

PREA Facility Audit Report: Final

Name of Facility: Jerry J. Esmond Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: 04/16/2020

Date Final Report Submitted: 09/01/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Derek Henderson	Date of Signature: 09/01/2020

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	01/30/2020
End Date of On-Site Audit:	01/31/2020

FACILITY INFORMATION	
Facility name:	Jerry J. Esmond Juvenile Justice Center
Facility physical address:	6101 Attwater Ave, Dickinson, Texas - 77539
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Dink T. Watson
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Telephone Number:	409-770-5935

Superintendent/Director/Administrator	
Name:	Glen R. Watson
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Facility PREA Compliance Manager	
Name:	Keith Green
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Facility Health Service Administrator On-Site	
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Facility Characteristics	
Designed facility capacity:	39
Current population of facility:	37
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	65
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	24
Number of volunteers who have contact with residents, currently authorized to enter the facility:	51

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

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

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

AUDIT FINDINGS

Narrative:

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

The PREA onsite audit of the Galveston County Juvenile Justice Department (GCJJD) in Texas City, Texas was conducted January 30-31, 2019 by Derek Henderson. Derek Henderson is certified by the U.S. Department of Justice to conduct PREA audits for juvenile facilities. The purpose of the audit was to determine the degree of compliance with the Federal Prison Rape Elimination Act (PREA) standards.

Pre-Onsite Phase (10/10/2019 – 01/29/2020):

This auditor received notice in the summer of 2019 that the Galveston County Juvenile Justice Department (GCJJD) was seeking a PREA auditor to conduct their second PREA audit. After receiving this notice, I, the auditor, contacted the GCJJD Chief on 8/1/2019 in order to discuss the possibility of being hired to conduct the agency PREA audit for the second audit cycle. The Chief was sent a proposal for auditing services, and after the proposal was reviewed by the agency and confirmed as satisfactory, the auditor and GCJJD agreed to and signed into an auditor contract on 10/10/2019 (this date began the pre-onsite phase of the audit).

The PC, who is also the Deputy Director (DD) of Detention, was established as the primary point of contact throughout the entire audit process, and the auditor communicated periodically throughout the pre-onsite phase of the audit with the agency's PC via telephone conversations and emailed communications. The auditor explained the entire auditing process, including: the three phases (pre-onsite, onsite, and post onsite), the Online Audit System (OAS) and Pre-Audit Questionnaire (PAQ), the interim and final report, and corrective action (if required). The resources available on the PREA Resource Center (PRC) website was explained, and the auditor described how to access the PRC website to download the paper version of the PAQ, instructions for the facility inspection, interview question protocols, process map, and a checklist for documents that will be needed to be provided to the auditor.

The auditor also explained to the PC how the PREA audit is not only a document review of applicable policies, documents, and forms, but also a comprehensive review and analysis of how the PREA Standards are practiced in the facility and an assessment of the overall sexual safety of the facility. Additionally, the auditor discussed the following: the planning and logistics of the onsite (01/30/2020-01/31/2020), instructions and timelines for posting of the Auditor Notice (confirmation received of the postings on 11/01/2019), the PAQ that is available through the OAS, the contacts that will be made prior to the onsite (advocate groups and SANE/SAFE), and the approximate number of security staff (Juvenile Supervisor Officers- JSOs) and residents will be interviewed- including the interview locations. The auditor provided the PC with timelines of when the PAQ is due to the auditor (by 11/25/2019), when the interim and/or final report is due (03/16/2020), and, if applicable, the deadline for full implementation of any corrective action (09/12/2020). The auditor also discussed how one Issue Log (IL) will be created for any questions or follow-up information needed during the pre-onsite phase, and how this IL will be

emailed to the agency before the onsite (sent of 01/01/2020 and response from agency provided on 01/20/2020). Timelines for each step of the audit process was also provided to the PC, with no major issues arising related to the deadlines set.

It is important to note that the auditor sent the PC the Auditor Notice form, with instructions on where, when, and for how long to post. The auditor explained that it is strongly recommended that the Auditor Notice is posted in areas throughout the facility that are visible to all residents and staff (i.e., visiting areas, housing units, and recreational spaces). The PC provided the auditor with proof of the postings on 11/01/2019, with pictures of the auditor's postings in each of the five housing units, three postings in the front lobby, and postings in the detention and administrative staff lounges. The notices were posted in Spanish and English and on bright yellow paper. The Auditor Notice provided a private and confidential method for staff, residents, and the public to contact the Auditor via a P.O. Box mailing address. Agency leadership explained to the auditor that residents are able to send mail to the auditor's P.O. Box through their internal mail process, and at no time did the auditor receive such a correspondence.

During the pre-onsite phase of the PREA audit, from when the PAQ was completed by the Agency in the OAS (11/25/2019) to the date of the onsite (01/30/2020), the auditor analyzed and reviewed all the answers provided by the PC in the PAQ and all the secondary documentation uploaded in the OAS. As noted above, the auditor documented the issues that arose on one Issue Log, which included a total of 20 line items. Examples of the documents uploaded by the agency in the OAS are as follows:

- Policies & Procedures
- Logs
- Memo's
- Email communications
- PowerPoint presentations
- Mental Health & Medical forms
- Unannounced Rounds Logs
- Assessments
- Victim Advocate information
- PREA Training Verification forms
- PREA Training Sign-In sheets
- Statistical information
- Reports
- Memorandums of Understanding (MOUs)
- Contracts
- Employment documents
- Advocacy Information
- Investigative Information and forms
- Departmental forms
- Organizational Chart
- Facility Schematics
- Staffing Plan and Aggregate Data Documents
- Training certificates
- Detention orientation material
- Department of Justice Survey of Sexual Victimization

A call with the PC was scheduled and completed on 01/27/2020. This call was to follow-up on the status

of the audit and discuss the on-site phase that was scheduled for 01/30/2020 – 01/31/2020. The following information was discussed:

- a detailed schedule for each day of the onsite;
- the locations for the interviews and basecamp for the auditor when onsite;
- the tentative schedule for each day of the onsite;
- the requirements related to interviewing at least five (5) targeted and five (5) random residents that are available during the onsite (total of at least 10), observing an intake (specifically related to PREA orientation and risk screening processes), randomly selecting at least twelve (12) security staff from each shift, and the specialized staff interviews;
- the requirement of interviewing a targeted population of residents, if applicable: residents with disabilities or limited English proficient (LEP); residents who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); residents in segregated housing or isolation; residents who reported sexual abuse; and residents who reported sexual victimization or abusiveness during risk screening;
- the full list of specialized staff that would need to be interviewed while onsite, to include, but limited to: agency contracts administrator, intermediate or higher level staff who conduct unannounced rounds, educational staff, medical and mental health staff, human resource staff (HR), SANE/SAFE nurse (via phone call), volunteers and contractors who may have contact with residents, staff who perform risk screenings (intake staff), staff who supervise residents in isolation (security staff), staff on the sexual abuse incident review team, designated staff member in charge of retaliation, and first responders;
- the requirement of reviewing employee personnel and training files and resident detention files;
- the possibility of discussing any unresolved or new issues discovered by the auditor; and
- the exit interview.

Additionally, during this call the auditor explained the overall purpose of corrective action (if applicable), which included explaining how corrective action should be expected and not uncommon due to the over 300 PREA provisions included in the 41 applicable juvenile standards. The auditor described how corrective action should not be viewed as a negative or a complete failure; instead it should be interpreted as an opportunity to enhance best practices and ensure safety and security for all persons involved with the Department. The auditor advised that he will email the PC a document which includes the previously discussed daily schedule of the onsite and a list of documents the auditor will need the first day of the onsite (detention resident rosters for the days of the onsite, staff rosters for the days of the onsite, and a staff schedule for the week of the onsite). Additionally, the auditor explained that he will need to review grievances, incident reports, disciplinary and grievance logs, TJJD Hotline reports/logs, and all allegations of sexual abuse and sexual harassment reported for investigation.

The agency submitted the completed PAQ in the OAS on 11/25/2019, and the auditor received an email notification on the same date explaining that the associated PAQ has been submitted for Jerry J. Esmond Juvenile Justice Center (Galveston County Juvenile Justice Department) and is ready for the auditor's review. At this time, the auditor began reviewing the secondary documents and answers provided by the agency in the OAS. After the auditor completed the review of the PAQ information provided, a Issue Log (IL) was submitted the PC on 01/01/2020, with the agency providing a response to each item listed on the IL on 01/20/2020.

