenile Justice Center Detention Orientation Rules and Regulations' are utilized by the facility to review the initial PREA orientation materials with each resident upon admission. These forms include acknowledgement statements and sections for both the resident and staff member responsible for reviewing the material to print their name, sign, and date.

In addition, to ensure proper documentation of the comprehensive PREA education provided to each resident admitted into the facility, the agency has institutionalized the practice of using two forms: 'Galveston County Juvenile Justice PREA Acknowledgement' and 'Detention Services- Galveston County.' The first form serves as an acknowledgement form and includes a statement that is read by each resident who watches the PREA comprehensive education video produced by the PREA Resource Center and Just Detention International. The statement emphasizes the right of all residents to be free from sexual abuse and sexual harassment and emphasizes the importance of reporting and how to report allegations of such incidents. The second form is utilized by the agency's counseling unit and is completed by therapists during follow-up meetings with the youth. The form

documents whether the juvenile was shown the PREA PowerPoint presentation and whether the procedure for reporting abuse was explained to them. These counseling forms provide a record of the counseling session, ensuring that the youth's understanding of the PREA information is assessed, and their mental health is addressed after their admission to the facility.

**(f):** According to the agency's PREA Policy on page 10,

- "Abuse prevention posters with information for reporting sexual abuse and sexual harassment are posted throughout common areas of the Jerry J. Esmond Juvenile Justice Center in accordance with Texas Administrative Code standards."

The postings of the PREA posters indicated above were confirmed to be in place upon the auditor's inspection of the facility during the onsite phase of the audit. Additionally, the information from these PREA posters is also published on the agency's website to ensure the public is aware of the implementation of PREA safeguards at the facility.

**Resident PREA Orientation/Education File Review:**

The auditor examined the detention folders of ten randomly selected pre-adjudication and five randomly selected post-adjudication residents who were in the facility within the past 12 months. The examination of the 15 resident files concluded that the agency maintains the necessary PREA verification documents to sufficiently demonstrate that each resident received and understood the initial PREA orientation during the intake process within 1-2 hours of admission, as mandated by provision (a) of this PREA standard. Additionally, there was documented evidence that each resident had met with a MHP within 10 days of intake to receive comprehensive PREA education, as required by provision (b) of this standard. As previously noted, samples of completed periodic PREA resident education refresher verification documents were provided to the auditor by the PC, which further demonstrates how the agency substantially exceeds the minimum requirements of this PREA standard in practice.

Note: There were no issues of concern identified through this review and all the required documentation was easily located in each of the resident files.

**Conclusion:**

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

<b>115.334</b>	<b>Specialized training: Investigations</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
- Pre-Audit Questionnaire (PAQ)
- Specialized Sexual Abuse Investigations Training Verifications and Curriculum

### **Interviews:**

- PREA Coordinator (PC)

### **Explanation of Determination:**

#### **115.334**

**(a-c):** According to the agency's PREA Policy on pages 10 and 11:

- "The Galveston County Juvenile Justice Department does not conduct criminal investigations, evidence collection or interviews for the purpose of criminal prosecution. In consideration of the fact that Juvenile residents cannot consent to sexual contact, the Galveston County Juvenile Justice Department is required to report all allegation of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made. Law enforcement investigators and/ or officers of the Administrative Investigations Division of the Texas Juvenile Justice Department conduct formal investigations pursuant to PREA 115.321 and 115.334."

As indicated above, the agency's PREA Policy clarifies that while they are unable to conduct criminal investigations, all allegations of sexual abuse are immediately reported to local law enforcement and the TJJD. However, the auditor was informed by the PREA Coordinator (PC) that there are two administrators designated as primary administrative investigators responsible for conducting internal PREA investigations. These administrators include the Deputy Director of Detention Services and the Deputy Director of Casework.

To verify their compliance with the requirements of this PREA standard, the PC provided the auditor with the corresponding training verifications for each internal investigator. This documentation indicated that the training was completed in 2018 and included the TJJD OIG investigator training course description, training agenda, email communications, and signed TJJD certificates of completion for each internal investigator. Additionally, a TJJD refresher investigator training certificate dated July 2023 was provided in order to demonstrate how the PC completed a recent refresher investigator course presented by TJJD OIG.

Upon review of the verification documents, it was evident that the investigator training completed by the two administrative investigators covered the required

training elements of this PREA standard, meeting the minimum requirements.

In addition, while onsite the auditor interviewed the agency's designated Facility Head, the PREA Coordinator (PC) who is also the agency's Facility Administrator (FA). The PC confirmed that the agency has institutionalized a policy to ensure that an administrative and/or criminal investigation is completed or all allegations of sexual abuse and sexual harassment. He explained the entirety of the investigative process, emphasizing that all allegations of resident sexual abuse and sexual harassment must be promptly reported internally, to the TJJD Office of Internal General (OIG), and to local law enforcement if the allegations involve sexual abuse/assault.

The PC discussed the investigative authorities for allegations of resident sexual abuse and harassment, highlighting that the TJJD OIG can conduct both criminal and administrative investigations, while the Criminal Investigative Division of the Galveston County Sheriff's Office handles criminal investigations in cases involving crimes against individuals. The PC explained that he has received specialized training in conducting administrative investigations for PREA allegations and serves as the designated PREA administrative investigator for the agency. He mentioned attending specific PREA investigator trainings conducted by the TJJD OIG unit, with refresher training completed as recently as summer 2023. These trainings covered various aspects, such as techniques for interviewing juvenile sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the standards and evidence necessary to substantiate a case for administrative action or prosecution referral.

Furthermore, the PC provided proof documentation of completion of these trainings to corroborate his statements and demonstrate his expertise in conducting PREA administrative investigations effectively and in accordance with established protocols. During the interview with the PC, the two internal PREA investigations conducted since the previous audit were reviewed, noting that these allegations did not meet the criteria for sexual abuse or sexual harassment as defined by PREA standards. The PC walked the auditor through each investigation and shared the investigative documents with the auditor.

**Conclusion:**

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

<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
- Pre-Audit Questionnaire (PAQ)
- PREA Training Curriculum (56 Slides)
- Specialized PREA Training Curriculum for Medical/Mental Health Care (Modules 1-4)
- PREA Training Acknowledgement Form
- Specialized PREA Training Pre and Post Test Form
- Contractors/Volunteers PREA Training File Review

**Interviews:**

- Medical Professional (Contracted)
- Mental Health Professional (Contracted)

**Explanation of Determination:**

**115.335**

**(a-d):** According to the agency's PREA Policy on pages 10 and 11:

- "The Galveston County Juvenile Justice Department will at a minimum, ensure that all full- and part-time medical and mental health care practitioners who work regularly in the Jerry J. Esmond Juvenile Justice Center have been trained in:
  1. How to detect and assess signs of sexual abuse and sexual harassment;
  2. How to preserve physical evidence of sexual abuse;
  3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
  4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment.
- The department will maintain signed acknowledgement that medical and mental health practitioners have received training mandated for employees pursuant to 115.332 and specialized training for medical and mental health practitioners pursuant to 115.335.

In order to demonstrate how the facility ensures that all medical and mental health care staff are trained pursuant to this PREA standard, the PC provided the auditor with the specialized PREA training course curriculum and verification of completion certificates for each professional. This specialized PREA training was found to

include four training modules that are titled as follows:

1. Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment (55 minutes);
2. Module 2: Reporting and the PREA Standards (50 minutes);
3. Module 3: Effective and Professional Responses (30 minutes); and
4. Module 4: The Medical Forensic Examination and Forensic Evidence Preservation (60 minutes).

To ensure that medical and mental health care professionals at the facility understand the PREA training they have completed, the auditor was provided with two verification documents. The first document is titled 'Specialized Training: Acknowledgement PREA Medical and Mental Care Standards,' and the second document is titled 'Specialized Training: PREA Medical and Mental Health Care Standards Pre/Post Test.' These documents serve as evidence of the professionals' completion and understanding of specialized training pursuant to the requirements associated with this PREA standard.

Moreover, the Pre/Post test consists of 50 questions, which are administered to all medical and mental health professionals working at the facility. This test helps evaluate their understanding of the required standards. The acknowledgement form includes a statement that each professional must read, sign, and date. The statement asserts their acknowledgment and verification of participating in training encompassing the four modules required for medical and mental health care providers. Upon review of the provided verification materials, it is evident that the facility adheres to the required elements of this PREA standard both in policy and practice.

The auditor conducted interviews on-site with two volunteers providing religious services at the facility and three contractors, including a mental health professional, medical practitioner, and teacher. During the interviews, each individual explained their PREA training, which they received before having contact with youth at the facility. The contractors and volunteers were asked open-ended questions about their understanding of responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies. These individuals effectively communicated their knowledge of the agency's policies regarding reporting procedures under PREA, as well as how to ensure the safety and protection of residents from harm. The individuals advised that they receive PREA training at least annually, with the medical and mental professionals sharing that they completed specialized PREA training in accordance with the scope of their duties. The MHP and medical professional interviewed elaborated on their expertise related to PREA and explained how medical and mental health services are readily available to any resident who may need the applicable services and treatment.

**Contractor & Volunteer Training File Review:**

The auditor examined the PREA training records for two volunteers and three contractors during the onsite interviews. It was evident from the review that each

of these individuals had completed mandatory PREA training before interacting with residents at the facility, which was documented on each individual's PREA acknowledgement forms included in their files. Additionally, the contractors underwent annual refresher training due to their regular contact with residents. Moreover, the medical and mental health professionals' files included verification of specialized PREA training in accordance with PREA standard 115.335.

**Conclusion:**

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

**115.341 Obtaining information from residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- PREA Behavioral Screening/Unit Classification Assessment Form
- PREA Periodic Detention Risk Assessment Form
- Resident PREA File Review

**Interviews:**

- Intake Supervisor
- Random Residents (10)
- Targeted Resident (1- prior victimization on risk screening)
- Mental Health Professional (MHP)
- PREA Coordinator (PC)

**Site Review Observations:**

- During the onsite audit, the auditor observed the intake procedures for a new resident being processed at the facility. The Intake Supervisor, responsible for conducting the intake, administered the PREA orientation and completed the Noble PREA Behavioral Screening assessment, the agency's risk screening tool required by the PREA standard. The screening was conducted in a setting that allowed for a

private conversation with the resident while maintaining video surveillance and providing a clear view through the intake large window for oversight.

The Intake Supervisor reviewed each question on the risk screening, allowing the resident ample time to provide thorough responses. In addition to the risk screening, the Intake Supervisor utilized other intake paperwork to gather information essential for an accurate risk assessment. The auditor noted the secure electronic storage of the risk screening form to ensure confidentiality and prevent unauthorized access to sensitive information, underscoring the facility's commitment to data privacy and confidentiality in line with PREA requirements. As per the Intake Supervisor, the only other staff allowed to review the Behavioral Screening information are the administrators, other Supervisors, and the Mental Health Unit.

**Explanation of Determination:**

**115.341**

**(a-c):** According to the agency's PREA Policy on page 11:

- "The Galveston County Juvenile Justice Department will attempt to obtain information regarding each resident's personal history and behavior related to their risk of sexual abuse or sexual victimization upon admission to the facility and periodically throughout a resident's confinement. The Galveston County Juvenile Justice Department will obtain objective information regarding sexual history and sexual behavior using the department form entitled PREA/Behavior Screening/Unit Classification Form. The PREA/Behavior Screening/Unit Classification Form is completed in Detention or Residential during the intake process on every child within 48 hrs. of admission. All subsequent periodical contact and interviews will be conducted by the Therapist, Deputy Director of Special Programs, Supervisor Special Programs, Deputy Director Detention, or the Detention Superintendent every 60 days using the PREA Periodic Detention Risk Assessment Form."

**(d-e):** As per the agency's PREA Policy on page 11:

- "This information will be obtained through conversation during the intake process (i.e., completion of intake process, classification assessment, medical screening, health screening) by reviewing relevant documentation from the resident's files related to facility behavior, court records, case files, and other applicable information.
- Sensitive information obtained pursuant to PREA standard 115.341 is confidential and will be disseminated on a need to know basis in order to ensure that staff or another resident to the resident's detriment does not exploit the information."

Additionally, the auditor was provided with the agency's PREA Behavioral Screening/

Unit Classification Assessment Form, which serves as a tool for conducting and documenting the screening requirements outlined in the PREA standard. Upon reviewing this form, it became evident that the assessment tool is an objective instrument that fully aligns with the requirements of the PREA standard.

Furthermore, it is important to highlight that the facility's PC completes the agency's custom-made PREA Periodic Detention Risk Assessment form for each resident in the facility. This assessment is conducted at least every 60 days to ensure regular check-ins on residents and to mitigate the risk of sexual abuse against or by a resident.

To verify the institutionalization of the requirements outlined in this PREA standard at the facility, the auditor conducted interviews and analyzed randomly selected risk screenings for 15 residents admitted within the 12-month audit period. During onsite interviews, the auditor discussed with an Intake Supervisor the procedures related to conducting the Noble Behavioral Screening. The Supervisor effectively explained conducting the screening within 1-2 hours of a resident's admission and adopting a conversational approach to elicit accurate responses. Furthermore, the screenings are carried out in the Intake Office to ensure privacy while allowing for video monitoring and direct observation through a large window.

The Intake Supervisor described the nature of questions on the risk screening and the significance of the assessment in ensuring resident safety and preventing sexual abuse and harassment. In cases where a resident is identified as at risk, the Supervisor indicated a coordinated approach involving facility managers and the mental health unit to establish a strategy for safety and security. Access to completed risk screenings is restricted to Supervisors, administrators, and mental health professionals, with the assessments securely stored in the Noble software program. These security measures were also confirmed by the PC. The PC also shared how he conducts periodic risk re-assessments, with using the agency's specially developed assessment tool. Samples of completed periodic risk screenings were presented onsite to showcase compliance with this requirement. The PC elaborated on utilizing ad-hoc reports and calendar reminders to track residents whose length of stay reaches the 60 day mark, ensuring that the required periodic re-assessments are consistently carried out for each applicable resident.

During interviews with ten residents, each was asked whether they recalled being asked the risk screening questions during their intake process upon arriving at the facility. All ten residents confirmed that they were asked these questions when they first arrived at the facility by an Intake Supervisor. Additionally, one resident, identified as having experienced sexual victimization prior to arriving at the facility, mentioned meeting with a counselor within a week of admission. The Mental Health Professional (MHP) interviewed also verified this practice, stating that a counselor meets with each youth admitted to the facility within about two business days. During this initial counseling session, comprehensive PREA education is provided and reviewed with the resident, as well as counseling services are explained and provided on an as needed basis.

	<p><b>Resident PREA File Review:</b></p> <p>During the onsite phase of the audit, the auditor randomly selected and reviewed ten resident detention files from the pre-adjudication program and five from the post-adjudication program. In all fifteen resident files examined, the agency's risk screening assessments completed during the intake process (within 1-2 hours of admission) were included, demonstrating compliance with the standard practice. Additionally, the risk screenings confirmed that none of the youth identified as LGBTI or had significant disabilities that could impair their understanding of the PREA information provided or contribute to an increased risk of abuse. Moreover, for two longer-tenured residents at the facility, completed periodic risk re-assessments were provided to showcase the process of conducting periodic re-screenings at around the 60-day mark of their stay.</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>115.342</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Behavioral Screening/Unit Classification Assessment Form</li> <li>- PREA Periodic Detention Risk Assessment Form</li> <li>- Resident PREA File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Intake Supervisor</li> <li>- Random Residents (10)</li> <li>- Random Staff (12 JSOs)</li> <li>- Targeted Resident (1- prior victimization on risk screening)</li> <li>- Mental Health Professional (MHP)</li> </ul>



- PREA Coordinator (PC)

**Site Review Observations:**

- During the onsite audit, the auditor observed the intake procedures for a new resident being processed at the facility. The Intake Supervisor, responsible for conducting the intake, administered the PREA orientation and completed the Noble PREA Behavioral Screening assessment, the agency's risk screening tool required by the PREA standard. The screening was conducted in a setting that allowed for a private conversation with the resident while maintaining video surveillance and providing a clear view through the intake large window for oversight.