The auditor conducted a phone interview with the SANE Program Coordinator for the University of Texas Medical Branch (UTMB) in Galveston, TX in order to ensure agency is in compliant with the applicable requirements pursuant to PREA Standard 115.321. This SANE Program Coordinator advised that her SANE team is responsible for conducting all forensic medical examinations for the facility and a SANE nurse would be made available to all victims of sexual abuse. For more information related to this

particular interview, please refer to the standard specific explanation on section 115.321 (c) of this report.

The auditor conducted a search on the internet of the Agency/Facility to review for information or news related to sexual abuse or sexual harassment incidents or allegations, and it should be noted that the auditor was unable to locate any relevant information to support that an incident of sexual abuse or sexual harassment has occurred in the facility since the last PREA audit or before.

Periodically throughout the entire audit process, the auditor checked the P.O. Box used for the Auditor Notice forms for any correspondence related to the PREA audit for the GCJJD, and at no time was such a correspondence mailed to the auditor.

Onsite Audit Phase:

The onsite portion of the audit was conducted by the auditor from January 30th, 2020, through January 31st, 2020. During this time the auditor inspected the entire Jerry J. Esmond Juvenile Justice Department Complex, otherwise known as the Galveston County Juvenile Justice Department (GCJJD), conducted a total of 12 randomly selected security staff interviews (Juvenile Supervision Officers- JSOs), 27 specialized staff interviews, and 14 resident interviews (*to include 11 randomly selected residents and one (1) targeted resident who qualified for two (2) targeted protocols and the random protocols); conducted an entry and exit meeting; observed an intake; observed surveillance video of unannounced rounds conducted by upper-level supervisors; and reviewed personnel and training files, resident detention files, grievances, risk assessments, HR documents, training material and verifications, mental health referrals, etc. The auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this form documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381.

The onsite phase began with an initial entrance briefing on 01/30/2020, at approximately 8:30am, and the following people were in attendance:

- The auditor
- The Chief of GCJJD
- The Deputy Director of Detention (who is also the PREA Coordinator- PC)
- The Deputy Director of the Transforming Lives Cooperation (TLC) Resident Treatment Program (Post-Adjudication)
- TLC Program Supervisor (also one of the three PREA Compliance Managers- PCM)
- Deputy Director of Casework (another PCM)
- The Detention Superintendent (another PCM)

During this initial meeting, the PC provided the auditor with their Detention Resident Roster for both the pre-adjudication detention and post-adjudication (TLC) programs, and it is important to note that the documents include the following information: names, housing assignments, room numbers, admitted date and time, date of birth, current charges, length of stay, and a personal identification number for each resident. In addition, the agency's Staff Schedule for the days of the onsite was also provided at this time. The PC advised the auditor that the facility had 42 residents in detention the first day of the onsite {35 in the pre-adjudication program (29 males & 6 females) and 7 in the TLC post-adjudication program (7 males)}. The auditor cross-reference the agency's Staff Schedule with the total number of residents (42) in order to calculate the facilities security staff (JSOs) to resident facility wide ratio during the first day of the on-site, and it should be noted that the facility had a total of eight (8) JSOs working during the 8am to 8pm shift that provided for an approximately staff to resident ratio of 1:5. Additionally, the PC advised

the auditor during the on-site that staff of the same gender as the residents are always assigned to work the corresponding housing units, and this was verified by the auditor through reviewing the agency's Staff Schedule form and through observations of staff supervising same gender residents during the facility inspection on 01/30/2020.

It was arranged that all random staff interviews and all resident interviews were conducted in a private room near the facility's Control Room. Furthermore, the auditor advised the administrative team that if he learns of or observes any PREA Standard violations or issues while onsite, he will address the problem with the PC or another administrative staff member as soon as possible.

After the conclusion of the initial meeting, the PC and Superintendent (PCM) escorted the auditor throughout the secure facility for the facility-wide inspection. The PC advised the auditor that the facility currently has 60 active cameras, and he identified each camera in the facility throughout the inspection. During this inspection, the auditor inspected all areas of the secure facility to include, but limited to the following:

- The Control Room: This secure control room had one JSO staff assigned and included a Key Watcher System for logging and maintaining the security keys for the facility, two large CCTV monitors with 36 camera views per screen, and a camera in the control room that provided for continuous monitoring of the activity in the control room. While the auditor was in the control room, he was able to clearly observe into each housing unit through the control room's camera monitors and verified that the cameras in each Pod (housing unit) were NOT positioned in such a way to provide video surveillance of the shower or toilet areas. It is also important to add that the control room is centrally located in the middle of the facility, and access in and out of the room is controlled by the control room staff by electronically unlocking the one and only entry/exit door. This room also has windows all around the front side to provide the control room staff with clear visual of the hallway in front and the housing unit directly in front of the control room (Apod).
- Hallway in front of the Control Room: This area is continuously monitored by the control room personnel and includes three (3) cameras positioned in the ceiling to provide for maximum coverage of all areas (cameras on each side and one in the middle of the hallway).
- The staff breakroom in front of Cpod, that has two cameras providing video surveillance of the only entry and exit of this area.
- Library room: this room is a small room with books, a large window, and one door. A camera is positioned in the hallway in front of the library to provide video surveillance of the only door to enter or exit the room.
- Kitchen: on camera and large window providing clear visual from the hallway.
- Outside recreation area, which includes cameras surrounding this area for sufficient video monitoring.
- Full size gymnasium, which includes two cameras providing adequate coverage to all areas.
- Four classrooms with 360° cameras.
- Intake area, with four (4) holding rooms and four (4) total cameras providing continuous video monitoring. This area also included PREA related signage, such as TJJJD "End the Silence" Posters that included the agency's zero-tolerance policy (in English & Spanish), the TJJJD Hotline number, victim advocacy information with each organization's contact information (Crisis Center Hotline form), and the Auditor's Notice on bright yellow paper in English and Spanish. It was in this intake area that the auditor made a successful test call to the TJJJD Hotline.
- The facility's medical unit- one medical room with a waiting area.
- Visitation area: two (2) contact rooms and one (1) non-contact room. Each room includes a camera.
- Sally port, with a 360° camera.

Additionally, each of the five (5) housing units were thoroughly inspected by the auditor; however, since each Pod is constructed the same and in order to reduce redundancy, the auditor is combining the observations made on each Pod into the following narrative:

- o Each Pod (including the pre and post adjudication programs) is in the shape of a horseshoe, with eight (8) single-occupancy rooms located around a dayroom, two shower rooms, and closets. The pre-adjudication detention program utilizes four (4) housing units (31 total single occupancy beds available), while the post adjudication utilizes only one housing unit (8 single occupancy housing units available). It is important to point out that the auditor was able to verify that each of the five (5) housing units include two individual shower rooms, and each shower has a door that is locked by staff from the outside only (not the inside- residents are able to freely exit the shower room). The facility showers provide for a safe and private area for residents to shower individually; therefore, greatly reducing the likelihood of any resident being a victim of sexual abuse during shower time.
- o Each Pod had tables and chairs in the dayroom that residents used to sit and play games or watch TV.
- o The auditor was provided access into the storage rooms on the Pods, where the agency stores the resident's signed orientation material. The auditor was able to verify through a random sample size of signed forms that the resident's were provided the required PREA orientation material and grievance procedures during their intake process, with the documents made readily available to the residents upon their request.
- o Each Pod included PREA related signage in English and Spanish, such as: TJJJ "End the Silence" Posters that included the agency's zero-tolerance policy, the TJJJ Hotline number, victim advocacy information with each organizations contact information (Crisis Center Hotline form), and the Auditor's Notice on bright yellow paper in English and Spanish.
- o Each Pod has two (2) cameras providing for 360 degree viewing and audio capabilities.

During the facility inspection, the auditor observed two areas of the facility in which the agency was out of compliance with their staffing plan and the required 1:8 staff to resident ratio during waking hours. In Classroom 2, the auditor observed eleven (11) residents in the room with only one security staff and one teacher directly supervising the 11 residents (ratio of 1:11). It is important to clarify that the one teacher in this classroom did not count toward the security staff 1:8 ratio due to teachers in the facility not receiving the same security training as the security staff in the facility. Additionally, the auditor observed nine (9) residents in C-Pod housing unit, with only one staff providing direct supervision (ratio of 1:9). The auditor immediately addressed this non-compliance issue with the PC, who advised that the facility's pre-adjudication program has been over populated recently, but that there is a "floater" staff that is able to move to each Pod and/or facility location to assist with supervision. The auditor appreciated this information; however, it was explained that the FAQ and PREA In Focus information provided by the PRC on this particular PREA Standard requirement (115.313) is quite specific to this type of scenario. The PC was advised that the ratio of staff to residents must be maintained at all times in EVERY AREA throughout the facility. The PC understood and stated he would discuss this issue with his Chief in order to quickly develop and implement a corrective action plan.

The next phase of the onsite was interviewing residents and staff. The population at the time of the onsite was 42 residents (6 females and 29 males in the pre-adjudication program and 7 males in the TLC Residential Program), and the auditor conducted a total of 14 resident interviews while onsite (33% of the total population- 3 females and 8 males, plus the one targeted resident who answered the random resident, LGBTI, and at risk screening victimization protocol questions). To clarify, a total of twelve (12) residents were interviewed, with one of the 12 being a targeted resident that was asked a total of three PREA interview protocol questions and the remaining eleven (11) being randomly selected by the auditor.

The auditor randomly selected 11 residents (26% of the total population) to be interviewed from the facility's Daily Detention Rosters and asked each resident the PREA Random Resident protocol questions. The random selection of residents represented a sample from both the pre-adjudication detention and TLC programs, whom were of varying ages and lengths of stays and from different housing units. Each resident selected for the random and targeted interviews agreed to be interviewed, and below is the breakdown of the target interviews conducted by the auditor.

- One resident was identified by the Noble PREA Behavioral Screening as being a victim of sexual abuse from a prior incident that occurred in the community before this most recent detention. The resident explained to the auditor that this allegations was reported to law enforcement and the investigation has subsequently been closed out. This resident also was identified by the Behavioral Screen as identifying as gay. Additionally, it is important to add that the agency provided the auditor with a copy of this particular child's PREA Behavioral Screen report that was conducted on the same day as the child being admitted into the facility (all such reports are electronically time and date stamped), and the auditor verified that all this information was properly documented and retained. The report also indicates that the child was referred to mental health services for a screening to be conducted within 14 days (as required by 115.381). Through conversations and interviews with staff, residents, the PC, and other administrators; at no time was the auditor made aware that the agency had more than the one targeted resident in the facility. Furthermore, the auditor also observed for any targeted residents throughout the onsite phase of the audit, and at NO time did the auditor believe there to be more targeted residents in the facility than the one already listed. Ultimately, the auditor made the following determinations:

- No resident available with a known mental health disability.
- No resident available who identify as transgender or intersex.
- No resident available who was in Protective Isolation (in isolation as a result of being a victim or at risk of sexual abuse or sexual harassment).
- No resident available who reported being sexually abused or sexually harassed while in the detention center.
- No resident available with a physical disability.
- No resident available who was blind, deaf, or hard of hearing.

{NOTE: Targeted residents are selected in order to provide the auditor with an appropriate and representative cross-section of residents who are the most vulnerable to sexual abuse and sexual harassment. Only one targeted resident was available during the onsite; although, this resident did meet the criteria for two protocols (the random resident protocols questions were also asked)}.

The auditor interviewed all residents in an empty classroom that was near the facility's Control Room, down a long hallway next to the TLC Program. The auditor provided the PC a list of the randomly selected residents and the one targeted resident that the auditor requested to interview, and the PC and other agency staff helped to ensure that each resident was escorted to and from the auditor's location. Each interview began with an introduction and the auditor first explained that the resident was not in any type of trouble in order to ensure the resident was at ease and comfortable. The auditor communicated to each resident how their participation in the interview was strictly voluntary and that they could refuse to participate or refuse to answer at any time. It was also explained to each resident that the information from each interview would remain confidential unless the resident says anything about hurting themselves, hurting others, or escaping; in which the auditor advised he would have to report this to an administrator with the Department. the auditor also explained that if the child made any sort of outcry of sexual abuse or sexual harassment, that this information would have to be reported to the proper

authorities. Additionally, the auditor described that he will be taking notes throughout the interview, and the notes are only to assist the auditor with remembering the answers provided and would not be shared with the agency. The auditor explained if any of the questions during the interview made them feel upset or uncomfortable, a Mental Health Provider would be provided upon completion of the interview. Lastly, it was explained that the information in the auditor's final report will not include any type of identifiers, and if the resident experiences any negative consequences for talking to the auditor, such as retaliation or threatened retaliation, to contact the auditor and/or call the TJJD Hotline. Throughout each interview, the auditor documented his notes in a notebook, and after each interview, he thanked each resident for their participation.

After the resident interviews were completed, the auditor began the specialized staff and random staff interviews. It should be noted that the facility utilizes security staff that are certified as Juvenile Supervision Officers (JSOs) through the Texas Juvenile Justice Department (TJJD), and these staff members (JSOs) provide continuous, uninterrupted supervision of residents in the program and conduct room observations not to exceed 13 minutes of all residents secured in a room.

Out of the 51 certified security staff (JSOs) that work in the GCJJD, twelve (12) were randomly selected by the auditor to be interviewed using the PREA Random Staff Questions (23%), and 27 specialized staff interviews were conducted using the corresponding PREA questions. The 12 randomly selected security staff were selected as a representative sample of all the security staff who work on all shifts (8am to 8pm and 8pm to 8am) and in all locations- with taking into account selecting staff who were assigned to different housing units, the control room, intake unit, the two different programs (pre and post), and new and veteran staff. Each staff member was selected from the staff schedule provided by the PC.

Thirty-nine (39) total staff interviews were conducted by the auditor to measure PREA Standard compliance in practice and operation for the applicable standards. The interviews of staff conducted by the Auditor are explained in more detail below:

- 12 Random Staff out of 51 (23%)
- 27 Specialized Staff*
- 39 Total Staff Interviewed

Breakdown of Specialized Staff Interviews:

- Agency Head Designee (Chief of GCJJD): 1
- Detention Superintendent (PCM): 1
- PREA Coordinator (PC): 1
- PREA Compliance Manager (PCM) / Post Program Supervisor: 1
- Human Resource Staff: 1
- Contract Administrator: 1
- Volunteers: 2
- Contractors: 3
- Intermediate or Higher-Level Staff: 1
- Medical Staff: 1
- Mental Health Staff: 2
- SANE/SAFE Nurse: 1
- Investigative Staff: 1
- Sexual Abuse Incident Review Team: 1

- Staff Charged with Monitoring Retaliation: 1
- Staff who perform screening for risk of victimization and abusiveness: 1
- Supervising Staff of Residents in Isolation: 1
- First Responder Staff (certified JSO): 2 {*However, it should be noted that all JSOs working in this facility are trained on First Responder duties, and the auditor asked each randomly selected JSO questions related to the PREA First Responder Interview Protocols.}
- First Responders, non-security staff: 2
- Intake Staff: 1
- MasterWord Interpreting Representative: 1
- Non-medical staff involved in cross-gender strip or visual searches: 0 (n/a- per agency policy, only medical staff are able to conduct such a search).

- TOTAL SPECIALIZED: 27

(*NOTE: Some of the specialized staff interviewed were responsible for more than one of the specialized staff duties: therefore, the number of specialized staff interviews presented in the above breakdown exceeds the number of specialized staff interviewed).

The onsite also included a thorough documentation review by the auditor of randomly selected staff personnel and training files, resident files, and facility logs. The first files reviewed were the resident files, which included a sample of 13 out of the 42 current residents in detention at the time of the audit (a representative sample of 31% of the total population / 10 from pre-adjudication & 3 from the TLC program). The auditor utilized the "PREA Audit- Juvenile Facilities Documentation Review- Resident Files/Records" form in order to document the requirements of PREA Standards: §115.333, §115.341, and §115.381. The information ascertained from each file included, but was not limited to:

- Resident's date of birth & date of admission;
- PREA Intake Screening within 72 hours of admission;
- Periodic Reassessment during the resident's detention stay;
- PREA information during the intake process;
- PREA comprehensive education within 10 days of intake; and
- The date and time of each of time sensitive PREA requirements.

Upon review of each resident's file, the auditor determined that the agency was inconsistent with conducting the required periodic reassessment pursuant to PREA Standard 115.341 (a). The PC advised that their previous contracted mental health provider (MHP), who left the agency last November (11/2019), was responsible for conducting the reassessment, and the new contracted MHP's have been catching up on paperwork and working on a system to ensure all PREA related requirements are practiced efficiently. The auditor also interviewed two of the contracted MHP's, who both concurred with the PC's explanation on the issue. The auditor collaborated with the longest tenured MHP (contracted since last November- in 2019) and the PC in order to establish a plan for ensuring all residents receive the required periodic reassessment, as required by 115.341 (a), and it is important to note that the agency immediately took corrective action to implement this plan for ensuring compliance. NOTE: For more detailed information about this issue, please refer to section 115.341 of this report.