The Intake Supervisor reviewed each question on the risk screening, allowing the resident ample time to provide thorough responses. In addition to the risk screening, the Intake Supervisor utilized other intake paperwork to gather information essential for an accurate risk assessment. The auditor noted the secure electronic storage of the risk screening form to ensure confidentiality and prevent unauthorized access to sensitive information, underscoring the facility's commitment to data privacy and confidentiality in line with PREA requirements. The only other staff allowed to review the Behavioral Screening information are the administrators, other Supervisors, and the Mental Health Unit. The Intake Supervisor had a facility roster board above his computer and used the risk screening and this board to determine the safest housing/programming assignment for the youth being processed.

During the facility-wide onsite inspection, the auditor observed all areas of the facility and observed that there was no specialized housing for youth who identified as LGBTI. Additionally, none of the residents who were in their rooms during the inspection were there due to a PREA-related incident. This observation was further supported by the auditor's review of a representative sample of disciplinary seclusions while onsite.

While meeting with the PC in his office, the auditor was provided with the facility's disciplinary seclusion log containing records of all seclusions imposed on residents in the past six months. The auditor then randomly selected five entries to review the actual disciplinary seclusion reports for any PREA-related language. Out of the five reports examined, there was no indication that the reasons for placing the youth in seclusion were related to PREA incidents.

**Explanation of Determination:**

**115.342**

According to the agency's PREA Policy on page 12:

**(a):** "The Galveston County Juvenile Justice department will utilize the risk screening process described above to inform staff decision making regarding housing, bed, work, education, and program assignments with the goal of keeping residents who are determined to be at risk of sexual victimization separated from

residents determined to be at risk of being sexually abusive and will take immediate action to protect these residents."

The Intake Supervisor interviewed confirmed the practice of using the information ascertained from the risk screenings to subsequently determine housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. In cases where a resident is identified as at risk, the Supervisor indicated a coordinated approach involving facility managers and the mental health unit to establish a strategy for safety and security. Access to completed risk screenings is restricted to Supervisors, administrators, and mental health professionals, with the assessments securely stored in the Noble software program. These security measures were also confirmed by the PC. The PC also shared how he conducts periodic risk re-assessments, with using the agency's specially developed assessment tool. Samples of completed periodic risk screenings were presented onsite to showcase compliance with this requirement. The PC elaborated on utilizing ad-hoc reports and calendar reminders to track residents whose length of stay reaches the 60 day mark, ensuring that the required periodic re-assessments are consistently carried out for each applicable resident.

**(b):** "Protective isolation will only be utilized as a last resort when less restrictive measures are inadequate to mitigate an identified risk to a sexually vulnerable resident only as long as it takes to devise an alternative means of keeping all residents safe. A juvenile assigned to protective isolation will be afforded their right to daily large muscle exercise and educational programming or special education services and, other programs to the extent possible. Persons assigned to protective isolation will be afforded daily visits from a medical or mental health care clinician."

During individual interviews, the 12 randomly selected Juvenile Supervision Officers (JSOs) and the PC confirmed that they could not recollect any instance where a resident was placed in isolation in their room as a result of a PREA-related incident or situation. Staff members explained that if a youth is isolated in their room for any reason, essential services like medical and mental health care, as well as rights to exercise and educational programming, are not restricted. Furthermore, the PC emphasized that in cases where a youth is isolated due to disciplinary or protective reasons, both TJJD standards and agency policies mandate that these fundamental rights must be provided without limitation. The medical and mental health professionals interviewed onsite also confirmed this practice, and they advised they have never been restricted or denied access meeting with a resident in the facility on any type of isolation status in his/her room. The only limitations of meeting a youth directly would be if a resident is actively in a state of aggression, at which time the medical and mental health professionals shared how they can either wait until the youth calms down or meet the youth with the room door closed.

**(c):** "Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents will not be assigned to specific housing, bed, or other assignments solely on the basis of such identification or status nor will the department consider their identification or status as LGBTI as an indicator of likelihood of being sexually abusive." This was confirmed through the onsite inspection, with the housing units separated out as

one pre-adjudicated Pod for female residents and the remaining Pods housing male residents. During the onsite interview, the PC affirmed that if a youth is at risk due to their particular identification or other valid reasons unrelated to their identity, the situation would be escalated to management and the mental health unit to ensure a thorough safety status review is completed. Similarly, the Intake Supervisor shared a similar response regarding potential safety concerns identified during the intake process. The Supervisor stated that upon detecting a safety issue, he would promptly notify his direct supervisor and involve the mental health department to collaboratively determine the most appropriate course of action.

**(d):** "Decisions to place transgender or intersex residents in male or female housing units will be decided on a case-by-case basis in order to best protect the health and safety of all residents, and whether the placement would present management or security problems."

The PC, MHP, and Intake Supervisor provided insights into the intake process, highlighting the use of various assessments to determine safety and appropriate room, programming, and educational assignments for residents. They explained that when considering housing and programming placements for transgender or intersex residents, the agency evaluates on a case-by-case basis factors such as the resident's health and safety, as well as potential management or security concerns express by the youth and the administrative team.

While the facility has had limited experience with transgender youth admissions due to its small population and the dynamics of the surrounding community, the administrators emphasized that any such cases would be handled on an individual basis. In the event of admitting a transgender resident in the future, the situation would be assessed and staffed case-by-case, with serious consideration given to the resident's own perceptions of safety within the facility. Furthermore, since all youth are provided an individualized shower that provides complete privacy, there is no need to make any special accommodations associated with the shower process.

**(e):** "Placement and programming assignments for each transgender or intersex resident assigned to the facility will be assessed at least twice per year to review any threats to safety experienced by the resident." The PC and MHP verified that all residents are scheduled to meet with a therapist within two business days of their arrival at the facility, as well as on an as needed periodic basis throughout a resident's stay in the facility. Additionally, they outlined a specific protocol for periodically checking in with youth who identify as transgender or intersex to monitor their well-being and ensure they are not experiencing bullying, harassment, or abuse.

**(f & g):** "Serious consideration will be given to a transgender or intersex persons own view of their safety needs. All showers at the juvenile justice center are conducted in private affording all person including transgender and intersex persons the opportunity to shower separately from other residents." As noted above, it was confirmed during the onsite inspection and through the interviews conducted onsite that all residents shower in private shower rooms that allow for maximum privacy.

Additionally, all youth are required, as a matter of facility rules, to be fully dressed before exiting the shower area and their rooms. For any situation involving a transgender/intersex resident who is in the facility, the PC, Intake Supervisor, and MHP interviewed each confirmed that the resident's own views with respect to his/her own safety shall be given serious consideration when determining the most appropriate and safest housing/programming/education assignments, and this is also an element of safety assessed when the PC conducts the periodic risk re-assessments.

**(h & i):** "The basis for the facility's concern for the resident's safety and the reason why alternative means of separation cannot be arranged and a review every 30 days regarding the continuing need for separation from the general population will be documented in writing in each resident's file."

During the interview with the PC, he emphasized that isolating a resident due to safety concerns would be considered as a last resort, with less restrictive options unavailable due to exigent circumstances. The facility has multiple housing units that can be utilized for resident movement to address safety concerns. If a protective isolation is approved, the resident would be placed on a rotating programming schedule to ensure their rights are protected per TJJD standards. The PC stated that documentation would be maintained for any PREA-related safety and security threats necessitating protective measures, and as the Facility Administrator, he would be responsible for authorizing any restrictive measures. The PC explained that such situations would be staffed with the agency Director, mental health unit, and detention supervisors.

The PC also mentioned that he could not recall a situation since the last PREA audit involving placing a resident in protective or disciplinary seclusion due to a PREA-related issue, a finding corroborated by the auditor's examination of disciplinary seclusion reports, which did not indicate any PREA-related situations. Additionally, the Protective Isolation Log required to be maintained and audited annually by TJJD was blank in the past 12 months, indicating that no such situations were approved during that period.

**Resident PREA File Review:**

To evaluate compliance with the requirements of this PREA standard in practice, the auditor thoroughly examined the agency's PREA Behavioral Screening/Unit Classification Assessment Form. This comprehensive assessment form was found to fully comply with PREA standard 115.341 and is utilized to make housing, bed, program, & education for residents. The primary objective is to ensure the safety and prevent sexual abuse for all residents. Additionally, the PC indicated in the PAQ and during his interview onsite that no residents were identified as being at risk of sexual victimization during the past 12-month audit review period. As a result, none of the residents in the facility during this time frame and during the onsite were placed in isolation for a PREA reason.

During the onsite phase of the audit, the auditor randomly selected and reviewed ten resident detention files from the pre-adjudication program and five from the

post-adjudication program. In all fifteen resident files examined, the agency's risk screening assessments completed during the intake process (within 1-2 hours of admission) were included, demonstrating compliance with the standard practice. Additionally, the risk screenings confirmed that none of the youth identified as LGBTI or had significant disabilities that could impair their understanding of the PREA information provided or contribute to an increased risk of abuse. Moreover, for two longer-tenured residents at the facility who were included in this sample, completed periodic risk re-assessments were provided to showcase the process of conducting periodic re-screenings at around the 60-day mark for all applicable residents. This substantially exceeds the minimum PREA requirement associated with reassessing at least twice each year to review any threats to safety experienced by a resident who identifies as transgender or intersex. The auditor also examined each of the fifteen risk screenings and confirmed that the information obtained from each screening assessment was sufficiently used to subsequently make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Furthermore, due to the facility being a juvenile facility, there are no work opportunities available for residents.

**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> <li>- Agency's Abuse, Neglect, &amp; Exploitation Policy</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Reporting Allegations by Juveniles &amp; Juvenile Grievances Form</li> <li>- Juvenile Justice Center Detention Orientation Rules &amp; Regulations Packet</li> <li>- PREA Comprehensive Education Acknowledgement Form</li> <li>- Detention Therapy Services Form</li> <li>- PREA Periodic Detention Risk Assessment Form</li> </ul>

- PREA Staff Training Curriculum & Acknowledgement Form

**Interviews:**

- Random Staff (12 JSOs)
- Random Residents (10)
- PREA Coordinator (PC)/Facility Administrator (FA)

**Site Review Observations:**

- During the onsite, the auditor conducted successful test calls to the TJJJ 24/7 reporting hotline and the Resource & Crisis Center of Galveston, both of which are external third-party agencies. These agencies verified their ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Moreover, the TJJJ Hotline operator informed the auditor that a translation service is readily available to assist youth with limited English proficiency in making a report.

During the onsite, the auditor also noted the presence of PREA signage in both English and Spanish displayed prominently throughout the facility. Each sign was easily visible, undamaged, and provided detailed instructions on how to make a PREA report. The PREA signs consisted of information about how residents have the right to have free and confidential access to the TJJJ toll-free number for reporting allegations or suspicions of sexual abuse, sexual harassment, abuse, neglect, and/or exploitation (and, instructions on how to make such a call in private); details on how to make a PREA report to staff within the facility; how youth can access the local children's advocacy center and other local and/or national advocacy or crisis organizations to make a report and/or be provided emotional support services related to sexual abuse; and the agency's zero tolerance statement.

The auditor observed the intake process while onsite, which involved a staff member providing information on the various PREA reporting options available to residents and staff at the facility. During this process, the staff member posed questions to ensure the resident understood the material presented. Subsequently, both the staff member and the resident signed an acknowledgment form documenting the completion of the process and confirming the resident's comprehension of the information presented. Additionally, the staff member reviewing the initial orientation material also covered the grievance process with the newly admitted youth. The Grievance Form reviewed with the newly admitted resident included information on the purpose of the grievance system, the steps for filing a grievance, and the review process for submitted grievances.

The auditor was informed during the onsite inspection that residents are instructed to place their written grievances in a sealed envelope and then deposit the envelope on the Pod window seal, located next to the Pod entry door. This area was verified by the auditor to be under 24/7 audio and visual monitoring. The PC and

Intake Supervisor explained that grievances are collected daily, usually immediately after being placed on the window seal, either by the PC or an Intake Supervisor. The PC mentioned that the facility previously used secure grievance boxes on the housing units but shifted to the window seal process due to increased efficiency.

**Explanation of Determination:**

**115.351**

As per the agency's PREA Policy on pages 12 and 13:

**(a):** "The Galveston County Juvenile Justice Department affords all residents multiple internal ways of reporting sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment, neglect or violation of duties and responsibilities that may have contributed to such incidents."

During interviews with ten randomly selected residents, it was confirmed that they received the orientation PREA information upon their initial arrival at the facility. The residents recalled the Intake Officer delivering the PREA information during the intake process, with a subsequent review by a JSO on their respective Pod. Additionally, the residents affirmed meeting with a counselor within approximately two days of their arrival, during which further PREA information was provided. Each resident stated that they signed an acknowledgment form after receiving the PREA information. Furthermore, the residents were able to identify the location of PREA posters within the facility and articulate the information displayed on the posters, which includes details on reporting procedures and the agency's zero tolerance policy for sexual abuse and harassment.

During interviews with the residents, they successfully demonstrated their understanding of the various methods of reporting available at the facility, which included the processes for making a report of sexual abuse, sexual harassment, retaliation for making a report, and staff neglect. Residents articulated different ways to make a PREA report, including informing a trusted staff member or adult, calling the confidential TJJD Hotline known as the "PREA Line" during intake without disclosing their name, submitting a sealed grievance anonymously or with their name, writing a report or letter, notifying a parent/guardian during a visit or call, or informing their JPO, nurse, attorney, Judge, or counselor. Residents were also asked about staff members they trust and could approach with concerns, with each resident providing at least two staff names. When asked if they had experienced sexual abuse or harassment at the facility, all residents stated that they had not. One resident mentioned hearing about an incident involving inappropriate comments made by a youth, which was promptly addressed by staff and did not escalate. Furthermore, all residents expressed feeling safe within the facility and had no specific concerns to share regarding the reporting processes available or anything associated with PREA.

The twelve JSOs interviewed were each asked an open-ended question of the multiple ways a resident can make a PREA report, and each staff member successfully shared their knowledge of the different methods. For example, the

staff described how residents can tell any adult in the facility they trust; make a third-party report to their parents/guardians/attorney/JPO via phone call, visit, or writing a letter; call the TJJD Hotline or write and submit a sealed grievance (including anonymously if so desired); and calling one of the crisis lines posted throughout the facility. All the staff shared that all residents are provided this information by an Intake Supervisor when they first arrive at the facility and again when they are escorted to their assigned Pod.

**(b - e):** "The GCJJD will provide juveniles reasonable, free and confidential access to report allegations of abuse, neglect, exploitation, or harassment to the Texas Juvenile Justice Department to the greatest extent possible. Any juvenile reporting or requesting to report alleged abuse, neglect, exploitation or harassment to the Texas Juvenile Justice Department will be provided the opportunity and access to pen and paper to complete a grievance form and/ or access to a telephone to access the Texas Juvenile Justice Department's toll-free number. Staff are required to accept reports made verbally, in writing, anonymously, from third parties, and to document any verbal report and forward said allegation to local law enforcement (Galveston County Sheriff's Department - CID) and the Texas Juvenile Justice Department Administrative Investigative Division. The Abuse hotline of the Texas Juvenile Justice Department is serves as a method for staff, contractors, volunteers, and the public to privately report sexual abuse or sexual harassment of residents. Residents being held solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security."