Staff personnel and training files were also reviewed by the auditor while onsite, with the assistance of the PC and HR specialist- with the HR specialist helping with identifying where certain applicable documents were located in each file. The auditor randomly selected 13 employee files to review for PREA

compliance as related to the following PREA Standards: §115.317, §115.331, §115.332, §115.334, and §115.335. A breakdown of the files selected for review is detailed below: 7 security staff (JSOs), 1 medical staff, 2 volunteers, 1 teacher, and 2 mental health staff. This document review and analysis was documented on the "PREA Audit-Juvenile Facilities Documentation Review- Employee Files/Records" form. The forms include the following information:

- Staff Name and Title;
- Date of Birth and Date of Hire;
- Either a new hire, promotion, current employee, or part-time employee;
- Either a volunteer, intern, or contractor;
- Military DD-214 Honorable Discharge, if applicable;
- Administrative Adjudication Checks;
- Criminal History Check;
- Child Abuse Registry Check;
- Institutional Reference Check;
- 5 Year Criminal History Check or FBI Rap Back Electronic Notice System or Similar;
- PREA Training Documentation;
- PREA Acknowledgement Form Signed;
- Specialized PREA Training, as applicable;
- PREA Refresher Training Every 2 Years;
- Refresher Info Every Other Year Provided; and
- The date and times of all applicable information as listed above.

During the onsite, the PC advised the auditor that there has not been a grievance submitted by a resident since the last PREA audit that alleged sexually abused or sexually harassed of a resident. In order to verify this information, the auditor randomly selected ten (10) grievances from the last 12 months, and it should be noted that none (zero) of the grievances reviewed by the auditor indicated such an allegation. Additionally, the PC advised that they have not had a child who was placed on either protective isolation or disciplinary seclusion in the past 12 months due to a PREA related incident, and the auditor reviewed ten (10) disciplinary seclusion reports and verified that non (zero) reviewed involved an incident or allegation of sexual abuse or sexual harassment. Furthermore, the agency did not have any protective isolation reports in order to review for a PREA related incident.

While onsite, the auditor also reviewed surveillance video of unannounced rounds for three (3) time periods- morning, evening, and overnight. The PC allowed the auditor to review each unannounced round conducted by the upper-level supervisors in the month of January, and each round sufficiently demonstrated how upper-level supervisors conducted the rounds and inspection of the entire facility at random times on random days. The auditor paid close attention and verified how each round clearly demonstrated the process of supervisors performing the rounds and where residents were housed, in which the video clearly displayed such action.

Lastly, the auditor conducted an exit briefing on 01/31/2020 with the PC. The auditor began the meeting with providing the PC an overview of the onsite audit- explaining his analysis and assessment of the level of sexual safety in the facility, as related to the 41 PREA Juvenile Standards. The auditor expressed his appreciation for the agency having him onsite and the assistance everyone provided during the pre- onsite and onsite phases of the audit. Additionally, the next steps of the audit process were explained by the auditor, to include:

- a final review of all information from the pre-onsite and onsite to determine compliance with each provision of each PREA Standard; and
 - the date the interim and/or final report is due to the facility (by 03/16/2020); and
- the corrective action process (if applicable).

Post-Onsite Audit Phase:

After the onsite, the auditor began triangulating and analyzing all the data provided to measure the facility's compliance with each element of each PREA standard. All applicable policies, documents, memos, forms, issue log responses, interview notes, website data, PAQ provided information and documentation, training records, personnel records, resident files, MOU's, contracts, email communications, phone interviews, Detention Orientation, investigation documents, logs, post assignments, resident rosters, staff schedules, Staffing Plans and Reviews, and facility schematics were extensively examined and reviewed to assist the auditor with his final determination of if the agency is exceeding, meeting, or in non-compliance with each PREA standard. During this phase, the auditor communicated with the agency's PC by email and phone in regards to seeking further clarification and follow-up documentation related to PREA Standards determination of compliance. The PC was extremely accommodating and provided the auditor with additional documentation and explanations of practice as needed through this process.

Final Conclusion

Number of Standards Exceeded: **2**

115.111 and 115.318

Number of Standards Met: **39**

115.312; 115.313; 115.315; 115.316; 115.317; 115.321; 115.322; 115.331; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388, and 115.389.

Number of Standards Not Met: **0**

Summary of Corrective Action Needed and Final Conclusion:

**Refer to Summary of Audit Findings section of this report.

AUDIT FINDINGS

Facility Characteristics:

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

Facility Characteristics:

The Jerry J. Esmond Juvenile Justice Center, also known as the Galveston County Juvenile Justice Department (GCJJD), is located at 6101 Attwater Avenue, Texas City, TX 77590. The agency began operations at this current address in 1996. This agency operates a juvenile detention facility that includes 39 single occupancy rooms, with two programs operating inside the facility: the pre-adjudication juvenile detention center (with 29 rooms) and the post-adjudication Transforming Lives Cooperation (TLC) Residential Treatment Program (with 10 rooms). There is one padded room in the pre-adjudication program that is no longer used and not included in this count. Both programs operate independently of each other, with the pre-adjudication occupying four housing units and the TLC program occupying one housing unit on the opposite end. GCJJD complies with Texas Administrative Code (TAC) Title 37, Chapters 343 and 344. TAC Chapter 343 requires secure juvenile facilities in TX to comply with approximately 142 standards related to procedures in secure juvenile pre-adjudication detention facilities, and TAC Chapter 344 requires agencies to comply with approximately 44 standards related to employment, certification, and training requirements for all certified Juvenile Supervision Officers (JSOs) and Juvenile Probation Officers (JPOs). Pursuant to TAC §344.620 (10) and §344.622 (4): the purpose and goals of the Prison Rape Elimination Act (PREA) are mandatory training topics for all Juvenile Officers in the State of Texas, both for Juvenile Supervision Officers (JSOs) and Juvenile Probation Officers (JPOs), to gain the applicable state certifications to supervise juveniles. Additionally, to be certified as a JSO or JPO in the state of TX, each new employee must pass a State exam that includes PREA related questions before being allowed to supervise juveniles. The Tarrant County Juvenile Detention Center is inspected for compliance in all applicable Chapter 343 and 344 standards annually by the Compliance and Inspection Division of the Texas Juvenile Justice Department (TJJD), which determines the overall suitability of the facility.

It is the goal of the Galveston County Juvenile Justice Department to provide a simple judicial procedure through which the juvenile is assured a fair hearing. The program, in accordance with Title III: Juvenile Justice Code of the Texas Family Code, the Texas Constitution and related statutes of the Texas Administrative Code and Texas Penal Code, assures the juvenile due process and the protection of all parties' constitutional and other legal. To that end, the mission of the Juvenile Justice Department is to:

- provide for the rehabilitation of the child and protection of the public;
- provide services for the benefit of the juvenile offenders;
- provide consistency between the goal of protection of the public and rehabilitation of juveniles following participation in criminal acts;
- remove, where appropriate, the taint of criminality from juveniles committing certain unlawful acts;
- provide treatment, training, and rehabilitation that emphasizes the accountability and responsibility for the child's conduct by both the parent(s) and the child;
- provide for the care, protection and development of a wholesome moral, mental and physical development of all children coming within the juvenile system;

- protect the welfare of the community and deter the commission of unlawful acts by juveniles; and achieve the foregoing purposes in a family environment, whenever possible, separating the juvenile from the juvenile's parent(s) only when necessary for the juvenile's welfare or in the interest of public safety and when a juvenile is removed from the juvenile's family, to give him the care that should be provided by parent(s).

The pre-adjudication program for the past 12 months had on average 21 residents in the facility daily, with the TLC program averaging a daily population of 8 residents during this same time period. The actual population on day one of the onsite portion of the audit was 35 (29 males and 6 females) residents in pre and 7 male residents in post (total population of 42). The demographics of the population of residents during the onsite included residents from the ages of 12 to 17, with approximately 47% African-American, 45% White, and 8% Hispanic. The agency employs 51 security staff (Juvenile Supervision Officers- JSOs) and also utilizes the services of approximately 47 volunteers and 64 contractors.

The GCJJD is a maximum-security juvenile detention center that includes 40 single-occupancy individual rooms that are located in 5 separate housing units that include 8 rooms per unit. Each unit includes a dayroom, two individual shower areas, closets, and cameras in each housing unit that provide 360-degree continual observations. The JSO staff are required to maintain continuous, uninterrupted direct visual on all residents in the program and conduct 13-minute staggered room observations when the residents are secured in their individual rooms. The facility utilizes 60 cameras that are strategically placed in all areas of the facility to prevent blind spots and to deter potential sexual abuse and sexual harassment. The secure facility is constructed in the shape of a rectangle, with a centrally located control room and five individual housing units. There is a hallway that wraps around the facility, with a kitchen, staff lounge, intake area, visitation area, medical unit, counseling rooms, classrooms, laundry room, and sally port all located inside the secure facility.