Furthermore, the agency's PREA Policy also outlines the following procedures on page 15 that are relevant to the reporting requirements of this PREA standard:

- "The Texas Juvenile Justice Department and the Texas Administrative Code provide/ require multiple mechanisms for third party reporting of sexual abuse and sexual harassment (i.e., toll free hotline phone number, telephone number, e-mail address, facsimile number, physical address and mailing address) and, requirement for the distribution of literature and posting of information on how a third party can report sexual abuse and sexual harassment on behalf of a resident (i.e., A Guide For Parents And The Public: Recognizing and Reporting Abuse, Neglect, & Exploitation of Children in Texas Juvenile Justice Programs and Facilities). Additionally, administrators of the Galveston County Juvenile Justice Department including the Chief Juvenile Probation Officer, Facility Administrators for both the Pre and Post-Adjudication Detention Programs, and Department Supervisors are accessible to the public for the reporting of allegations or concerns regarding any facet of department operation including allegations of sexual abuse or sexual harassment."

The auditor also analyzed the agency's Abuse, Neglect, & Exploitation Policy, which further outlines the agency's zero tolerance stance and includes how residents are notified of the different methods to make a PREA report through the PREA signage



posted throughout the facility. This Policy outlines the following pertinent procedures:

- "The Galveston County Juvenile Justice Department prominently displays signage provided by TJJD stating the department has a zero-tolerance policy concerning abuse of the youth we serve. This information is posted in the lobby, visitation rooms, intake office, Unit A, Unit B, Unit C, Unit D, Unit E, Classroom 1, Classroom 2, Classroom 3, Classroom 4, Classroom 5, Classroom 1J, Classroom 2J, Classroom 3J, Classroom 4J, Classroom 5J, cafeteria, medical, gym, control room, detention lounge, administrative lounge and various hallways throughout the facility. This information is posted in both English and Spanish.
- The Galveston County Juvenile Justice Department and its employees must report allegations of abuse, neglect or exploitation or the death of a juvenile to local law enforcement, TJJD and other appropriate governmental units and to report serious incident to TJJD.
- All juveniles have the right and shall be provided with reasonable, free, and confidential access to TJJD for reporting allegations of abuse, neglect, and/or exploitation (including death) to the Texas Juvenile Justice Department.
- Juveniles shall be advised both verbally and, in writing during orientation into a facility or program of their right to report allegations of abuse, neglect, exploitation or death.
- Juveniles shall be advised in writing during orientation into the facility or program of the Texas Juvenile Justice Department's toll-free number (1-877-786-7263) available for reporting allegations of abuse, neglect, or exploitation.
- The Intake officer/juvenile supervision officer/ program coordinator conducting orientation for any program or facility of the Galveston County Juvenile Justice Department shall provide the juvenile with written orientation information upon admission into the program or facility. The orientation information/packet shall include written notification regarding the juvenile's right to: report allegations of abuse, neglect, or exploitation; and the TJJD's toll-free number available for reporting allegations of abuse, neglect, or exploitation. The Intake officer/juvenile supervision officer/ program coordinator will document the provision of the orientation information by obtaining the juveniles signature on an acknowledgement form to be retained in the juvenile's program file.
- The Galveston County Juvenile Justice Department will provide juveniles reasonable, free and confidential access to report allegations of abuse, neglect, or exploitation, including death to the Juvenile Justice Department to the greatest extent possible. Any juvenile reporting or requesting to report alleged abuse, neglect, or exploitation to the Juvenile Justice Department shall be provided the opportunity to complete a grievance form and/ or access to a telephone to access the Juvenile Justice Department's toll-free number. If the juvenile request to make the report by phone, the staff member shall contact the Intake officer/juvenile supervision officer/

program coordinator on duty to facilitate the juveniles contact with the Juvenile Justice Department by phone as soon as practicable based on existing factors pertaining to facility safety, security, and the orderly operation of the program / facility."

To further evaluate compliance with this PREA standard, the auditor examined the facility's procedures for making PREA reports. It was confirmed that the facility includes multiple methods for residents to report incidents of sexual abuse, harassment, staff neglect, or retaliation. Upon admission into the facility, each resident is provided with PREA orientation material both during the initial intake process and when escorted to their assigned housing unit, which outlines the various reporting options available and other PREA information.

Additionally, within approximately two business days of arrival, all residents meet in private with a licensed counselor to review the agency's comprehensive PREA education material. The MHP and PC interviews onsite and the documentation review attested to this practice. In addition, the PC ensures all residents are provided a PREA refresher information periodically throughout their stay, which includes showing the residents a PREA educational video. Proof documentation of this practice was shared with the auditor onsite.

The facility further ensures accessibility to reporting options by displaying numerous PREA posters throughout the premises in both Spanish and English. These posters contain contact information for reporting incidents to the TJJD and emphasize the confidentiality and anonymity available to residents. Furthermore, the facility ensures that all residents are informed about the facility's grievance process, which serves as an additional avenue to report incidents confidentially and anonymously.

The facility's PC plays a crucial role in reinforcing the reporting methods. Through the completion of the agency's PREA Periodic Detention Risk Assessment form every 60 days, the PC ensures that residents are reminded about the different ways to make a PREA report. This includes asking residents if they are aware of how to report incidents and providing additional explanations if necessary.

During individual interviews with the 12 randomly selected JSOs, each JSO affirmed their training on the agency's requirements to immediately report any allegations or incidents of resident sexual abuse and sexual harassment to TJJD, their immediate supervisor, and the Facility Administrator (PC). They also acknowledged the obligation to report to local law enforcement if sexual abuse is alleged. The staff members emphasized that these reporting protocols apply universally to all adults entering the facility, and comprehensive formal PREA training is provided to staff, volunteers, and contractors before they have contact with residents, with annual refresher trainings. Staff members disclosed that upon receiving or learning of any PREA-related allegations, they are required to document the incident promptly, no later than the end of their shift.

The JSOs also noted the facility's open-door policy for addressing PREA concerns, which was explained has a positive reporting culture where issues can be discussed

up the chain of command without fear of reprisal. Additionally, staff members confirmed their capability to make a PREA report directly to the TJJJ Office of the Inspector General (OIG) Hotline or by contacting the local police department or child protective services.

In a hypothetical scenario where a resident directly reported a PREA incident to a staff member but their immediate supervisor did not take the situation seriously, each staff member interviewed indicated they would escalate the matter up the chain of command and, if necessary, contact TJJJ OIG themselves to ensure the youth's safety and their right. The staff also clarified that this type of situation has never occurred since they have worked at the facility; however, if such a situation were to occur in the future, it was shared that they would ensure the allegation is properly reported and subsequently investigated according to agency policy and the mandatory reporting requirements of the state.

All the staff and youth interviewed were aware of the sealed grievance process and how a youth is provided unimpeded private access to the Intake Office phone to make a call to TJJJ or another crisis hotline. The staff and residents shared how if a grievance is requested by a resident, the resident is allowed to complete the grievance and place in a sealed envelope. The envelope then is placed by the youth on the Pod window ledge, which is monitored by audio and visual 24/7, and picked up by either an Intake Supervisor or the PC on a daily basis. The grievances are then promptly reviewed on an individual basis, as confirmed by the Intake Supervisor and PC interviewed onsite, and a grievance related to PREA would take priority and addressed immediately. The PC explained how the grievance are reviewed, documented, and follow-up on a case-by-case basis. It was confirmed that any grievance alleging sexual abuse or sexual harassment would be handled as an emergency situation, reporting to the proper authorities, and an internal investigation would be immediately initiated.

The Facility Administrator (FA) shared with the auditor the two PREA-related allegations that were reported in the facility since the last PREA audit, as outlined in Section 115.321 of the report. While these allegations did not rise to the level of sexual harassment or sexual abuse, they serve as examples of how the facility facilitated the reporting process in accordance with PREA standards. One allegation was reported directly by a youth to a therapist and then to TJJJ, while the other was reported to a supervisor and the TJJJ Hotline, demonstrating that the residents were able to make their reports as required by the PREA standards. Additionally, as part of the review for any other potential PREA-related situations, the auditor selected five grievances from the FA's Grievance Log. Upon examination, it was found that none of the grievances raised any concerns related to PREA incidents.

**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>
	<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> <hr/> <p data-bbox="280 344 1315 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 906 658" style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Grievance Log</li> <li>- Random Sample of Completed Grievances</li> </ul> <p data-bbox="280 703 459 736"><b>Interviews:</b></p> <ul data-bbox="280 770 995 882" style="list-style-type: none"> <li>- PREA Coordinator (PC)/Facility Administrator (FA)</li> <li>- Intake Supervisor</li> </ul> <p data-bbox="280 927 762 960"><b>Explanation of Determination:</b></p> <p data-bbox="280 994 411 1028"><b><u>115.352</u></b></p> <p data-bbox="280 1061 1449 1341">During the audit, it was confirmed that the agency's PREA Policy takes a proactive approach towards addressing grievances related to sexual abuse. Notably, the policy clearly states that there are no imposed time limits on when a resident may submit a grievance concerning an allegation of sexual abuse. Furthermore, the policy underscores the agency's dedication to handling all grievances alleging sexual abuse or sexual harassment in a formal manner, adhering to the applicable standards outlined in the PREA standards and the Texas Administrative Code.</p> <p data-bbox="280 1386 1474 1711">It is essential to highlight that the agency recognizes the gravity and significance of allegations related to sexual abuse, including a resident grievance alleging sexual abuse. As per the agency's PREA and Abuse, Neglect, &amp; Exploitation Policies, the agency is obligated to report any such allegation immediately to local law enforcement and the Texas Juvenile Justice Department (TJJD). This mandatory reporting requirement ensures that allegations of sexual abuse are swiftly and appropriately addressed through a criminal investigation process by the Galveston County Sheriff's Office and TJJD Office of Inspector General.</p> <p data-bbox="280 1756 1465 2080">The auditor's assessment revealed that the agency has clearly documented in written policies that there is no administrative procedure in place for residents to exhaust with regards to incidents or allegations of sexual abuse. This includes allegations of sexual abuse, fear of sexual abuse, or mishandling of such incidents. The auditor's analysis of the proof documentation provided for this PREA audit further confirmed that resident grievances related to sexual abuse or allegations of sexual abuse are immediately treated as investigations separate from the agency's administrative remedies process. Consequently, these grievances are not</p>

	<p>considered by the agency to fall under the definition of traditional grievances. Based on this determination, the auditor found that the agency is exempt from the requirements of this specific PREA standard, as outlined in the PREA FAQ 115.352 (dated July 19th, 2022).</p> <p>The Facility Administrator (FA) shared with the auditor the two PREA-related allegations that were reported in the facility since the last PREA audit, as outlined in Section 115.321 of the report. While these allegations did not rise to the level of sexual harassment or abuse, they serve as examples of how the facility facilitated the reporting process in accordance with the applicable PREA standards. One allegation was reported directly by a youth to a therapist and TJJJD OIG, while the other was reported to a supervisor and the TJJJD OIG Hotline, demonstrating that the residents were able to make their reports as required by the PREA standards.</p> <p>Additionally, as part of the review for any other potential PREA-related situations, the auditor selected five grievances from the FA's Grievance Log. Upon examination, it was found that none of the grievances raised any concerns related to PREA incidents. The FA and Intake Supervisor also confirmed during their individual interviews that any grievances that alleges a sexual abuse situation would be immediately reported to TJJJD OIG and the local sheriff's department to ensure the proper authorities are notified to conduct a criminal investigation, as well as administratively investigated internally. This was explained by the FA as a mandatory reporting requirement by agency policy and corresponding TJJJD standards.</p> <p><b><u>Conclusion:</u></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>115.353</b>	<b>Resident access to outside confidential support services and legal representation</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- Galveston County Sexual Assault Response Team Cooperative Working Agreement</li> <li>- Child Advocacy Center Working Protocol</li> </ul>

**Interviews:**

- PREA Coordinator (PC)
- Random Residents (10)
- Program Director of Victim Support Services at the Resource & Crisis Center of Galveston County (local children's advocacy center)

**Site Review Observations:**

- During the onsite, the auditor observed the agency's form that was posted to demonstrate compliance with this PREA standard. However, upon the auditor's review, it was determined that there needed to be more information to inform the residents of the specific procedures for making the call the local victim advocacy center. The originally posted form included the contact name, phone number, and address of the local and national advocacy centers; however, instructions for how a resident can access these organization was lacking. The PC was notified of the deficiency during the onsite and immediately took the necessary corrective action steps to rectify this inadequacy. The PC improved the facility's posted resident information forms and added the following information:

- "Any juvenile who attends or resides in a juvenile justice program at the Juvenile Justice Center shall have the ability to report an allegation or suspicion of sexual abuse, sexual harassment, abuse, neglect, and/or exploitation (including death) to the Texas Juvenile Justice Department via the toll-free number. **You will be provided with reasonable access to outside victim advocates for emotional support services related to sexual abuse via postings throughout the facility containing mailing addresses and phone numbers to local, state, and national victim advocacy and crisis organizations.**"

Pictures of the updated postings were emailed to the auditor prior to the conclusion of this report, which proved how the PC took immediate action to post the updated information on each housing unit and adding the information to the intake orientation forms.

Additionally, the auditor conducted successful test call to Resource & Crisis Center of Galveston County hotline number and spoke with the Program Director of Victim Support Services. The Program Director successfully verified the organization's ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Additionally, the Program Director shared the victim services that are available to any juvenile who calls the organization, which includes, but is not limited to, emotional support services related to sexual abuse. The emotional support services were explained to be provided either by a licensed counselor or a specially trained victim advocate.

**Explanation of Determination:**

**115.353**

**(a - d):** According to the agency's PREA Policy on pages 14 and 15:

- "The Galveston County Juvenile Justice Department will provide residents access to outside support services for emotional support services related to sexual abuse by providing residents a list of local, state, and national resources and contact information for victim advocacy, rape crisis organizations, and immigrant service organization (when applicable) upon the resident's request. The department will allow a resident reasonable access and communication with agents of these organizations in as confidential a manner as possible. Prior to giving residents access to outside support services related to victim advocacy, rape crisis or immigrant services, the resident will be advised that their communications with the agents of these organizations will be confidential and, that facility staff is required to report allegation of sexual abuse according to the laws of the state of Texas. The Galveston County Juvenile Justice Department maintains contracts with local counseling agencies for the provision of professional counseling services provided by licensed professional counselor able to provide residents with confidential emotional support services related to sexual abuse. Additionally, residents of the Galveston County Juvenile Justice Department are provided reasonable and confidential access to their attorneys or other legal representation and their parent or legal guardian pursuant to the Texas Administrative Code, PREA requirements, and local policy."

Additionally, to ensure residents have access to outside support services and corresponding legal representation, the auditor was provided with the Galveston County Sexual Assault Response Team Cooperative Working Agreement and Child Advocacy Center Working Protocol. These documents highlight the agency's commitment to collaborate with external organizations, enabling residents to access the necessary resources. Furthermore, the auditor was provided with a 'Crisis Hotline Information' document that is displayed in the facility's intake unit. This document contains vital contact information for various outside organizations that residents can reach out to for assistance, as outlined below:

- Family Service Center of Galveston County
- Galveston Co. Sheriff's Department Mental Health Deputies
- Gulf Coast Center 24 Hour Crisis Hotline
- Suicide Prevention Lifeline
- Text Crisis Hotline
- National Domestic Violence Hotline
- National Runaway Switchboard
- Information on how to contact 911

To evaluate compliance with PREA standards at the facility, the auditor conducted interviews with ten residents, the Facility Administrator (PC), and the Program

Director of Victim Support Services at the Resource & Crisis Center of Galveston County (RCCGC). Additionally, the auditor verified that proper information, including contact numbers and addresses, was posted throughout the facility and provided to residents upon admission. This information outlined how to make the call to RCCGC, limits of confidentiality, and ensured residents were aware of available resources.

The PC explained that if a resident requested to make a call to the RCCGC, an Intake Supervisor would escort the resident to the Intake Office to maintain confidentiality and privacy. A staff member would then assist the resident in making the call, step out of the office to ensure privacy, and allow the resident to speak with a victim advocate from the RCCG.

The Program Director of the RCCGC was interviewed via a phone conversation during the onsite. She mentioned that the limits of confidentiality would be explained by the victim advocate during the call. Additionally, advocates could communicate with residents in person at the facility or over the phone. If approved by the Galveston County Juvenile Justice Department (GCJJD), residents could also be transported to the child advocacy center for further support.

During interviews with the ten residents randomly selected (one of which was targeted but was asked the random interview protocols), it was verified that they were aware of the crisis forms posted throughout the facility and understood how to request a call to the advocacy center for emotional support services if needed. However, the majority of residents expressed a preference for speaking to their counselor first if they required emotional support.

Lastly, the auditor also reviewed the RCCGC's website (<https://www.rccgc.org>) and verified the following services are provided by the RCCGC:

- 24-hour Reporting Hotline (888-919-SAFE)
- Confidential intervention services available 24-hour a day (English and Spanish)
- Case management, safety planning, and support services
- Therapeutic services for individuals, families, and groups
- Legal advocacy, assistance, and representation
- Sexual Assault services provide advocacy, crisis intervention and medical accompaniment to survivors of sexual assault and their families. This program also participates in case review teams to provide the survivor with support and empowerment through the criminal justice system.
- Crisis intervention is available on a walk-in basis
- Sexual Assault and Domestic Violence Resources
- Advocates provide accompaniment to hospitals, law enforcement offices, prosecutors' offices and courts for those adult survivors of stranger and non-stranger sexual assault.
- Advocacy is provided to adult survivors of stranger and non-stranger sexual assault 24 hours a day, 7 days a week through the 24-hours crisis hotline and accompaniment services.



	<ul style="list-style-type: none"> <li>• Medical accompaniment and accompaniment during forensic exams is provided to sexual assault survivors, regardless of age, 24-hours a day, 7 days a week.</li> <li>• The Resource and Crisis Center is mandated to meet legislative standards as a service provider for victims of family violence and is a certified Rape Crisis Center through the office of the Attorney General.</li> <li>• RCC provides core, comprehensive services to victims of family violence through our Family Violence Center and to victims of sexual violence through our Rape Crisis Center to support their transition from victim to survivor. RCC’s client services include: 24-hour crisis hotline, residential emergency shelter, crisis intervention, advocacy, medical accompaniment, case management, therapeutic services, and legal services. The continuum of services offered to our clients is designed to facilitate an inclusive healing process that leads to life free from violence.</li> </ul> <p><b><u>Conclusion:</u></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>115.354</b>	<b>Third-party 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> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- GCJJD Website (PREA   Galveston County, TX (<a href="http://galvestoncountytexas.gov">galvestoncountytexas.gov</a>))</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite visit, the auditor noted the presence of PREA signage in both English and Spanish displayed prominently throughout the facility. Each sign was easily visible, undamaged, and provided detailed instructions on how to make a PREA report, including how to make a PREA report to the outside state entity, Texas Juvenile Justice Department- Office of Inspector General. Furthermore, the auditor observed the intake process, during which the staff member administering the intake procedure read and explained the PREA information to the resident to ensure a comprehensive understanding. The auditor confirmed that the intake material included how residents can make a PREA report to the TJJD OIG Reporting Hotline, as well as to other outside reporting agencies such as the Resource and Crisis Center</li> </ul>

of Galveston County (RCCGC).

While onsite, the auditor also conducted successful test calls to the TJJD 24/7 reporting hotline and the RCCGC, both of which are external third-party agencies. These agencies verified their ability to accept reports of resident sexual abuse or sexual harassment in both English and Spanish, ensuring that language barriers do not hinder individuals from seeking help or making reports. Moreover, the TJJD Hotline operator informed the auditor that a translation service is readily available to assist youth with limited English proficiency in making a report. The TJJD operator also confirmed that they (OIG) are able to receive any type of PREA report, including anonymous reports, and after the report is made, it is TJJD OIG official protocol to notify the Facility Administrator of where the resident is reporting from and assess the situation to determine if an OIG administrative or criminal investigation is to be initiated by the OIG.

**Explanation of Determination:**

**115.354**

**(a):** According to the agency's PREA Policy on page 15:

- "The Texas Juvenile Justice Department and the Texas Administrative Code provide/ require multiple mechanisms for third party reporting of sexual abuse and sexual harassment (i.e., toll free hotline phone number, telephone number, e-mail address, facsimile number, physical address and mailing address) and, requirement for the distribution of literature and posting of information on how a third party can report sexual abuse and sexual harassment on behalf of a resident (i.e., A Guide For Parents And The Public: Recognizing and Reporting Abuse, Neglect, & Exploitation of Children in Texas Juvenile Justice Programs and Facilities). Additionally, administrators of the Galveston County Juvenile Justice Department including the Chief Juvenile Probation Officer, Facility Administrators for both the Pre and Post-Adjudication Detention Programs, and Department Supervisors are accessible to the public for the reporting of allegations or concerns regarding any facet of department operation including allegations of sexual abuse or sexual harassment."

Furthermore, the auditor confirmed that the following information is available to the public on the agency's website (PREA | Galveston County, TX ([galvestoncountytexas.gov](http://galvestoncountytexas.gov))):

- "The Galveston County Juvenile Justice Department (GCJJD) observes a zero tolerance policy and practice regarding all forms of sexual abuse and sexual harassment of any juvenile or other individual served by a department program or facility. It is the goal of the GCJJD to establish policies, procedures and practices that ensure effective prevention, detection, reduction, intervention, and punishment of sexual assault or sexual behavior

while a juvenile is in the legal care, custody or control of any component of the Galveston County Juvenile Justice Department. The Galveston County Juvenile Justice Department has developed and implemented extensive policies and procedures related to PREA and Abuse, Neglect and Exploitation in order to safeguard, to the greatest degree possible, the health and safety of the department's clients from all forms of sexual abuse, sexual harassment or other abusive behavior.

- To report allegations of abuse, neglect, or exploitation: Contact the Texas Juvenile Justice Department's toll-free number (1-877-786-7263)."

Moreover, the auditor verified that the agency publishes its complete PREA Policy on its official website. This transparency ensures that the public has access to detailed information on how to make a third-party report on behalf of a resident at the facility. In addition to the PREA Policy, the website also includes contact information for both the TJJD and the administrative staff. This comprehensive approach provides multiple avenues for individuals to reach out and report incidents, ensuring that the facility is open and accessible to those who may need to make inquiries or submit third party reports on behalf of a juvenile.

**Conclusion:**

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

115.361	Staff and agency reporting duties
	<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>- Agency's Abuse, Neglect, &amp; Exploitation Policy</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Staff PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Random Staff (12 JSOs)</li> <li>- PREA Coordinator (PC)</li> <li>- Mental Health and Medical Professionals</li> </ul>

**Explanation of Determination:**

**115.361**

**(a - f):** According to the agency's PREA Policy on pages 15 and 16:

- "The Galveston County Juvenile Justice Department requires all staff members to immediately report: any knowledge; suspicion; information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a department facility, department program, and/ or other facility or program (not operated by the department); retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of abuse, harassment or retaliation. All staff is required to comply with mandatory reporting requirements for the State of Texas. See department policy and procedure reference: Abuse, Neglect, and Exploitation. Information regarding sexual abuse reports is confidential and may not be disclosed by staff apart from reporting to designated supervisors or officials and agents of designated State or local agencies providing services, treatment, investigation, or other persons responsible for making security and management decisions.
- The GCJJD requires all medical and mental health practitioners to immediately report: any knowledge; suspicion; information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a department facility, department program to program supervisors and Chief Juvenile Probation Officer as well as the Texas Juvenile Justice Department pursuant to mandatory reporting laws of the Texas Administrative Code. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limits of confidentiality.
- The Facility Administrator or designee will promptly report allegations of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made and, to the Texas Juvenile Justice Department within 4 hours of the time the person gains knowledge of or suspects the allegation occurred and to the alleged victim's parents, legal guardian, and child welfare case worker as applicable. The Facility Administrator or designee will also report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be promptly reported to the facility's designated investigator."

The auditor also confirmed that the agency's Abuse, Neglect, & Exploitation Policy includes the following procedures that correspond with the staff and agency reporting duties of this PREA standard:

- "An employee, volunteer, or other individual working under the auspices of a

juvenile justice facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJJ and local law enforcement if he/ she: witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or has reason to believe that the death of a juvenile or abuse, neglect, or exploitation has occurred. The duty to report may not be delegated to another person."

In addition, the auditor confirmed through the training file review that all staff, volunteers, and contractors are notified of the staff and agency mandatory reporting duties associated with this PREA standard when first hired or enlisted for services, as well as annually through the PREA training refresher courses.

To further assess for compliance with the requirements of this PREA standard in practice at the facility, the auditor interviewed onsite 12 randomly selected JSOs. Each JSO affirmed their training on the agency's requirements to immediately report any allegations or incidents of resident sexual abuse and sexual harassment to TJJJ, their immediate supervisor, and the Facility Administrator (who is also the agency's designated PC). They also acknowledged the obligation to report to local law enforcement if sexual abuse is alleged. In addition, the staff were aware the mandatory requirements associated with situations involving retaliation for reporting or staff neglect. Moreover, the JSOs sufficiently explained the protocols in place for ensuring safety of the youth while making the necessary reports to their direct supervisor and agency administration (to include the PC) and, as applicable, to TJJJ and law enforcement. The staff members emphasized that these reporting protocols apply universally to all adults entering the facility, and comprehensive formal PREA training is provided to staff, volunteers, and contractors before they have contact with residents, with annual refresher trainings. Furthermore, the staff members disclosed that upon receiving or learning of any PREA-related allegations, they are required to document the incident promptly, no later than the end of their shift.

The PC shared with the auditor the two PREA-related allegations that were reported in the facility since the last PREA audit, as outlined in Section 115.321 of the report. While these allegations did not rise to the level of sexual harassment or sexual abuse, they serve as examples of how the facility facilitated the reporting process in accordance with PREA standards. One allegation was reported directly by a youth to a therapist and then to TJJJ, while the other was reported to a supervisor and the TJJJ Hotline, demonstrating that the residents were able to make their reports as required by the applicable PREA standards. Additionally, as part of the review for any other potential PREA-related situations, the auditor selected five grievances from the FA's Grievance Log. Upon examination, it was found that none of the grievances raised any concerns related to PREA incidents.

The auditor conducted interviews on-site with two volunteers providing religious services at the facility and three professional contractors, including a mental health

professional (LPC), medical practitioner (LVN), and certified teacher. During the interviews, each individual explained their PREA training, which they received before having contact with youth at the facility. The contractors and volunteers were asked open-ended questions about their understanding of responsibilities under the agency's sexual abuse and harassment prevention, detection, reporting, and response policies. These individuals effectively communicated their knowledge of the agency's policies regarding reporting procedures under PREA, as well as how to ensure the safety and protection of residents from harm. The individuals advised that they receive PREA training at least annually, with the medical and mental professionals sharing that they completed specialized PREA training in accordance with the scope of their duties.

Lastly, throughout the onsite interviews, all the staff and medical and mental health professionals interviewed confirmed that they are strictly 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. Moreover, all the staff interviewed clearly understood the requirements associated with ensuring confidentiality of a juvenile while in the facility, especially for any 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.**

115.362	Agency protection duties
	<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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Internal Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (Facility Administrator and Designated Facility Head)</li> <li>- Random Staff (12 JSOs)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.362</u></b></p>

**(a):** As per the agency's PREA Policy on page 16, "When the Galveston County Juvenile Justice Department learns that a resident is subject to a substantial risk of imminent sexual abuse, the GCJJD will take immediate action to protect the residents." The procedures for when such an event occurs is explained in section 115.342 of the agency's PREA Policy, which states:

- "Protective isolation will only be utilized as a last resort when less restrictive measures are inadequate to mitigate an identified risk to a sexually vulnerable resident only as long as it takes to devise an alternative means of keeping all residents safe. A juvenile assigned to protective isolation will be afforded their right to daily large muscle exercise and educational programming or special education services and, other programs to the extent possible. Persons assigned to protective isolation will be afforded daily visits from a medical or mental health care clinician. The basis for the facility's concern for the resident's safety and the reason why alternative means of separation cannot be arranged and a review every 30 days regarding the continuing need for separation from the general population will be documented in writing in each resident's file."

Additionally, the PC noted in the PAQ that there have been no instances since the last PREA audit where a resident was subject to a substantial risk of imminent sexual abuse. During the onsite phase of the audit, the PC reiterated this information and provided insight into the facility's proactive approach to addressing "at-risk" situations involving residents to prevent them from escalating into substantial imminent risks or actual abuse. The PC described how the facility's leadership, including facility supervisors, are required to take immediate action on a case-by-case basis to mitigate risks, such as moving residents to different housing units, adjusting programming/housing, or enhancing supervision practices to ensure safety and prevent incidents of sexual abuse or harassment. He emphasized that regular check-ins and walkthroughs conducted by the management team significantly contribute to reducing the likelihood of imminent risks, such as the PREA unannounced supervisory rounds detailed in section 115.313 (e) of this report. Furthermore, all staff interviewed advised that the facility expects all staff to take a proactive approach to ensure resident safety, such as continually assessing for vulnerabilities and issues of concern and immediately reporting these type situations to their immediate supervisor.

In the event of an imminent risk situation in the future, the PC outlined the immediate steps that would be taken. These actions would involve reporting the situation to a facility supervisor and the PC, removing the individual allegedly responsible for the threat, initiating an internal investigation led by the PC or another internal investigator, and determining a course of action based on the investigation's findings. This may include housing or programming changes, disciplinary measures, ongoing monitoring, mental health intervention, reporting to the TJJD and/or law enforcement for potential charges or further disciplinary actions, among other responses.

	<p>The 12 JSOs who were interviewed stated that they did not recall any instances where a resident was determined to be at a substantial risk of imminent sexual abuse at the facility. However, all staff members demonstrated a clear understanding of the protocol to follow in the event of such a situation occurring. They emphasized their commitment to taking immediate action to prevent any escalation of potential risks and promptly reporting the incident to their immediate supervisors and the PC. The JSOs explained that in the event of a situation where a resident may be at risk, swift action would be taken to ensure the safety and security of the residents and staff members. Such protective measures include, as per the JSOs, room housing and programming changes, frequent check-ins and one-on-one monitoring practices, disciplinary action for any violation of facility rules or policies, and possible charges for any criminal action determined through the investigation process.</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>115.363</b>	<b>Reporting to other confinement facilities</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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC), who is also the Facility Administrator for the agency</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.363</u></b></p> <p><b>(a - d):</b> As per the agency's PREA Policy on page 16:</p> <ul style="list-style-type: none"> <li>• "When receiving residents from other facilities, the Facility Administrator or designee of the Galveston County Juvenile Justice Department will promptly report any allegations of sexual abuse that reportedly occurred at another facility to the head of the facility where the allegation is alleged to have occurred as soon as possible, but not later than 72 hours after receiving the</li> </ul>



allegation and, to the Texas Juvenile Justice Department's Administrative Investigations Division within four (4) hours of learning of the allegation or other investigative agency as applicable. This notification will be documented in the juvenile's case file and recorded with allegation reported to the TJJD."