Per the agency's website, the detention facility of the Juvenile Justice Department houses juvenile offenders ten years of age or older and under 17 years of age; or seventeen years of age or older and under 18 years of age who have been found to have engaged in delinquent conduct or conduct indicating a need for supervision as a result of acts committed before becoming 17 years of age. The facility operates twenty-nine (29) single occupancy rooms. The Intake Officer assists in court proceedings, processing of admissions / releases of juvenile offenders 24 hours daily, and holds supervisory responsibility for line staff during evenings, weekends and holidays. The program is oriented towards rehabilitation and concerned humanistic care. The fundamental purpose of detention is to provide a secure facility for the housing of juveniles who are believed to have engaged in some type of unlawful conduct requiring structured supervision or protection of the public. It is our philosophy to manage this program in accordance with the Texas Juvenile Probation Commission Standards and the Texas Family Code. The juvenile who is placed in detention will participate in a comprehensive program, including diagnostic services, both indoor and outdoor recreation, educational programming, voluntary religious instruction and other services believed to be beneficial to the child.

The schedule of visitation will be made available to the Parents/Guardians no later than the second day of detention, parents should call and request to speak with the Intake Officer on duty for the respective visitation schedule. Only parents, guardians, and approved visitors will be allowed to visit. Visitation is to be conducted between the hours of 6:15pm-7:45pm according to the unit assignment of the resident listed below. Visitation is limited to two visitors in the visitation area at any given time. Residents will be allowed thirty (30) minutes total visitation time. In the event that more than two approved visitors arrive for visitation, the total visitation time may be divided among the visitors. Those individuals listed as

approved visitors must provide picture ID prior to entry. Resident's attorneys are permitted to visit at anytime during detention stay. If you need to contact please call (409) 770-5900.

The Juvenile Justice Department contracts with the University of Texas Medical Branch (UTMB) for medical care services. UTMB serves as the Health Service Authority for the department. Medical staff is on site sixteen (16) hours a day, five (5) days a week Monday thru Friday, and are on site four (4) hours a day Saturday and Sundays. Medical staff is "on call" the remaining hours. If a juvenile requires medical attention during the "on call" hours, the Intake Officer will seek medical advice from the UTMB physician "on call". All life threatening injuries/illnesses shall be taken to the Mainland Center Emergency Room via ambulance. All non-life threatening injuries/illnesses will be transported to UTMB or another facility that meets the security considerations of the Juvenile Justice Department. In all cases cited above, the parent or guardian will be notified immediately.

The Galveston County Juvenile Justice Department provides a wide array of treatment services for juveniles under supervision, enrolled in the Juvenile Justice Alternative Education Program, participating in the TLC Program or in detention custody. Outpatient services are provided via contracts with The Family Service Center of Galveston County, The Gulf Coast Center, The University of Texas Medical Branch and individual service contracts as needed.

- Individual and family therapy
- Suicide / mental health assessments
- Crisis intervention
- Substance abuse education
- Substance abuse treatment counseling
- Oasis Program – sex offender treatment program
- Intensive community based case management
- Psychiatric assessment and consultation

When the juvenile's probation order specifies a particular service or program, such as sex offender treatment counseling by the Oasis program, the juvenile must participate in that particular program. However, when the court or the probation officer does not require a particular service the parent is urged to provide their child with any service or treatment they believe to be in the best interest of their child.

The Transforming Lives Cooperative (TLC) Residential program is the continuation of a cognitive behavioral approach to rehabilitation initiated in late 2008. The program, formerly known as the About Face Program, adopted the TLC name for 2010 to better reflect the department's commitment to therapeutic programming. This cognitive behavioral program helps program participants learn how thinking errors affect their life and the lives of those around them. The program has evolved from its inception as a boot camp to the current therapeutic community approach. Staff members encourage program participants to process decisions leading to problem behaviors based on whether the behavior is hurting them or someone else, against the rules, making things worse, selfish, or illegal. Probationers are prompted to identify thinking errors being used and alternative ways of thinking and behaving. The TLC Residential Program only accepts juveniles assigned by order of the Juvenile Court pursuant to Progressive Sanction Level 5. Juveniles are assigned to this program for a period of six to twelve months with requirements for participation in all required program activities and compliance with program rules, policies and procedures. The TLC Residential Program is operated in a secure educational setting on location at the Jerry J. Esmond Juvenile Justice Center, under the constant direction, supervision, and guidance of program staff referred to as Team Leaders. Educational needs are provided for by contract

with Dickinson Independent School District. Additional contract services provided for residents include: psychological testing; psychiatric assessment and treatment; individual, group and family counseling; sex offender treatment; substance abuse education and treatment; Youth Cognitive Lifeskills training ; and onsite medical services. The TLC Residential Program seeks to provide a program to effectively channel the delinquent juvenile's behavior into more positive outcomes in the forms of willing law abiding citizens, instilling within its participants the importance of self discipline, responsibility, and respect towards one's self and ones community. The TLC program was implemented to reduce the number of juveniles committed to the Texas Youth Commission.

It is the policy of the Juvenile Justice Center that every detention resident is enrolled in the school program. The educational component of detention is provided by the Dickinson Independent School District. The sole purpose of the detention school program is to allow students the opportunity to continue their education and receive credit for their work while being detained. When a juvenile is ordered by the court to be detained, school personnel will notify the home district and an educational plan will be maintained for the youth while in our care. Upon release, the home district will be notified and records information will be sent to the home district.

It is the responsibility of the Department to document and report to the Texas Juvenile Probation Commission within 24 hours, the death, attempted suicide, escape and any serious injury including youth on youth assault that requires medical treatment by a physician or physician's assistant that occurs within a facility. It is important to note, any employee, volunteer, intern of a facility shall report to the Commission and local law enforcement any allegations of abuse, exploitation, or neglect of a resident that occurs in or involves an employee, volunteer, or intern of the Galveston County Juvenile Justice Department.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	2
Number of standards met:	41
Number of standards not met:	0

Final Conclusion:

Number of Standards Exceeded: **2**

115.111 and 115.318

Number of Standards Met: **39**

115.312; 115.313; 115.315; 115.316; 115.317; 115.321; 115.322; 115.331; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; 115.388, and 115.389.

Number of Standards Not Met: 0

Summary of Corrective Action Needed & Corrective Action Taken:

(1.) 115.313

Issue: During the facility inspection conducted on the first day of the onsite, the auditor observed two areas of the facility in which the agency was out of compliance with their staffing plan as it relates to the required 1:8 staff to resident ratio during waking hours (program hours). In Classroom 2, the auditor observed eleven (11) residents in the room with only one security staff directly supervising the 11 residents (ratio of 1:11). Additionally, the auditor observed nine (9) residents in C-Pod housing unit, with only one staff providing direct supervision (ratio of 1:9). The auditor immediately addressed this non-compliance issue with the PC, who advised that the facility's pre-adjudication program has been over populated recently but there is a "floater" staff who is able to move to each Pod to assist with supervision. The auditor appreciated this information; however, it was explained how the FAQ and PREA In Focus information provided by the PRC on this particular PREA Standard requirement (115.313) is specific to this type of scenario and explains how this situation is not in compliance. The PC was advised that the ratio of staff to residents must be maintained at all times in EVERY AREA throughout the facility. The PC understood this requirement and stated he would discuss this issue with his Chief in order to develop and

implement a corrective action plan.

As noted in subsection 115.313 (b and c) of this report, the agency documents all staffing plan deviations via emails from the PC to the agency's Juvenile Judge and the Chief of the Department. The auditor determined that the emails sufficiently provide for documentation and justification of each staffing plan deviation; however, the PC and the auditor worked together to develop a Staffing Plan Deviation form that the agency is using going forth. This form includes specific line items and sections for the PC to complete anytime the staffing plan is deviated; therefore, providing consistent and detailed information related to each specific staffing plan deviation. It is important to note: This form was only recommended by the auditor as a means of improving practice and not required for compliance with the documentation requirement of this PREA Standard.

In order to gain compliance with this standard, the agency must ensure their staffing plan is complied with at all times (including the 1:8 and 1:16 required ratios), and provide the auditor with evidence demonstrating how the agency maintains compliance with the staffing plan through this corrective action period during waking hours. Additionally, if the agency deviates from their staffing plan for any reason during the corrective action period, they must document this deviation on their Staffing Plan Deviation form and provide the form to the auditor for his review to determine if the deviation was due to an exigent circumstances.