Additionally, the PC confirmed in the PAQ and during his interview onsite that the agency has not experienced a situation in the past 12 month audit review period related to an allegation the facility/agency received that a resident was abused while confined at another facility or previously while at the GCJJD. However, if such a situation were to occur in the future, the PC sufficiently articulated the agency's requirements for promptly making the necessary reports and ensuring the allegation is investigated by the authority with the proper jurisdiction.

**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>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Staff PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Random Staff (12 JSOs)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.364</u></b></p> <p><b><u>(a &amp; b):</u></b> According to the agency's PREA Policy on pages 16 and 17:</p> <ul style="list-style-type: none"> <li>• "Upon learning that a resident was sexually abused, the first staff member to respond to the report shall report the allegation to an administrator/ supervisor and:</li> </ul>

- Separate the alleged victim and abuser;
- Preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence;
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and
- If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- If the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff and an administrator/ supervisor."

Furthermore, the auditor confirmed that all staff are trained on the above first responder duties when first hired, before having contact with residents at the facility, and annually during the PREA audit refresher trainings.

It is important to note that the PC reported in the PAQ that in the past 12 month audit review period, there have been zero allegations that a resident was sexually abused while at the facility. This was consistently found to be true throughout all review phases of the audit and during the onsite.

In order to further assess for compliance with the requirements of this PREA standard in practice at the facility, the auditor interviewed 12 randomly selected JSOs onsite. Each of the JSOs clearly demonstrated a full understanding of the mandatory reporting requirements and applicable evidence protocol expectations for responding to allegations and incidents of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect at the facility. In their own words, each staff adequately described the protocol of immediately reporting such allegations to their immediate supervisor, the PC of the agency, TJJD, and local law enforcement (for any allegation of sexual abuse/assault). The JSOs also mentioned that they review these procedures during annual trainings presented by the PC and have unimpeded access to department policies and procedures.

While the JSOs did not recall any specific instances in which a youth was alleged to have been a victim or perpetrator of sexual abuse or sexual harassment at the facility, they elaborated on the first responder duties they have been trained on in response to such situations. These duties include calling for assistance to ensure the safety of the victim and separate the victim from the perpetrator, instructing the victim and perpetrator to refrain from actions that could compromise or destroy usable physical evidence, making necessary notifications, documenting the incident, preserving and protecting the scene, and allow law enforcement in the

	<p>facility to promptly process the crime scene and initiate the criminal investigation.</p> <p><b><u>Conclusion:</u></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>115.365</b>	<b>Coordinated response</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- Galveston County Sexual Abuse Response Team Cooperative Working Agreement</li> <li>- Child Advocacy Center Working Protocols</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA), who is also the agency's designated PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.365</u></b></p> <p><b>(a):</b> According to the agency's PREA Policy on page 17:</p> <ul style="list-style-type: none"> <li>• The County of Galveston has an established Sexual Assault Response Team (SART). The department will follow established protocols and plans for coordinated response to incidents of sexual abuse established by the Galveston County Sexual Abuse Response Team (SART). Department leadership will participate with the Galveston County SART in order to coordinate actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership. The department will also work with the Child Advocacy Center of Galveston County when appropriate/ applicable as determined by the Galveston County Sheriff's Department and SART. The GCJJD will follow established Galveston County SART protocols for a coordinated response including but not limited to: <ul style="list-style-type: none"> <li>◦ Assessing the victim's acute medical needs;</li> </ul> </li> </ul>

- Informing the victim of his or her rights under relevant State and Federal law;
- Explaining the need for a forensic medical exam and offering the victim the option of undergoing one;
- Offering the presence of a victim advocate or a qualified staff member during the exam;
- Providing crisis intervention counseling;
- Interviewing the victim and any witnesses;
- Collecting evidence; and
- Providing for any special needs the victim may have.

Additionally, the auditor confirmed that the agency's coordinated response plan also includes the protocols set forth by the Galveston County Sexual Abuse Response Team Cooperative Working Agreement and Child Advocacy Center Working Protocols. The review of the coordinated response plan for the agency included analysis of the response that would be provided by the Resource & Crisis Center of Galveston County (RCCGC), which include the following for responding to a sexual abuse situation at the facility:

- Confidential intervention services available 24-hour a day (English and Spanish)
- Case management, safety planning, and support services
- Therapeutic services for individuals, families, and groups
- Legal advocacy, assistance, and representation
- Sexual Assault services provide advocacy, crisis intervention and medical accompaniment to survivors of sexual assault and their families. This program also participates in case review teams to provide the survivor with support and empowerment through the criminal justice system.
- Crisis intervention is available on a walk-in basis (1204 45th Street, Galveston, TX) during regular hours of operation (Monday- Friday, 8:00 am - 5:00 pm). No appointment is necessary for immediate face-to-face crisis intervention.
- Advocates provide accompaniment to hospitals, law enforcement offices, prosecutors' offices and courts for those adult survivors of stranger and non-stranger sexual assault.
- Advocacy is provided to adult survivors of stranger and non-stranger sexual assault 24 hours a day, 7 days a week through the 24-hours crisis hotline and accompaniment services.
- Medical accompaniment and accompaniment during forensic exams is provided to sexual assault survivors, regardless of age, 24-hours a day, 7 days a week.
- Mission Statement: The mission of the Resource & Crisis Center of Galveston County, Inc. is to promote the safety, well-being and best interests of victims of domestic violence, sexual assault, child abuse, and human trafficking and to advocate for the prevention of such crimes.
- RCC is recognized as a dual service agency through both the Texas Council

on Family Violence (TCFV) and the Texas Association Against Sexual Assault (TAASA). The

Resource and Crisis Center is mandated to meet legislative standards as a service provider for victims of family violence and is a certified Rape Crisis Center through the office of the Attorney General.

- RCC provides core, comprehensive services to victims of family violence through our Family Violence Center and to victims of sexual violence through our Rape Crisis Center to support their transition from victim to survivor. RCC's client services include: 24-hour crisis hotline, residential emergency shelter, crisis intervention, advocacy, medical accompaniment, case management, therapeutic services, and legal services. The continuum of services offered to our clients is designed to facilitate an inclusive healing process that leads to life free from violence.

It is important to highlight that according to the PC, as reported in the PREA Audit Questionnaire (PAQ), there were zero allegations of a resident being sexually abused while at the facility during the 12-month audit review period. Moreover, this information remained consistent and was verified throughout all stages of the audit process, including the full documentation review and onsite interviews conducted.

Furthermore, while onsite the auditor interviewed the agency's designated Facility Head, the PREA Coordinator (PC) who is also the agency's Facility Administrator (FA).

The PC confirmed that the agency has institutionalized a policy to ensure that an administrative and/or criminal investigation is completed or all allegations of sexual abuse and sexual harassment. He explained the entirety of the investigative process and corresponding coordinated response plan, emphasizing that all allegations of resident sexual abuse and sexual harassment must be promptly reported internally, to the TJJJ Office of Internal General (OIG), and to local law enforcement if the allegations involve sexual abuse/assault. As per the PC, the response protocols he would be in charge of managing include: making sure the alleged victim is safe and free from any further harm or retaliation, working with the investigating and advocacy agencies to ensuring victim services are quickly provided and the criminal and administrative investigations are promptly initiated, ensuring medical and mental health services and treatment are appropriate, and ensuring follow-up care is scheduled and provided, conduct frequent unannounced rounds and check-ins to ensure the alleged victim feels safe and free from retaliation.

The PC discussed further the investigative authorities for allegations of resident sexual abuse and harassment, highlighting that the TJJJ OIG can conduct both criminal and administrative investigations, while the Criminal Investigative Division of the Galveston County Sheriff's Office handles criminal investigations in cases involving crimes against individuals. The PC explained that he has completed numerous courses on specialized training in conducting administrative investigations for PREA allegations and serves as the designated PREA administrative investigator for the agency.

	<p>Lastly, during the interview with the PC, the PC and auditor reviewed the two internal investigations conducted since the previous audit, noting that these allegations did not meet the criteria for sexual abuse or sexual harassment as defined by PREA standards. A summary of each investigation is outlined below.</p> <p><b><u>Conclusion:</u></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>115.366</b>	<b>Preservation of ability to protect residents from contact with 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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC), who is also the agency's Facility Administrator (FA)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite phase of the audit, the auditor did not discover any evidence to suggest the facility allows for any type of collective bargaining agreement for their staff.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.366</u></b></p> <p><b>(a):</b> According to the agency's PREA Policy on page 17, "the Galveston County Juvenile Justice Department is not and, will not be bound by any collective bargaining agreements or other agreement that limits the department's ability to remove alleged staff sexual abusers from contact with residents. Staff alleged to have engaged in sexual abuse will have no contact with the alleged victim or any other juvenile under the supervision of the department pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."</p> <p>This information was also confirmed by the PC's responses in the PAQ and through the auditor's onsite inspection and corresponding interviews.</p>

	<p>Note: As per the PC's response in the PAQ and his interview onsite, there was one situation within the past 12-month audit review period involving an allegation against a staff member concerning the sexual harassment of a resident at the facility. The PC further noted that a thorough investigation was conducted, and the allegation was deemed "unfounded." Consequently, no disciplinary action was taken against the staff member following the conclusion of the internal investigation. Importantly, it should be clarified that during the investigation process, the facility took appropriate measures to protect the alleged victim and ensure their well-being. The staff member in question was placed on administrative leave immediately upon the allegation being made and throughout the internal investigation to guarantee no contact with the alleged victim.</p> <p><b><u>Conclusion:</u></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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.367</u></b></p> <p><b>(a - f):</b> The agency's PREA Policy includes all the required elements of this PREA standard, as outlined below:</p> <ul style="list-style-type: none"> <li>• "The Galveston County Juvenile Justice Department will not tolerate retaliation for reporting or cooperating with sexual abuse or sexual harassment investigations. The department will utilize multiple safeguards in order to protect all residents and staff who report or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Supervisors and facility administrators will be responsible</li> </ul>

for monitoring potential retaliation and the implementation of protective measures to address any allegation of retaliation. Protective measures that may be employed include:

- Change of housing assignment;
  - Transfer of resident victim or resident abuser;
  - Reassignment of staff members;
  - Administrative leave and/ or progressive discipline for staff member that retaliate;
  - Emotional support services for residents or staff who fear retaliation for reporting;
- The department will monitor persons (resident or staff) reporting sexual abuse or sexual harassment for potential retaliation for at least 90 days following the initial report. Factors to be monitored include but are not limited to periodic status checks, conduct, social adjustment, disciplinary reports, housing, program changes, unsupported negative performance reviews, or reassignment of staff. This monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. The department will take appropriate measures in order to protect any individual from retaliation for reporting or cooperating with an investigation of sexual abuse or sexual harassment."

Moreover, according to the PC response in the PAQ and confirmed during his interview onsite, there were no incidents of retaliation reported during the past 12-month audit review period. This can be attributed to the fact that there were no instances where a resident at the facility was alleged to have been involved in a sexual abuse incident. Nevertheless, the PC acknowledged the importance of ongoing monitoring for retaliation and committed to continue monitoring for a minimum of 90 days if deemed necessary.

During the interview with the PC, it was explained that the PC would take on the primary responsibility for overseeing the process of monitoring and preventing retaliation in cases of alleged or confirmed resident sexual abuse at the facility (with assistance from his supervisors and other administrators). To ensure the safety of both residents and staff and to minimize the risk of retaliation, the PC described how a comprehensive assessment of the situation would be conducted. This assessment would involve evaluating the overall circumstances to determine the most suitable housing, programming, and educational arrangements for residents, as well as reviewing and adjusting staffing schedules and assignments on the floor as necessary to prevent any issues stemming from the allegation.

The PC also discussed the documentation process for retaliation monitoring, which would include completing sections for recording regular check-ins, unannounced rounds, and other relevant observations. The PC demonstrated how he could access and review audio and video footage from the agency's video monitoring system from his office, covering a period of approximately three months for retention, to monitor for any behaviors or patterns that could raise concerns about potential retaliation. The PC expressed a strong understanding of the requirements



	<p>outlined in the PREA standard and emphasized the importance of conducting frequent reviews of video and audio recordings to detect and prevent any signs of retaliation.</p> <p>Additionally, the PC highlighted the agency's zero-tolerance stance on retaliation and staff neglect, ensuring that all staff and residents are reminded of their obligation to report any suspected behaviors. The PC also mentioned that retaliation monitoring would continue for at least 90 days, with in-person assessments, video/audit reviews, and observation for any abnormal behaviors or patterns around the alleged or confirmed victim. Furthermore, the PC indicated a willingness to extend the monitoring period beyond the required 90 days based on the specific circumstances of each case, ensuring ongoing monitoring for potential signs of retaliation for as long as the alleged victim remains in the facility.</p> <p><b><u>Conclusion:</u></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>115.368</b>	<b>Post-allegation protective custody</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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Mental Health Professional (MHP)</li> <li>- Medical Professional (LVN)</li> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the facility-wide onsite inspection, the auditor observed all areas of the facility and observed that there was no specialized housing for youth who identified as LGBTI or any youth isolated for a PREA related incident. This observation was further supported by the auditor's review of a representative sample of disciplinary seclusions while onsite, as explained below.</li> </ul> <p>While meeting with the PC in his office, the auditor was provided with the facility's</p>

disciplinary seclusion log containing records of all seclusions imposed on residents in the past six months. The auditor then randomly selected five entries to review the actual disciplinary seclusion reports for any PREA-related language. Out of the five reports examined, there was no indication that the reasons for placing the youth in seclusion were related to PREA incidents.

**Explanation of Determination:**

**115.368**

**(a):** According to the agency's PREA Policy on pages 18 and 12:

- "The Galveston County Juvenile Justice Department may use segregated housing to protect a resident who makes an allegation of sexual abuse pursuant to the requirements found in the section entitled Placement of Residents (115. 342).
- Protective isolation will only be utilized as a last resort when less restrictive measures are inadequate to mitigate an identified risk to a sexually vulnerable resident only as long as it takes to devise an alternative means of keeping all residents safe. A juvenile assigned to protective isolation will be afforded their right to daily large muscle exercise and educational programming or special education services and, other programs to the extent possible. Persons assigned to protective isolation will be afforded daily visits from a medical or mental health care clinician. The basis for the facility's concern for the resident's safety and the reason why alternative means of separation cannot be arranged and a review every 30 days regarding the continuing need for separation from the general population will be documented in writing in each resident's file."

Moreover, based on the PC's responses in the PAQ, there were no instances involving residents in situations related to sexual abuse at the facility during the 12-month audit review period. Consequently, the facility did not utilize isolation measures specifically related to PREA situations within the past 12 months.

During the interview with the PC, he emphasized that isolating a resident due to safety concerns would be considered as a last resort, with less restrictive options unavailable due to exigent circumstances. The facility has multiple housing units that can be utilized for resident movement to address safety concerns. If a protective isolation is approved, the resident would be placed on a rotating programming schedule to ensure their rights are protected per TJJD standards. The PC stated that documentation would be maintained for any PREA-related safety and security threats necessitating protective measures, and as the Facility Administrator, he would be responsible for authorizing any restrictive measures. The PC explained that such situations would be staffed with the agency Director, mental health unit, and detention supervisors.

The PC also mentioned that he could not recall a situation since the last PREA audit involving placing a resident in protective or disciplinary seclusion due to a PREA-

related issue, a finding corroborated by the auditor's examination of disciplinary seclusion reports, which did not indicate any PREA-related situations. Additionally, the Protective Isolation Log required to be maintained and audited annually by TJJD was blank in the past 12 months, indicating that no such situations were approved during that period.

Furthermore, the MHP and LVN interviewed onsite advised that they could not recall a situation in which a resident was secured in his/her room for a PREA related incident, and at no time have they been restricted from providing their professional services to a resident in need. They explained how if a youth was actively displaying aggressive or violate behavior, they can either wait unit the resident calms down or go to the youth and meet with them through the secured door.

**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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Internal Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> <li>- Random Staff (12 Juvenile Supervision Officers- JSOs)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite audit phase, the auditor thoroughly examined all areas of the facility and did not observe any issues of concern related to the physical storage of information or documentation maintained in hard copy in accordance with the applicable PREA standards. The facility demonstrated robust security measures, including multiple layers of maximum security protocols. These measures included locked front doors manned by a Galveston County Sheriff's Deputy and additional locked doors secured by the main control room officer to access the secure facility.</li> </ul>

Furthermore, the storage areas designated for maintaining information and documents relevant to the PREA standards, particularly those containing sensitive or confidential resident information, were securely locked and actively monitored by 24/7 video and audio surveillance. For instance, during the interview with the PC, the PC shared PREA investigative files with the auditor, which were securely stored in a filing cabinet within his locked office.

**Explanation of Determination:**

**115.371**

**(a - m):** The agency's PREA Policy includes all the required elements of this PREA standard on pages 18 and 19, as outlined below:

- "The Galveston County Juvenile Justice Department does not conduct criminal investigations, evidence collection or interviews for the purpose of criminal prosecution. The GCJJD is required to report all allegation of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made. See department policy and procedure reference: Abuse, Exploitation and Neglect. Law enforcement investigators and/ or officers of the Administrative Investigations Division of the Texas Juvenile Justice Department will conduct formal investigations pursuant to PREA 115.321, 115.334, and 115.371(a-i). The GCJJD will make every effort to preserve potential direct and circumstantial evidence including any physical evidence, DNA evidence, and any potential electronic monitoring data that might be related to an allegation of sexual abuse. All investigation will include an interview of all alleged victims, suspected perpetrators and witnesses, and will also include a review of prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence supports criminal prosecution, the investigating agency will only conduct compelled interviews following consultation with prosecutors. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis without regard to the person's status as a resident or staff member. Residents who allege sexual abuse will not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation of an allegation of sexual abuse. The GCJJD will endeavor to determine if staff actions or failures to act contributed to an act of sexual abuse. The GCJJD will document all administrative investigations in written reports that include a description of the physical evidence and testimonial evidence, reasoning behind credibility assessments, and investigative facts and findings. Criminal investigation will be documented in the same manner with documentary evidence attached where feasible. The GCJJD will always refer substantiated allegations of conduct that appear to be criminal to the district attorney for prosecution. The GCJJD will retain all written reports and statements related to an investigation of sexual abuse for as long as the abuser is incarcerated or employed by the department, plus five years,

unless the abuse was committed by a juvenile resident and applicable record retention law requires a shorter period of retention. The departure of an alleged abuser or victim from the employment or control of the department or an instance in which the source of the allegation recants the allegation will not be a basis for terminating an investigation solely on that basis. The department will fully cooperate with outside agencies (e.g., law enforcement or TJJD-AID) and will endeavor to remain informed regarding the progress of any ongoing investigation."

The 12 randomly selected JSOs confirmed during their individual interviews onsite that they have been trained on the agency's requirements to report any allegation or incident of resident sexual abuse and sexual harassment immediately to TJJD, to their immediate supervisor and the PC, and to local law enforcement if sexual abuse is alleged. The staff shared how these mandatory reporting protocols are the same for any adult who enters the facility, and all staff, volunteers, and contractors are provided this information as a formal PREA training that is conducted before they have contact with residents in the facility and annually as PREA refresher trainings.

While onsite the auditor interviewed the agency's designated Facility Head, the PREA Coordinator (PC) who is also the agency's Facility Administrator (FA). The PC confirmed that the agency has institutionalized a policy to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. He explained the entirety of the investigative process, emphasizing that all allegations of resident sexual abuse and sexual harassment must be promptly reported internally, to the TJJD Office of Internal General (OIG), and to local law enforcement if the allegations involve sexual abuse/assault.

The PC discussed further the investigative authorities for allegations of resident sexual abuse and harassment, highlighting that the TJJD OIG can conduct both criminal and administrative investigations, while the Criminal Investigative Division of the Galveston County Sheriff's Office handles criminal investigations in cases involving crimes against individuals. The PC explained that he has completed numerous courses on specialized training in conducting administrative investigations for PREA allegations and serves as the designated PREA administrative investigator for the agency. He mentioned attending specific PREA investigator trainings conducted by the TJJD OIG unit, with refresher training completed as recently as summer 2023. These trainings covered various aspects, such as techniques for interviewing juvenile sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the standards and evidence necessary to substantiate a case for administrative action or prosecution referral. Furthermore, the PC provided proof documentation of completion of these trainings to corroborate his statements and demonstrate his expertise in conducting PREA administrative investigations effectively and in accordance with established protocols.

During the interview with the PC, the PC and auditor reviewed the two internal investigations conducted since the previous audit, noting that these allegations did not meet the criteria for sexual abuse or sexual harassment as defined by PREA standards. A summary of each investigation is outlined below.

**PREA Internal Investigative File Review:**

The auditor was provided the last two PREA internal investigations conducted at the facility since their last PREA audit, which, as per the PREA definitions, did not reach the level of sexual abuse or sexual harassment but were identified as verbal sexual misconduct and a staff ethical violation of policy. While onsite the PC provided his internal investigative files for each of these allegations, and the auditor and PC went over each file together during the internal investigator interview process. The auditor's analysis of these investigations are outlined below:

1. Youth-on-youth sexual misconduct (verbal statement):Alleged Incident: One resident made a sexual comment to another resident.
  1. Reporting: The victim reported the incident verbally to a supervisor, who promptly took action.
  2. Response: The victim requested to call the TJJJ Reporting Hotline, and both residents were immediately separated and moved to different housing units.
  3. Assessment: The TJJJ Office of the Inspector General (OIG) categorized the incident as "youth-on-youth sexual conduct" and recommended internal handling.
  4. Investigation: The Internal Investigation Summary Report completed by the PC demonstrated that the investigation met the requirements outlined by the PREA standard for the situation.
2. Staff (JSO) on resident alleged sexual comment (verbal statement):Alleged Incident: The alleged resident victim reported to a therapist at the facility that a JSO made a sexual comment to the youth.
  1. Response: The therapist promptly informed the Deputy Director of Special Programs and the PC.
  2. Actions Taken: Prompt notification to TJJJ OIG and local law enforcement, alleged perpetrator placed on administrative leave, and completion of a TJJJ Incident Report.
  3. Assessment: The OIG initially assessed the allegation as "sexual abuse non-contact" but at the conclusion of the administrative investigation determined this allegation as unfounded. However, the JSO was found to have made an inappropriate comment to the resident and, therefore, this action was deemed an ethics violation of the TJJJ standards.
  4. Investigation: A detailed internal investigation report outlined the facility and OIG's administrative investigations that were conducted simultaneously, addressing the alleged sexual comment and the subsequent ethics violation.

Note: It is important to reiterate that the two PREA allegations investigated at the facility since the last audit did not meet the threshold for sexual abuse or sexual harassment, according to the definitions outlined in the PREA standards. Despite this, the agency promptly responded to each allegation by taking immediate action to ensure that the reports were quickly communicated to the appropriate authorities (TJJD OIG) and internal administrators within the facility. This ensured that thorough and comprehensive investigations were conducted to address the reported incidents effectively and in compliance with the necessary protocols and standards. By handling each allegation as a serious PREA matter, the agency demonstrated a commitment to addressing all concerns related to sexual misconduct and staff policy violations and maintaining a safe and accountable environment within the facility.

**Conclusion:**

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

115.372	Evidentiary standard for administrative 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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Internal Investigation Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.372</u></b></p> <p><b>(a):</b> According to the agency's PREA Policy on page 19, "the Galveston County Juvenile Justice Department will make determinations whether an allegation of sexual abuse or sexual harassment is substantiated based on a preponderance of the evidence." Furthermore, the PC confirmed this level of burden of proof needed to substantiate an allegation of sexual abuse and sexual harassment, with also sharing his own interpretation of the proof needed as tipping the scale over 50% that the allegation more likely occurred than not- through the review of factual</p>

evidence during the investigative process.

**PREA Internal Investigation Review:**

In each of the two PREA investigative files reviewed by the auditor, the outcome of the internal and applicable TJJD investigations determined through the preponderance of evidence standard of proof that one allegation was unfounded and the other unsubstantiated. However, as noted throughout this report, the two "PREA investigations" were not assessed as allegations of sexual abuse or sexual harassment. Each did not meet the PREA definitions for such, as confirmed through the applicable documentation review and the interviews onsite.

**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>115.373</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>- Pre-Audit Questionnaire (PAQ)</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>- PREA Coordinator (PC)</li></ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.373</u></b></p> <p><b><u>(a - e):</u></b> According to the agency's PREA Policy on pages 19 and 20:</p> <ul style="list-style-type: none"><li>• "The Galveston County Juvenile Justice Department will inform a resident alleged to be a victim of sexual abuse whether the allegation has been substantiated, unsubstantiated or unfounded based on the findings of the investigation provided the resident is still in the custody of the GCJJJD. Unless an allegation is determined to be unfounded, an alleged victim of sexual abuse by a staff member, who is still in the custody of the department, will be notified by the department whenever:<ul style="list-style-type: none"><li>◦ The staff member is no longer posted within the resident's unit;</li></ul></li></ul>



- The staff member is no longer employed at the facility;
- The department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- An alleged victim of sexual abuse by another resident, who is still in the custody of the Galveston County Juvenile Justice Department, will be notified by the department whenever:
  - The department learns that the alleged abuser has been indicted/ adjudicated on a charge related to sexual abuse within the facility; or
  - The department learns that the alleged abuser has been convicted/ found true of delinquent conduct based on a charge related to sexual abuse within the facility.
- All notifications and attempted notifications will be documented by the department and retained in the resident's file and/ or the file containing the investigation documentation."

As consistently noted in this report, the PC confirmed in the PAQ and during his interview onsite that there were no criminal or administrative investigations conducted by the agency/facility regarding alleged resident sexual abuse in the past 12-month audit review period. This absence of investigations suggests that no incidents of resident sexual abuse were reported or discovered during this timeframe. Based on this information, it can be concluded that the facility was not required to fulfill any of the notification requirements outlined by the PREA standard during the 12-month audit review period.

As previously described in other sections of the audit report related to investigations, the PC, who is also the FA and one of the internal PREA investigators, elaborated on the procedures in place to ensure compliance with the notification requirements specified in the relevant PREA standards. The PC emphasized the importance of promptly completing the necessary notifications and maintaining documentation to verify that these requirements were met. Furthermore, as noted in other sections of this report that apply to investigations, per the auditor's PREA internal investigation review:

- In each of the two PREA investigative files reviewed by the auditor, the outcome of the internal and applicable TJJD investigations determined through the preponderance of evidence standard of proof that one allegation was unfounded and the other unsubstantiated. However, as noted throughout this report, the two "PREA investigations" were not assessed as allegations of sexual abuse or sexual harassment. Each did not meet the PREA definitions for such, as confirmed through the applicable documentation review and the interviews onsite. Even though these allegations were not assessed as sexual abuse or sexual harassment, the applicable documentation review confirmed that the proper notifications were made pursuant to 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>115.376</b>	<b>Disciplinary sanctions for staff</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Investigative File Review</li> <li>- Random Sample of Staff Personnel File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.376</u></b></p> <p><b>(a - d):</b> The agency's PREA Policy includes the required elements of this PREA standard on page 20, as described below:</p> <ul style="list-style-type: none"> <li>• "Staff members of the Galveston County Juvenile Justice Department will be subject to progressive discipline pursuant to the Galveston County Human Resources Policy Manual up to and including termination for violating department policies regarding sexual abuse or sexual harassment. The presumptive disciplinary sanction for staff that has been designated as a perpetrator of sexual abuse is termination. Disciplinary sanction for violation of department policies or federal regulation related to PREA will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violation of department sexual abuse or sexual harassment policies, or resignation by staff in lieu of termination, will be reported to law enforcement, unless the activity was clearly not criminal. Staff terminations and resignations in lieu of termination will be reported to the Texas Juvenile Justice Department or other licensing body as applicable based on the staff</li> </ul>

member's licensure."

According to the PC response in the PAQ and the information provided during his onsite interview, there was a reported incident since the last PREA audit involving an allegation against a staff member for making an inappropriate comment to a resident at the facility. The investigation that followed determined that the allegation was unfounded in terms of being of a sexual nature; however, it did reveal an ethics violation relating to an inappropriate, albeit non-sexual, comment made by the staff member to a resident. Both TJJD OIG and an internal investigation conducted by the Deputy Director corroborated the finding of an ethics violation.

Subsequently, disciplinary action was taken against the staff member based on the confirmed ethics violation, resulting in a written reprimand. The documentation of this disciplinary action, including the reprimand, was provided to the auditor during the interview with the PC, confirming the internal investigation findings and the disciplinary measures taken by both the state authorities and the facility.

During the investigation process, as verified by the auditor, the facility took appropriate steps to safeguard the well-being of the alleged victim. The staff member was placed on administrative leave immediately after the allegation was made and remained on leave throughout the internal investigation to ensure no contact with the alleged victim, thus demonstrating a proactive approach to addressing and managing incidents involving staff conduct towards residents within the facility.

**Conclusion:**

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

115.377	Corrective action for contractors and volunteers
	<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>- Pre-Audit Questionnaire (PAQ)</li><li>- Contractor/Volunteer Personnel File Review</li></ul> <p><b>Interviews:</b></p>

- PREA Coordinator (PC), who is also the agency's Facility Administrator (FA)
- Administrative Assistant (HR)

**Explanation of Determination:**

**115.377**

**(a & b):** According to the agency's PREA Policy on page 20:

- "The Galveston County Juvenile Justice Department will report any allegation of sexual abuse committed by a contractor or volunteer to law enforcement (unless the allegation is clearly not criminal), to the relevant licensing body and, prohibit the contractor or volunteer from having any contact with residents pending the completion of an investigation. The department will take appropriate remedial measures and/ or prohibit further contact by any contractor or volunteer that violates agency policy on sexual harassment or sexual abuse."

Additionally, the PC confirmed in the PAQ and in his interview onsite that since the last PREA audit, no contractor or volunteer was reported to law enforcement for engaging in sexual abuse of residents due to no such allegations against any of these individuals occurring during this time frame. This was further corroborated through the personnel file review of the five contractors and volunteers selected onsite by the auditor and through the Administrative Assistant interview onsite.

**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.**

115.378	Interventions and disciplinary sanctions for residents
	<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>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Mental Health Professional (MHP)</li> </ul>

- PREA Coordinator (PC)
- Medical Professional (LVN)

**Site Review Observations:**

During the facility-wide onsite inspection, the auditor observed all areas of the facility and observed that there was no specialized housing for youth who identified as LGBTI. Additionally, none of the residents who were in their rooms during the inspection were there due to a PREA-related incident. This observation was further supported by the auditor's review of a representative sample of disciplinary seclusions while onsite.

While meeting with the PC in his office, the auditor was provided with the facility's disciplinary seclusion log containing records of all seclusions imposed on residents in the past six months. The auditor then randomly selected five entries to review the actual disciplinary seclusion reports for any PREA-related language. Out of the five reports examined, there was no indication that the reasons for placing the youth in seclusion were related to PREA incidents.