Corrective Action Taken:

115.313:

On 8/17/2020, the PC for the agency provided the auditor with several Resident Detention Logs and corresponding human resource security staff (JSO) timesheets that were randomly selected by the auditor in order to determine if the agency's corrective action plan was fully implemented. The time period the Logs and timesheets were selected were from random dates throughout the corrective action period. Out of the 21 days of data provided from April thru June, the auditor analyzed six (6) days of data to ensure the facility is in full compliance with the corrective action taken for this PREA standard (115.313). The auditor compared the provided Detention Logs for the 6 randomly selected dates with the corresponding staff timesheets. Upon this review, the auditor determined the facility exceeded the minimum PREA staffing ratio requirement of 1:8 during waking hours for each of the 6 dates examined. The auditor ultimately determined the non-compliance issue observed during the onsite visit has been successfully corrected and fully institutionalized and no further corrective action is needed at this time.

It is important to note the PC advised the auditor that during the corrective action period, the facility has not deviated from their staffing plan.

(2.) 115.315

Issue: The auditor interviewed 12 random selected JSOs, and each JSO confirmed they have received training on how to conduct pat-down searches in a professional and respectful manner; however, the auditor was provided inconsistent answers related to if training was provided specifically for cross-gender pat-down searches and searches of transgender and intersex residents. The majority of answers provided explained how the training and practice for conducting a pat-search on a transgender or intersex resident is to first determine the child's physical gender at birth {as per the procedures listed above in subsection 115.315 (e)}, and then use this information to ensure the same gender staff (same physical gender) conducts the pat-search. Furthermore, staff explained how a situation involving a transgender or intersex resident being admitted into facility would be staffed by facility leadership

(including the PC and PCMs), on a case-by-case basis, to determine the most appropriate pat-search procedures.

The auditor determined that due to the randomly selected security staff providing inconsistent information related to the agency's procedures on how to conduct a cross-gender, transgender, and intersex pat-searches; the agency is not in compliance with the requirements pursuant PREA Standard provision 115.315 (f)- of not providing the required training to all security staff. Additionally, the agency did not provide the auditor with proof documentation or training verification forms demonstrating that security staff have received the required training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The auditor recommended to the PC the Moss Group Cross-Gender and Transgender Pat Searches training, which would provide a compliant training course for all security staff in the facility applicable to the requirements of this PREA Standard. The auditor explained further how the PRC, along with its partner, The Moss Group, Inc., has released an instructional video and facilitator's guide on conducting professional and respectful cross-gender pat searches and pat searches of transgender inmates (available on the PRC website, at: [https://www.prearesourcecenter.org/library/search?](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)

[keys=moss+group+cros](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)

[s-gender+pat&cat=All](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)). The Moss Group, Inc., and PRC produced this resource in an effort to support agency compliance with the PREA standards. However, the auditor also explained how standards do not require the usage of any specific vendor or curricula, including those produced by the PRC. The PC was encouraged to evaluate the training products independently and decide as an agency if the training product meets the training requirements pursuant to this PREA Standard.

After the onsite, the PC emailed the auditor and confirmed the agency will be utilizing the Moss Group training video going forward with all staff as a training tool, and he will document this training annually to satisfy this standard provision moving forward. The auditor advised the PC that in order to gain compliance with this provision, GCJJD must provide the auditor with training verifications for each current staff member demonstrating they have received and understand the training provided, as well as add the Moss Group training to their JSO Basic Academy so that all new staff will receive the same information.

Corrective Action Taken:

115.315:

On 8/31/2020, the PC provided the auditor with the agency's Training Verification form used for all new employees and Annual Training verifications for current employees in order to demonstrate how the agency complies with provision (f) of PREA standard 115.315. Upon the auditor's review of the provided documents and corresponding training video used by the agency (Moss Group Training Video, which is available on the PRC website), it was determined that the agency trains all security staff in the facility on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. In order to ensure the agency has fully institutionalized this practice, the auditor was provided Training Verification forms for three of the newest security staff hired by the agency and the agency's Annual Training verification for all current staff. The auditor reviewed the provided documents and determined the agency has fully institutionalized the requirements of this PREA standard provision. Furthermore, it is important to note that the Training Verification forms indicate the training takes one hour and includes the following signatures (acknowledging that the new employee was provided and understands the training received): Field Trainer, Supervisor/Administrator, and the Trainee. In addition,

the agency's Training Verification forms for the annual training on the agency's resident search Policy and the Moss Group cross-gender and transgender/intersex pat-search training, which was provided in March of 2020, includes the following acknowledgement statement to ensure all staff understand the training received:

"I acknowledge, by my signature below, that all items listed on the attached agenda have been read and discussed with me thoroughly. I also acknowledge that I fully understand and agree to comply with all items as addressed."

(3.) 115.317

Issue: The two volunteer files reviewed included the required criminal history check; HOWEVER, only one of the two included the required child abuse registry check. The one volunteer without this check began providing services in 2011, before PREA was implemented. The auditor explained to the HR Specialist and PC how PREA requires all volunteers and contractors who may have contact with residents to have pass both a criminal history and child abuse registry check before having contact with residents, regardless of when they first initiated services. The PC and HR Specialist elaborated that all volunteers and contractors who initiated services after PREA was implemented in 2016 have had a child abuse registry check completed; although, all who initiated services before PREA do NOT. The auditor explained that due to this not being completed for all current volunteers and contractors who began providing services prior to 2016, the agency is not in compliance with the applicable requirement of this PREA provision.

During the onsite, the PC and HR Specialist advised that they would immediately develop a corrective action plan to ensure all volunteers and contractors have passed a child abuse registry check.

The PC and HR Specialist advised after the onsite that they have started this process to vet all volunteers and contractors prior to 2017, and the PC advised he will notify the auditor when all applicable volunteers and contractors child abuse registry checks have been submitted. The auditor will then select a random sample of volunteers and contractors who began providing services before 2017 to ensure the checks have been completed.

Corrective Action Taken:

115.317:

On 8/17/2020, the PC provided the auditor with an Excel spreadsheet that included the Department of Family & Protective Services' (DFPS) background check *clearance* dates for all the agency's employees, contractors, and volunteers. The spreadsheet included a date for every one of the individuals who may have contact with residents in the facility, and the auditor randomly selected six (6) volunteers and contractors from the list to ensure the facility completed the required child abuse registry checks. On 8/18/2020, the PC provided the auditor with the corresponding DFPS clearance email communications, from DFPS to the Agency's HR Specialist, for each of the six individuals selected. Upon the auditor's review, the auditor verified all six volunteers and contractors selected for this sample were clear of any abuse/nelgect history, based on a background check against the Texas DFPS case managaement system. The auditor determined the agency has implemented the corrective action and is now fully compliant with all elements of this PREA standard.

(4.) 115.341

Issue: The auditor determined that the agency is not in compliance with PREA Standard 115.341, due to

the agency not being able to sufficiently demonstrate how the periodic reassessments are conducted in the facility for all residents. The PC explained how this is an issue that will be immediately addressed and corrected. The PC also described how the recent turnover with the facility's contracted MHPs has caused the mental health unit to fall behind on their duties, and a new group of three (3) counselors have been working hard to catch up and develop a routine for ensuring all PREA related requirements are being practiced, such as this periodic reassessment. The PC explained how he will immediately collaborate with the contracted MHPs to ensure the PREA periodic risk screening reassessments will be conducted on all residents every 60 days throughout their confinement stay.

After the onsite, the PC for the agency and the auditor worked together, via email, to develop an objective risk screening instrument for all periodic reassessments, which will be used going forth. The agency's contracted mental health providers will be responsible for conducting the reassessments using this tool, and all residents in the facility will be reassess at least every 60 days moving forward. The auditor determined that this screening tool includes all eleven (11) elements of this PREA Standard and is in full compliance with the applicable requirements of this PREA Standard. The auditor advised the PC that in order to gain compliance with this PREA Standard, the agency will need to provide the auditor with completed periodic reassessments and the date each child was first admitted into the facility.

Corrective Action Taken:

115.341:

On 8/17/2020, the PC provided the auditor with a random sample of five (5) PREA Periodic Detention Risk Assessments in order to demonstrate how the agency implemented their corrective action plan for this PREA standard. The auditor analyzed the 5 periodic assessments provided and determined the agency has fully implemented a process and objective screening instrument for completing the required periodic re-assessments. It is important to note that the agency utilizes a licensed mental health provider to conduct each re-assessment, which exceeds the requirements of this PREA standard and provides an addition level of mental health support for each resident. Additionally, the PC also provided the revisions made to the agency's Policy regarding the periodic risk assessments, as noted here: "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."