**Explanation of Determination:**

**115.378**

**(a - g):** The agency's PREA Policy includes all the requirements of this PREA standard on page 21, as noted below:

- "Residents of the Galveston County Juvenile Justice Department who have been found to have engaged in sexual abuse or sexual harassment following investigation (administrative or criminal) may be subject to sanctions in accordance with the department's formal disciplinary process pursuant to the facilities discipline management plan. Any disciplinary action will be commensurate with the nature and circumstances of the abuse committed, resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event that a disciplinary action results in the isolation of a resident, that resident will not be denied daily large-muscle exercise, access to any legally required educational / special education services, daily visits from medical or mental health care clinician, and other programs to the extent possible. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. All applicable therapeutic services, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse will be offered to an offending resident as long as they remain in the custody of the facility.
- For the purposes of disciplinary action, a report of sexual abuse made in "good faith" based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an

investigation does not establish evidence sufficient to substantiate the allegation. The GCJJD prohibits all sexual activity between residents and will report, investigate and discipline residents for engaging in sexual activity."

In the past 12-month audit review period, the PC confirmed in the PAQ that no administrative findings of resident-on-resident sexual abuse were found to have occurred at the facility. This lack of findings was a result of the complete absence of any allegations regarding such incidents during this specified time frame. Consequently, the facility had no examples to provide pertaining to interventions or disciplinary sanctions imposed on residents concerning resident-on-resident sexual abuse. The PC also confirmed this information during his interview onsite and provided the auditor with complete access to the facility's disciplinary seclusion logs. The auditor utilized these logs to randomly select five disciplinary seclusions for review with the intention of identifying any instances where seclusion had been imposed for a PREA-related matter.

Upon review, it was found that none of the five disciplinary seclusions examined were related to a PREA situation, further confirming that the facility had not encountered any incidents in the past 12 months that necessitated resident disciplinary action specifically in response to a PREA-related matter.

Furthermore, the MHP and LVN interviewed onsite advised that they could not recall a situation in which a resident was secured in his/her room for a PREA related incident, and at no time have they been restricted from providing their professional services to a resident in need. They explained how if a youth was actively displaying aggressive or violate behavior, they can either wait unit the resident calms down or go to the youth and meet with them through the secured door.

**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> Exceeds 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>- Pre-Audit Questionnaire (PAQ)</li> <li>- Random Sample of Behavioral Screening Assessments</li> </ul>

- Detention Therapist Services Documents

**Interviews:**

- Intake Supervisor
- Targeted Resident (1- prior victimization on risk screening)
- Mental Health Professional (MHP)

**Site Review Observations:**

- During the onsite, the auditor observed the intake procedures for a new resident being processed at the facility. The Intake Supervisor, responsible for conducting intakes at the facility, administered the PREA orientation and completed the Noble PREA Behavioral Screening assessment, the agency's risk screening tool required by the PREA standard. The screening was conducted in a setting that allowed for a private conversation with the resident while maintaining video surveillance and providing a clear view through the intake large window for oversight. It was confirmed that this Behavioral Screening tool includes questions that the Intake Staff asks all residents about if the youth has experienced past sexual victimization or abusiveness.

The Intake Supervisor reviewed each question on the risk screening, allowing the resident ample time to provide thorough responses. In addition to the risk screening, the Intake Supervisor utilized other intake paperwork to gather information essential for an accurate risk assessment. The auditor noted the secure electronic storage of the risk screening form to ensure confidentiality and prevent unauthorized access to sensitive information, underscoring the facility's commitment to data privacy and confidentiality in line with PREA requirements. As per the Intake Supervisor, the only other staff allowed to review the Behavioral Screening information are the administrators, other Supervisors, and the Mental Health Unit.

**Explanation of Determination:**

**115.381**

**(a - d):** As per the agency's PREA Policy on page 21:

- "Residents who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening conducted pursuant to PREA 115.341. If the intake screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- Any information related to previous victimization or abusiveness that

occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners are required to 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."

The auditor interviewed one of the agency's contracted mental health professionals (MHP) who meets with residents at the facility and is over the counseling department. The MHP shared how a counselor meets with every resident admitted into the facility within approximately two business days. This meeting is a face-to-face counseling session that is conducted in a private and confidential setting. The MHP explained how during this initial meeting the counselor conducts a mental health assessment, reviews the mental health services available at the facility, provides the PREA comprehensive education information, and provides any other services and/or information within the scope of their professional ability. If services are needed that exceed the scope of services, the MHP advised the agency can refer the youth for specialized treatment and/or contact the agency's contracted physician, psychologist, or psychiatrist. The MHP also described how counselors have access to all the intake assessments, including the PREA Behavioral Screening tool. She advised that the completed screening forms and other sensitive and confidential documentation are stored in a private and secure area, either in physical copy form or electronically, to ensure there are no breaches of confidentiality or violation of rights.

The Intake Supervisor described the nature of questions on the risk screening and the significance of the assessment in ensuring resident safety and preventing sexual abuse and harassment. In cases where a resident is identified as at risk, the Supervisor indicated a coordinated approach involving facility managers and the mental health unit to establish a strategy for safety and security. Furthermore, for any resident who indicates during the intake process having experienced prior sexual victimization or abusiveness, the counseling department is notified and a follow-up meeting with a MHP is provided soon after the intake process is complete. The Intake Supervisor also shared how access to completed risk screenings is restricted to Supervisors, administrators, and mental health professionals, with the assessments securely stored in the Noble software program and printed copies placed in the resident detention files. These security measures were also confirmed by the PC and during the walk through of the facility.

Additionally, one resident, identified as having experienced sexual victimization prior to arriving at the facility, informed the auditor during the interview that a counselor meeting was provided within about a week of arriving at the facility. The Mental Health Professional (MHP) interviewed also verified this practice, stating that a counselor meets with each youth admitted to the facility within about two business days. During this initial counseling session, comprehensive PREA



education is provided and reviewed with the resident, as well as counseling services are explained and provided on an as needed basis.

Note: During the discussion with the PC before concluding the visit to the facility, the auditor brought up the response provided by the targeted resident mentioned above who shared that the counseling meeting took place about a week after admission. The PC looked into this issue and confirmed that the resident in question had been placed on medical isolation in adherence to COVID-19 protocols. Despite being isolated, documented evidence was presented to the auditor, confirming that a counselor had indeed met with the resident within 2-3 days after arrival.

**Review of Random Samples of Behavioral Screening Assessments:**

During the onsite phase of the audit, the auditor conducted reviews of ten resident detention files from the pre-adjudication program and five from the post-adjudication program. In all fifteen of the resident files examined, the agency's risk screening assessments (PREA Behavioral Screenings) completed during the intake process (within 1-2 hours of admission) were included, indicating compliance with standard practice. The review of risk screenings confirmed that none of the selected youth reported experiencing sexual victimization or abuse prior to their arrival at the facility.

Additionally, to validate that a Mental Health Professional (MHP) meets with every resident admitted within 14 days, the auditor found corresponding verification documentation in each of the 15 files sampled. These documents confirmed that a counselor had met with each of the fifteen residents within, on average, two business days of their admission. The records, completed by the MHP during the meeting with the resident, reflected the resident's initials indicating the meeting took place and that the PREA comprehensive education video/material was provided and understood.

In sum, the auditor determined that the practice of ensuring an MHP meets with every youth admitted into the facility within two business days was fully integrated in practice and exceeds the minimum requirements of this PREA standard.

**Conclusion:**

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

<b>115.382</b>	<b>Access to emergency medical and mental health services</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
- Pre-Audit Questionnaire (PAQ)
- Signed letter from the Director of GCJJD that was sent to the Medical Director of UTMB Emergency Department

**Interviews:**

- Contracted Mental Health Professional (MHP)
- Contracted Medical Professional (LVN)
- Random Staff (JSOs)
- Resource & Crisis Center of Galveston (RCCG): Program Director of Victim Support Services

**Site Review Observations:**

- Throughout the onsite phase of the audit, the auditor did not identify any evidence to suggest a youth at the facility was involved in any type of PREA investigation or who had made a PREA report while at the facility. In addition, the auditor conducted a test call onsite to the RCCGC (local child advocacy center) and spoke with the Program Director of Victim Support Services. This Program Director explained the victim services provided by her organization, which included collaborating with law enforcement and medical/mental health professionals to conduct forensic interviews, forensic medical examinations, to provide victim support through specialized advocacy services, mental health services and treatment, emotional support services to the victim and his/her family, and follow-up support and referrals (all free of charge).

**Explanation of Determination:**

**115.382**

**(a - d):** The agency's PREA Policy includes the requirements of this PREA standard on page 22, as noted below:

- "The Galveston County Juvenile Justice Department will provide resident victims of sexual abuse with timely, unimpeded access to emergency medical treatment and crisis intervention services in a manner and scope as determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders will take the preliminary steps to protect the victim pursuant to 115.362 and will immediately notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated

will be offered timely information about and timely access to emergency contraception and sexually transmitted infectious prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment cost related to sexual abuse victimization while incarcerated by the GCJJD will be provided to the victim without financial cost to the victim or their family regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

During the onsite phase of the audit, the auditor interviewed one of the agency's contracted MHP and one contracted medical professional (LVN) who provide professional services within their applicable practice at the facility. The professionals advised during their individual interviews how a resident victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The first responder protocols were described in responding to a sexual abuse allegation or incident at the facility, with emergency services provided with the applicable scope of duties and responsibilities and all other services and treatment provided offsite- at the local hospital and/or rape crisis center/children's advocacy center (RCCGC). The medical and mental health professionals advised that they have never encountered a situation since working at the facility related to sexual abuse at the facility; however, they were knowledgeable of the services that would be provided to ensure the requirements of the PREA standards are provided.

Furthermore, as noted in section 115.335 of this report:

During the interviews with the MHP and LVN, each professional sufficiently explained their level of PREA training, which they received before having contact with youth at the facility. The contractors and volunteers were asked open-ended questions about their understanding of responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies. These individuals effectively communicated their knowledge of the agency's policies regarding reporting procedures under PREA, as well as how to ensure the safety and protection of residents from harm. The individuals advised that they receive PREA training at least annually, with the medical and mental professionals sharing that they completed specialized PREA training in accordance with the scope of their duties. The MHP and medical professional interviewed elaborated on their expertise related to PREA and explained how medical and mental health services are readily available to any resident who may need the applicable services and treatment.

The auditor also confirmed that all JSOs at the facility are specially trained as first responders to a sexual abuse allegations or incidents at the facility, as noted in sections 115.331 and 115.364 of this report. During the interviews with each of the 12 JSOs, it was verified that the JSOs understood the elements to ensure protection of the victim and the requirement to immediately notify the appropriate medical and mental health practitioners. The steps of calling for assistance when responding to a sexual abuse situation included calling for a supervisor, medical and mental health in-house staff, and 911 for emergency services.

Additionally, the auditor was provided a signed letter from the Director of GCJJD that was sent to the Medical Director of UTMB Emergency Department. This letter requests that the UTMB perform any forensic medical examinations of any victim of sexual assault that is alleged to have occurred at the Galveston County Juvenile Justice Department's detention facility. The letter further clarifies that the hospital is required to assist with ensuring the following PREA requirements are provided to a victim of sexual abuse, as medically appropriate to the situation:

- Perform medical forensic examinations that are developmentally appropriate for youth.
- Conduct medical forensic examinations adopted 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 that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.
- Only utilize certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to conduct forensic medical examinations related to allegations of sexual assault or sexual abuse.
- Allow, as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews including the provision of emotional support, crisis intervention, information, and referrals.

Additionally, the auditor also reviewed the RCCGC's website (<https://www.rccgc.org>) and verified the following services are provided by the RCCGC:

- 24-hour Reporting Hotline (888-919-SAFE)
- Confidential intervention services available 24-hour a day (English and Spanish)
- Case management, safety planning, and support services
- Therapeutic services for individuals, families, and groups
- Legal advocacy, assistance, and representation
- Sexual Assault services provide advocacy, crisis intervention and medical accompaniment to survivors of sexual assault and their families. This program also participates in case review teams to provide the survivor with support and empowerment through the criminal justice system.
- Crisis intervention is available on a walk-in basis
- Sexual Assault and Domestic Violence Resources
- Advocates provide accompaniment to hospitals, law enforcement offices, prosecutors' offices and courts for those adult survivors of stranger and non-stranger sexual assault.
- Advocacy is provided to adult survivors of stranger and non-stranger sexual assault 24 hours a day, 7 days a week through the 24-hours crisis hotline

	<p>and accompaniment services.</p> <ul style="list-style-type: none"> <li>• Medical accompaniment and accompaniment during forensic exams is provided to sexual assault survivors, regardless of age, 24-hours a day, 7 days a week.</li> <li>• RCC is recognized as a dual service agency through both the Texas Council on Family Violence (TCFV) and the Texas Association Against Sexual Assault (TAASA).</li> <li>• Resource and Crisis Center is mandated to meet legislative standards as a service provider for victims of family violence and is a certified Rape Crisis Center through the office of the Attorney General.</li> <li>• RCC provides core, comprehensive services to victims of family violence through our Family Violence Center and to victims of sexual violence through our Rape Crisis Center to support their transition from victim to survivor. RCC's client services include: 24-hour crisis hotline, residential emergency shelter, crisis intervention, advocacy, medical accompaniment, case management, therapeutic services, and legal services. The continuum of services offered to our clients is designed to facilitate an inclusive healing process that leads to life free from violence.</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>115.383</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- Signed letter from the Director of GCJJD that was sent to the Medical Director of UTMB Emergency Department</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Contracted Mental Health Professional (MHP)</li> <li>- Contracted Medical Professional (LVN)</li> </ul>

- Resource & Crisis Center of Galveston (RCCG): Program Director of Victim Support Services

**Site Review Observations:**

- Throughout the onsite phase of the audit, the auditor did not learn of any evidence to suggest a youth at the facility was involved in any type of PREA investigation or who had made a PREA report while at the facility. In addition, the auditor conducted a test call onsite to the Resource & Crisis Center of Galveston County (RCCGC) and spoke with the Program Director of Victim Support Services. This Program Director explained the victim services provided by her organization, which included collaborating with law enforcement and medical/mental health professionals to conduct forensic interviews, forensic medical examinations, to provide victim support through specialized advocacy services, mental health services and treatment, emotional support services to the victim and his/her family, and follow-up support and referrals (all free of charge).

**Explanation of Determination:**

**115.383**

**(a - h):** According to the agency's PREA standard on page 22:

- "The Galveston County Juvenile Justice Department will 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. The evaluation and treatment will 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. The GCJJD will provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from sexually abusive penetration during incarceration the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims will also be offered tests for sexually transmitted infections as medically appropriate. Treatment cost related to sexual abuse victimization while incarcerated by the GCJJD will be provided to the victim without financial cost to the victim or their family regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The GCJJD will 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."

During the onsite audit phase, the auditor interviewed a contracted Mental Health Professional (MHP) and a contracted Licensed Vocational Nurse (LVN) who provide professional services at the facility. Both professionals stated during their interviews

that they had not encountered any situations involving residents who had experienced sexual abuse while housed at the GCJJC. However, they detailed the protocol that would be followed in the event of sexual abuse occurring.

The MHP and LVN explained that should a resident be a victim of sexual abuse, they would receive prompt access to emergency medical treatment and crisis intervention services. The facility offers medical and mental health evaluations and treatment to victimized residents on a case-by-case basis. Follow-up services, treatment plans, and referrals for continued care post-transfer or release would be provided as necessary. The MHP highlighted the counseling unit's ability to contact specialized mental health professionals, such as physicians, psychiatrists, and psychologists, to ensure appropriate care, including sex offender treatment. The LVN noted that the facility's contracted physician and local hospital physicians would collaborate to develop the most suitable treatment plan for residents who have experienced sexual abuse.