(5.) 115.388

Issue: The agency provided, in the PAQ, their annual PREA Data Review reports for calendar years 2014-2017. The auditor verified that each of the reports include aggregate sexual abuse data for the Jerry J. Esmond Juvenile Justice Center and the one private facility the agency contracted with up until 2017 (Rockdale). The auditor reviewed the PREA related documents available on the agency's website, and upon review the auditor determined that ONLY their 2014 and 2015 Sexual Abuse/Sexual Harassment Data Review reports are posted on the agency's website (at the following address: <https://www.galvestoncountytexas.gov/jj/Pages/default.aspx>). Although, the agency's 2016 and 2017 Data Review reports were provided to the auditor before the onsite, the reports were combined into one and NOT posted on the agency's website as of 03/04/2020. Upon review of each report, the auditor

determined that the reports include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. Further, each report was approved by the Director of the agency and signed by both the PC and Director.

Due to the agency not posting their PREA Data Review reports on their website for 2016-2019 and not providing the auditor with their Annual Data Review reports for calendar years 2018 and 2019, as required by 115.388 (a-c), the auditor determined that the agency is not in compliance with all the requirements of this PREA Standard and corrective action is required. In order to gain compliance with this Standard, the agency is required to conduct a review pursuant to the requirements of this PREA Standard for calendar years 2018 and 2019, and post their reports for 2016, 2017, 2018, and 2019 on the agency's website.

Corrective Action Taken:

115.388:

On 8/17/2020, the PC provided the auditor with the agency's 2018 and 2019 Annual Report pursuant to the requirements of this PREA standard. Upon the auditor's review, it was determined the agency completed the required corrective action and posted the report on the agency's website. This annual report was completed by the PC and provided to the Director of the agency on 3/05/2020, as verified by the auditor. It is important to note that the report states the agency reviewed the data for 2018 and 2019 calendar years to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

(6.) 115.389

Issue: The information required to be made available to the public pursuant to PREA Standard 115.389 was verified by the auditor to be available on the agency's website, but only for calendar years 2013-2015 (at the following address: <https://www.galvestoncountytexas.gov/jj/Pages/default.aspx>).

Upon analyzing all the documents available on the agency's website, the auditor determined that the agency's website only includes annual aggregated sexual abuse data for calendar years 2013-2015. Therefore, the auditor determined that the agency is not in compliance with the requirements of provision 115.389 (b) and corrective action is required. In order to gain compliance with this standard, the agency is required to aggregate their facility's sexual abuse data for calendar years 2016-2019, make this data readily available to the public through its website, and continue this practice every year going forth.

Corrective Action Taken:

115.389:

On 8/17/2020, the PC provided the auditor with the agency's 2018 and 2019 Annual Report pursuant to the requirements of this PREA standard. Upon the auditor's review, it was determined the agency completed the required corrective action and posted the report on the agency's website. This annual report was completed by the PC and provided to the Director of the agency on 3/05/2020, as verified by the auditor. This report includes all aggregated sexual abuse data from facilities under its direct control—both the pre-adjudication and post adjudication programs. Additionally, it is important to clarify that the agency has not contracted with any other agency for the confinement of juveniles from the Galveston County Juvenile Detention Center since 2017; and, therefore, no such data was included in the 2018-2019 Annual Report.



Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.311</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy - Agency's Abuse, Neglect, and Exploitation Policy - PREA related signage posted stating the agency's zero tolerance policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC), who is also the Deputy Director of Detention Services. - One of the three PREA Compliance Managers (PCM), who is also the Supervisor over Special Programs for the agency. <p>Site Review Observations:</p> <p>During the onsite audit, the auditor observed the agency's zero tolerance information posted on each housing unit, in the intake unit, in the public lobby, and in the kitchen. The auditor also observed how the PC and each of the PCMs interacted with security staff and residents in the facility; demonstrating to the auditor how these PREA administrators are able to ensure sexual safety practices are being practiced in the facility. Throughout the onsite, the auditor took note of how the PC frequently met with the Chief of the Department, other administrators, and security staff to discuss the day-to-day operations, staffing and staff schedules, resident's behavior, court, intake, etc. It is also important to include that the PC had access to all the information requested by the auditor, and during the facility inspection, the PC provided the auditor with access to all areas of the facility.</p> <p>Explanation of determination:</p> <p>115.311 (a):</p> <p>The agency has two policies (their PREA and Abuse, Neglect, and Exploitation Policies) mandating zero tolerance towards all forms of sexual abuse and sexual harassment of any juvenile or other individual served by a Galveston County Juvenile Justice Center's program or facility.</p> <p>The facility's PREA Policy outlines how the agency will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Such methods documented in this Policy include: annual review of department policies and procedures and their staffing plan; communication limited to official business and confidentiality guidelines; limits to cross-gender viewing and searches; accommodations for residents with disabilities or who are limited English proficient (LEP); hiring and promotion guidelines; procedures for an evidence protocol and forensic medical exams; referring allegations for investigation; PREA</p>

training for all employees, volunteers, and contractors; resident PREA education; specialized training for investigators and medical and mental health staff; obtaining information from residents to prevent sexual abuse and sexual harassment (risk screenings); methods for residents to report sexual abuse or sexual harassment; access to outside support services and legal representation; staff and agency reporting duties; staff first responder duties and coordinated response plan; protecting residents and staff against retaliation for reporting; criminal and administrative investigation requirements and procedures; disciplinary sanctions for perpetrators of sexual abuse or sexual harassment; victim access to emergency medical and mental health services; sexual abuse incident review team; data collection and annual review; and audits. The agency's PREA Policy also includes PREA definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors.

Additionally, the auditor observed during the onsite the many PREA related posters and zero tolerance statements the agency has posted throughout the facility, including in each housing unit, intake, the kitchen, and in the public lobby.

115.311 (b):

The agency employs and designates an upper-level, agency-wide PREA Coordinator (PC), and the PC is the agency's Deputy Director of Detention Services, as outlined on the agency's Organizational Chart. The PC reports directly to the agency's Director, and this information is also included in the agency's PREA Policy on page 4. Per this Policy, the PC is responsible for the development, implementation, and oversight of the department's efforts to comply with PREA Standards in all of the department's facilities.

Additionally, the auditor interviewed the PC, who is also the Deputy Director of Detention, and he explained that he definitely has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PC advised that he has three PREA Compliance Managers (PCMs), who all interact well together and meet with him at least once per week to ensure PREA sexual safety practices are being fully implemented and practiced at all times. He explained that if the team identifies any issues or problems related to PREA compliance or safety concerns, the PCMs and PC will collaborate with other administrators and staff members to ensure corrective action is taken.

115.311 (c):

The agency has further designated, as outlined in the agency's PREA Policy on page 4 and Organizational Chart, the Deputy Director of Special Programs, Deputy Director of Casework, and the Detention Superintendent as PREA Compliance Managers (PCMs). These administrators have been assigned to assist in the department's efforts to comply with PREA Standards and local policies and procedures. It should be noted that the agency only operates one secure building that houses both a pre (Juvenile Detention) and post-adjudication program (Transforming Lives Cooperative -TLC- Residential Treatment Program); therefore, the agency is not required to have a PCM. However, since the agency has assigned three upper-level managers as PCMs to assist with PREA compliance, the agency substantially exceeds the requirements of this PREA provision.

Additionally, the auditor interviewed one of the three PCMs, who is also the Supervisor over Special Programs (TLC Program), who explained how she has sufficient time and authority to

coordinate the facility's efforts to comply with the PREA standards. This PCM expressed how she remains informed of the day-to-day operations related to PREA practices in the facility through monthly meetings and even more frequent meetings with the PC. She is also heavily involved in providing PREA training for security staff in the facility, including PREA refresher trainings and notification and training on any PREA related changes or revisions to policy.

Conclusion:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy - Signed memo from the PREA Coordinator (PC) explaining the agency has not initiated or renewed a contract for the confinement of their residents since the last contract expired in 2017. - Two contracts that include PREA language pursuant to this Standard (one from the last contract with a lock-down type facility in 2016 and the other for the placement of juveniles in a non-secure program. <p>Interviews:</p> <ul style="list-style-type: none"> - Agency's Contracts Administrator (who is also one of the three PCMs and the Deputy Director over Casework Services) <p>Explanation of determination:</p> <p>115.312 (a & b)</p> <p>The agency includes the language from this PREA provision in their PREA Policy on page 4, which outlines that the Galveston County Juvenile Justice Department (GCJJD) requires all 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. The Policy also states that contract monitoring is conducted by the Deputy Director (DD) of Casework Services utilizing a state required (Texas Juvenile Justice Department- TJJD) process that includes the following:</p> <ul style="list-style-type: none"> - Complete the TJJD Private Service Provider Contractual Monitoring and Evaluation Report- Residential Services; - Interview with Placement Officer; - Compliance Monitoring Enforcement Tracking System (COMETS); - Review of abuse, neglect, and exploitation and serious incident allegations for fiscal year; - Confirmation of facility registration with TJJD if applicable; and - Obtain written statement from facility to the following questions: (1) Is any civil or criminal litigation pending or contemplated related to your business operations? (2) Have any investigations occurred or are contemplated related to the business operations or staff by the United States Department of Justice, FBI, or any external law enforcement agency or advocacy group? <p>Furthermore, the agency's PREA Policy also explains that all GCJJD contracts include a no fault clause for termination of the contract in the event the department finds that the private agency has failed to comply with PREA requirements and cannot, or will not, come into</p>

compliance.