The professionals confirmed that the medical and mental health services offered at the facility align with community standards of care and may even exceed them due to the secure and controlled environment provided. In cases where female residents are victims of sexual abuse, gender-specific care would be provided at the local hospital or regional confinement center (RCCGC). Follow-up care, including testing and treatment for sexually transmitted diseases, would also be available at the local hospital at no cost to the victim or their family.

The MHP and LVN described the first responder protocols required for responding to a sexual abuse allegation or incident at the facility, with emergency services provided with the applicable scope of duties and responsibilities and all other services and treatment provided offsite- at the local hospital and/or rape crisis center/children's advocacy center (RCCGC). The medical and mental health professionals advised that they have never encountered a situation since working at the facility related to sexual abuse at the facility; however, they were knowledgeable of the required first responder duties and applicable services that would be provided to ensure the requirements of the PREA standards are provided.

Additionally, the auditor was provided a signed letter from the Director of GCJJD that was sent to the Medical Director of UTMB Emergency Department. This letter requests that the UTMB perform any forensic medical examinations of any victim of sexual assault that is alleged to have occurred at the Galveston County Juvenile Justice Department's detention facility. The letter further clarifies that the hospital is required to assist with ensuring the following PREA requirements are provided to a victim of sexual abuse, as medically appropriate to the situation:

- Perform medical forensic examinations that are developmentally appropriate for youth.
- Conduct medical forensic examinations adopted 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 that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.

- Only utilize certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to conduct forensic medical examinations related to allegations of sexual assault or sexual abuse.
- Allow, as requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews including the provision of emotional support, crisis intervention, information, and referrals.

Additionally, the auditor also reviewed the RCCGC's website (<https://www.rccgc.org>) and verified the following services are provided by the RCCGC:

- 24-hour Reporting Hotline (888-919-SAFE)
- Confidential intervention services available 24-hour a day (English and Spanish)
- Case management, safety planning, and support services
- Therapeutic services for individuals, families, and groups
- Legal advocacy, assistance, and representation
- Sexual Assault services provide advocacy, crisis intervention and medical accompaniment to survivors of sexual assault and their families. This program also participates in case review teams to provide the survivor with support and empowerment through the criminal justice system.
- Crisis intervention is available on a walk-in basis
- Advocates provide accompaniment to hospitals, law enforcement offices, prosecutors' offices and courts for those adult survivors of stranger and non-stranger sexual assault.
- Advocacy is provided to adult survivors of stranger and non-stranger sexual assault 24 hours a day, 7 days a week through the 24-hours crisis hotline and accompaniment services.
- Medical accompaniment and accompaniment during forensic exams is provided to sexual assault survivors, regardless of age, 24-hours a day, 7 days a week.
- Resource and Crisis Center is mandated to meet legislative standards as a service provider for victims of family violence and is a certified Rape Crisis Center through the office of the Attorney General.
- RCC provides core, comprehensive services to victims of family violence through our Family Violence Center and to victims of sexual violence through our Rape Crisis Center to support their transition from victim to survivor. RCC's client services include: 24-hour crisis hotline, residential emergency shelter, crisis intervention, advocacy, medical accompaniment, case management, therapeutic services, and legal services. The continuum of services offered to our clients is designed to facilitate an inclusive healing



process that leads to life free from violence.

**Conclusion:**

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

115.386	Sexual abuse incident reviews
	<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>- Pre-Audit Questionnaire (PAQ)</li><li>- Galveston County Sexual Abuse Incident Review (SAIR) Form</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>- PREA Coordinator (PC), who is designated as a member of the SAIR Team and the Facility Administrator of the facility.</li></ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.386</u></b></p> <p><b>(a - e):</b> The agency's PREA Policy includes all the required Sexual Abuse Incident Review (SAIR) requirements set forth by this PREA standard on pages 22 and 23, as highlighted below:</p> <ul style="list-style-type: none"><li>• "The Galveston County Juvenile Justice Department will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including allegations that have not been substantiated unless the allegation is assigned a disposition of unfounded. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team will:<ul style="list-style-type: none"><li>◦ consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li><li>◦ consider whether the incident or allegation was motivated by race, ethnicity; gender identity, lesbian, gay bisexual, transgendered, or</li></ul></li></ul>

intersex identification, status/ perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;

- examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse;
  - assess the adequacy of staffing levels in that area during different shifts;
  - assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - prepare a report of the review team's findings, including but not necessarily limited to the aforementioned considerations, and any recommendations for improvement for submission to the facility head and PREA Compliance manger.
- The Galveston County Juvenile Justice Department will implement the recommendations of the review team to the greatest extent possible, and will document reasons for not adopting any such recommendations.

Furthermore, it should be noted that the facility did not conduct a Sexual Abuse Incident Review (SAIR) during the past 12-month audit review period. This was due to the absence of any reported sexual abuse allegations at the facility during this time, as confirmed through the onsite interview with the PC and through the documentation review process. However, to demonstrate compliance with the requirements of the PREA standard in the event of future incidents, the PC provided the auditor with the 'Galveston County Sexual Abuse Incident Review Form.' This comprehensive 5-page form serves as a guide for reviewing known incidents and reported allegations of sexual abuse, in accordance with PREA standard 115.386.

During the interview with the PC, he provided a detailed explanation of how he would ensure compliance with the requirements of the PREA standard for any cases of substantiated or unsubstantiated sexual abuse at the facility. For example, the PC outlined the SAIR review process where the Director of the agency, the two Deputy Directors, Supervisors, and mental/medical staff would convene within 30 days following the completion of an internal investigation into sexual abuse. During this meeting, as reported by the PC, they would comprehensively review the investigation process, assess the need for any policy improvements to enhance safety practices, evaluate the motivation behind the incident, identify any necessary safety enhancements in the area where the incident occurred, review staffing levels and the supervision practices during the incident, and assess the monitoring technology in place to determine if improvements need to be made. The PC also confirmed that a final report outlining the findings and recommendations would be prepared by him and submitted to the Director for review and approval.

It is important to clarify that the 'Galveston County Sexual Abuse Incident Review Form' incorporates all the necessary review steps mandated by the PREA standard, as verified by the auditor. Additionally, it includes two pages dedicated to the team's recommendations for improvement, further emphasizing the facility's

	<p>commitment to continuously enhancing its practices in response to potential incidents. The PC was well informed of the contents of this review form and provided an example of the form during the pre-onsite phase of the audit.</p> <p><b><u>Conclusion:</u></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>115.387</b>	<b>Data collection</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Aggregate Data Review Reports (2021-2023)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.387</u></b></p> <p><b>(a - f):</b> As per the agency's PREA Policy on page 23:</p> <ul style="list-style-type: none"> <li>• "The Galveston County Juvenile Justice Department will collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized format and definitions. The department will aggregate the incident-based sexual abuse data such that the annual Survey of Sexual Violence can be answered completely and accurately. The department will maintain, review, and collect data as needed from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews. The department will also obtain incident-based and aggregated data from every private facility with which the department contracts for the confinement of its residents. The Galveston County Juvenile Justice Department will comply with all requests for the aforementioned data as requested by the Department of Justice."</li> </ul> <p>In order to demonstrate the agency's compliance with the requirements set forth by</p>

this PREA standard, the PC supplied the auditor with the agency's PREA data review reports spanning a period of three years (2021-2023). Upon examination, it became evident that the agency collects, aggregates, and compares accurate and standardized PREA data, in accordance with the requirements of this PREA standard. Furthermore, during the onsite interview with the PC, the PC informed the auditor about the secure management of all the facility's PREA data. The PC explained that the PREA data, including information contained in the agency's annual PREA reports, aggregate data sheets, and within PREA investigative files, is securely maintained in his office. The PC shared examples of the PREA investigative files and PREA data reports with the auditor during the onsite visit, showcasing how the applicable data is extracted and how these documents are securely stored in the PC's office. Additionally, during the review, the auditor verified that these reports are readily accessible to the public as they are published on the agency's website, with no personal identifiers or sensitive information included therein. The PC confirmed that he submits all reports pending publication on the agency's website to the Director of the agency, who then reviews and approves for publication.

Note: After conducting a thorough review of the PREA data submitted for the audit, it was determined that the two PREA-related allegations reported since the last audit did not meet the criteria for sexual abuse or sexual harassment. This assessment indicates that, while incidents were reported and taken serious by the agency, they did not result in findings of sexual abuse or harassment according to the defined PREA standards and guidelines.

**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>115.388</b>	<b>Data review for corrective action</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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Aggregate Data Review Reports (2021-2023)</li> <li>- Agency's Website (PREA   Galveston County, TX (<a href="http://galvestoncountytexas.gov">galvestoncountytexas.gov</a>))</li> </ul> <p><b>Interviews:</b></p>

- PREA Coordinator (PC) / Designated Facility Head (Facility Administrator)

**Explanation of Determination:**

**115.388**

**(a - d):** The auditor confirmed that the agency's PREA Policy includes all the required elements of this PREA standard on pages 23 and 24, as highlighted below:

- The Galveston County Juvenile Justice Department will review aggregated data on sexual abuse in order to assess and improve the effectiveness of the department's sexual abuse prevention, detection, and response policies, practices, and training, including:
  - identifying problem areas;
  - taking corrective action on an ongoing basis; and
  - preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- The data review for corrective action report will include a comparison of the current year's data and corrective actions with those from the prior years and will provide an assessment of the agency's progress in addressing sexual abuse. The report will be approved by the Director of Juvenile Services and will be made readily available to the public via the department's website.

As a means of demonstrating compliance with the requirements of this PREA standard in practice, the PC provided the auditor with the agency's PREA data review reports for a three-year period from 2021 to 2023. These reports were carefully examined, revealing that the agency follows the requirements of the PREA standard by accurately collecting, aggregating, and comparing standardized PREA data. Furthermore, the auditor confirmed that these reports are easily accessible to the public as they are published on the agency's website.

During discussions onsite with the PC (who is the Facility Administrator and who was designated as the Facility Head during the onsite), he explained his agency's approach to the requirements of this PREA standard. The PC described how the agency's management team conducts an annual review of all PREA data to enhance resident safety, prevent incidents, and strengthen the effectiveness of the department's policies, practices, and training related to sexual abuse prevention, detection, and response. As an example, the PC described the annual review process, typically scheduled after the completion of the state TJJD audit. During these reviews, the Director of the agency, the two Deputy Directors, and a member of the detention supervisor team convene to review the PREA data from the current and previous years. This comprehensive analysis includes ensuring that each required element of the PREA standard is thoroughly examined, identifying any problematic or vulnerable areas, implementing necessary corrective actions, and generating a formal report documenting the outcomes of the review process.

Furthermore, the PC shared an improvement implemented since the last PREA audit,

which involved relocating the female resident Pod away from the male Pods and positioning it closer to the main control room. Additionally, the facility installed audio capabilities on several of its cameras. As per the PC, by moving the female resident Pod and increasing proximity to the main control room, staff members can enhance oversight and monitoring of the Pod, which may contribute to increased safety and security for female residents. The addition of audio to the cameras can provide a more comprehensive monitoring system, allowing staff to not only see but also hear activities within the monitored areas, further strengthening surveillance capabilities within the facility. These improvements in facility-wide safety practices were not directly linked to a specific incident or data point at the facility, as per the PC. Rather, the enhancements were shared to showcase the proactive and ongoing evaluation of safety measures by the management team. The PC wanted to emphasize that safety enhancements are continuously reviewed and implemented to uphold the highest standards of safety and security for all residents at all times.

**Conclusion:**

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

115.389	Data storage, publication, and destruction
	<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>- Pre-Audit Questionnaire (PAQ)</li> <li>- PREA Aggregate Data Review Reports (2021-2023)</li> <li>- Agency's Website (PREA   Galveston County, TX (galvestoncountytexas.gov))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b><u>115.389</u></b></p> <p><b>(a - d):</b> As per the agency's PREA Policy on page 24:</p> <ul style="list-style-type: none"> <li>• "The Galveston County Juvenile Justice Department will securely retain all</li> </ul>

data collected pursuant to PREA 115.387. The department will make all aggregated sexual abuse data for the Jerry J. Esmond Juvenile Justice Center and private facilities with which the department contracts, readily available to the public at least annually through the department's website. All personal identifiers will be removed prior making aggregated sexual abuse data available to the public. Sexual abuse data collected pursuant to PREA 115.387 will be retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise."

Furthermore, during the auditor's review process, it was confirmed that the agency's PREA reports are published on their website and adhere to privacy protocols by excluding any personal identifiers. This practice ensures the protection of individuals' privacy rights and aligns with the guidelines set forth in the PREA standards.

The auditor interviewed the agency's PC and asked him questions related to how the PREA data for the facility is collected, aggregated, stored, and published. The PC informed the auditor about the secure management of all the facility's PREA data and sufficiently explained how the PREA data, including information contained in the agency's annual PREA reports, aggregate data sheets, and within PREA investigative files, is securely maintained in his office. The PC shared examples of the PREA investigative files and PREA data reports with the auditor during the onsite visit, showcasing how the applicable data is extracted and how these documents are securely stored in the PC's office.

Additionally, during the audit review process, the auditor verified that these reports are readily accessible to the public as they are published on the agency's website, with no personal identifiers or sensitive information included therein. The PC confirmed that he submits all reports pending publication on the agency's website to the Director of the agency, who then reviews and approves for publication.

**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>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Explanation of Determination:</b>  <b>115.401:</b> According to the agency's PREA Policy on pages 24 and 25:

- The Galveston County Juvenile Justice Department will fully cooperate with the Department of Justice or qualified auditor certified by the Department of Justice to complete an audit of relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type operated by the Galveston County Juvenile Justice Department in order to verify compliance with PREA standards. The designated auditor will have access to all required information including but not necessarily limited to:
  - a sampling of relevant documents and other records and information for the most recent one year period;
  - access to observe all areas of the Jerry J. Esmond Juvenile Justice Center;
  - copies of any relevant documents (including electronically stored information);
  - access to residents or detainees and staff for the purpose of interview;
  - videotapes and other electronic data relevant to the provisions being audited;
  - private interviews with residents or detainees; and
  - access to unimpeded confidential information and correspondence from residents or detainees in the same manner as if they were communicating with legal counsel.
- Official PREA audits conducted at GCJJD facilities will only be conducted by auditors qualified to conduct PREA audits pursuant to the qualifications found in PREA 115.402 with audit content findings inclusive of all elements required by PREA 115.403. The GCJJD will publish the auditor’s final report (redacted) on the department’s website.

Furthermore, throughout the entire audit process, the auditor reported no obstacles or issues with regards to receiving sufficient documentation or accessing areas during the onsite visit. The auditor was provided access to, and observe, all areas of the audited facility, and the agency promptly provided all necessary verification documentation, enabling the auditor to conduct an objective and comprehensive PREA audit. Each PREA standard was assessed fairly and without compromise, ensuring a thorough evaluation of the facility's compliance. The absence of any complications or hindrances in the audit process highlights the agency's commitment to transparency and cooperation in facilitating a successful assessment.

**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**

Explanation of Determination:

**115.403:** According to the agency's PREA Policy on page 25:

- "The GCJJD will publish the auditor's final report (redacted) on the department's website. The Galveston County Juvenile Justice Department will cooperate with the auditor on the development of corrective action plan to achieve compliance within the 180-day corrective action period."

Moreover, the auditor advised the PC to publish the final PREA Audit Report on the agency's website within 30 days of receipt. Furthermore, it is important to note that the auditor confirmed during the pre-onsite phase of the audit that the agency includes their past two PREA reports (from 2016 and 2020) on their website.

**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>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 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.)	na
<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