As explained by the PREA Coordinator (PC), the agency has not entered into or renewed a contract for the confinement of residents since prior to their last PREA audit in 2016. The auditor was provided a signed memo from the PREA Coordinator (PC) of the agency, and this letter explains further how the agency does not currently have a contract for the confinement of residents outside of the GCJJD's own secure post-adjudication program (TLC). However, the PC also provided the auditor with a contract from the last facility used for the confinement of residents, which expired in September of 2017 (October 1st, 2016 to September 30th, 2017), and this contract included a requirement for the contracting confinement facility to comply with all applicable state and federal statutes, including PREA. In addition, the PC provided the auditor a copy of a contract for the placement of juveniles in a non-secure type program, and this contract also includes the PREA requirements as mentioned above.

Additionally, the auditor interviewed the Agency Contract Administrator (who is also one of the three PCMs for the agency and the Deputy Director over Casework Services), and she explained that the GCJJD does NOT contract with other agencies for the confinement of their residents. The only post-adjudication program GCJJD residents are able to transfer to, with court ordered authorization, is their own Transforming Lives Cooperative (TLC) Residential Treatment Program, which is located inside the same facility as the pre-adjudication program. The PCM explained further that the GCJJD has not entered into or renewed a contract for confinement since their last PREA audit; however, if they do in the future all the PREA requirements pursuant to this PREA Standard would be included in the contract, as well as the required compliance monitoring would be conducted.

Conclusion:

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

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.313</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy - FCJJD Facility Staffing Plan - Staffing Plan Reviews from 2016-2018 - Juvenile Intake Officer Work Schedule (March-May of 2018) - Juvenile Detention Officer Work Schedule (April-July of 2018) - Control Work Schedule (March-May of 2018) - Agency's PREA Training Curriculum - Facility's Deviation Form <p>- Staffing Plan Deviation Emails (total of 7 from the last 12 months)</p> <p>- Agency Detention Payroll and Detention Resident Logs for the 3 random weeks in the months of April, May, and June (provided for corrective action).</p> <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (who is also one of the three PCMs) - One of the PREA Compliance Managers - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the facility inspection conducted on the first day of the onsite, the auditor observed two areas of the facility in which the agency was out of compliance with their staffing plan as it relates to the required 1:8 staff to resident ratio during waking hours (program hours). In Classroom 2, the auditor observed eleven (11) residents in the room with only one security staff directly supervising the 11 residents (ratio of 1:11). Additionally, the auditor observed nine (9) residents in C-Pod housing unit, with only one staff providing direct supervision (ratio of 1:9). The auditor immediately addressed this non-compliance issue with the PC, who advised that the facility's pre-adjudication program has been over populated recently but that there is a "floater" staff that is able to move to each Pod to assist with supervision. The auditor appreciated this information; however, it was explained that the FAQ and PREA In Focus information provided by the PRC on this particular PREA Standard requirement (115.313) is specific to this type of scenario and explains how this situation is not in compliance. The PC was advised that the ratio of staff to residents must be maintained at all times in EVERY AREA throughout the facility. The PC understood this requirement and stated he would discuss this issue with his Chief in order to develop and implement a corrective action plan. After the onsite visit, the PC provided the auditor with an email communication from the PC to the</p>

Juvenile Judge, detailing the overcrowding issue and asking for assistance.

During the onsite, the auditor also reviewed surveillance video of unannounced rounds for three (3) time periods- morning, evening, and overnight. The PC allowed the auditor to review each unannounced round conducted by the upper-level supervisors in the month of January, and each round showed the upper-level supervisors conducting the rounds and inspection of the entire facility at random times on random days. The auditor paid close attention and verified that each round clearly demonstrated how the supervisor performed the rounds and where residents were housed, in which the video clearly displayed such action.

Explanation of determination:

115.313 (a):

The agency's PREA Policy on pages 4-5 outlines how the GCJJD has developed, implemented, and documented staffing and supervision plans that provide for levels of staffing and supervision that exceeds both state and federal standards. This Policy includes a description of how the agency complies with adequate staffing levels of 1:8 during resident waking hours (programming hours) and 1:16 during resident sleeping hours (non-programming hours) and video monitoring to protect residents against abuse. The Policy states that each resident housing unit (Pod) consists of eight single occupancy rooms and at least one JSO is assigned to each housing unit, or Pod. Furthermore, the Policy explains that existing policies and staffing plans provide for continuous uninterrupted visual supervision by a JSO during regular program hours and random room checks at intervals not to exceed 13 minutes during non-program hours. Additionally, the facility has over 60 cameras strategically located throughout the Jerry J. Esmond Juvenile Justice Center (JJEJJC). The cameras are monitored by control room personnel who are assigned to the control room 24 hours per day 365 days per year. The cameras record video by use of a Digital Video Recorder (DVR).

The agency also provided the auditor with the GCJJD Facility Staffing Plan, which is a comprehensive plan that includes all eleven elements of this PREA provision. In addition to the eleven requirements, the agency also includes in their staffing plan their organizational chart, a PREA physical plant assessment, facility camera locations, programs schedules, PREA data collection, and staffing schedules.

As indicated in the PAQ- since the agency's last PREA audit in 2016, the average daily number of residents was 31; and during this same time period, the average daily number of residents on which the staffing plan was predicated was 39.

During the onsite, the auditor interviewed the Superintendent of the facility, who is also one of the PCMs for the agency, and he explained that the facility regularly develops a staffing plan and takes into account adequate staffing levels to protect residents against sexual abuse when developing and assessing the plan. The Superintendent was able to sufficiently explain to the auditor how staffing levels and the need for video monitoring equipment are assessed and how the staffing plan considers all the required elements pursuant to this PREA Standard. He also elaborated on how the agency continually checks and monitors for compliance with the staffing plan, such as annual compliance monitoring by TJJD, reviewing policy and procedures, meeting frequently with the PC to discuss daily operations and issues that arise, and maintaining and updating the staff work schedule. The Superintendent explained how if

they are ever short staffed, such as the day this interview was conducted, he is able to hold staff over or call in staff to assist and provide overtime pay. The auditor asked the Superintendent questions related to the observations made during the facility inspection of the 1:11 and 1:9 staff to resident ratios, and he explained that they are currently over populated and this is a rare occurrence. He advised that the facility has been dealing with an influx of admitted youth for the past month; however, this problem has only been associated with the male population in the pre-adjudication program. He explained further how all staffing plan deviations are documented by the PC.

The auditor also interviewed one of the three PCMs for the Department, and she advised that when the agency assesses adequate staffing levels and the need for video monitoring, the facility's staffing plan considers all the requirements pursuant to this PREA Standard. Further, this PCM elaborated on how the agency uses the 60 surveillance cameras that operate 24/7 (with a back-up system in case of system malfunction or failure), how only male staff are assigned to work with male residents and only female staff are assigned to work with the female residents, how they can call in or hold over staff to assist with coverage, how blind spots are identified and managed, annual compliance inspections by TJJD, and the addition of cameras to the counseling offices.

115.313 (b):

The agency's PREA Policy on page 5 states that the department follows their staffing plan and policies related to staffing noted in the agency's PREA Policy except during limited and discrete exigent circumstances, and the agency will document and justify deviations from the plan during such circumstances. The agency reported in the Pre-Audit Questionnaire (PAQ) that they have not had any deviations to their staffing plan.

The auditor interviewed the Superintendent for the facility, and he explained how if they are short staffed, such as the day this interview was conducted, he is able to hold staff over or call in staff to assist and provide overtime pay. The auditor asked the Superintendent questions related to the observations made by the auditor during the facility inspection of the 1:11 and 1:9 staff to resident ratios, and he explained that they are currently over populated and this is a rare occurrence. He advised that the facility has been dealing with an influx of admitted youth for the past month; however, this problem was only associated with the male population in the pre-adjudication program. He stated to the auditor that all staffing plan deviations are documented by the PC.

The auditor also discussed the staffing plan deviation process with the PC, and he explained how all staffing plan deviations are documented through emails sent by him (the PC) to the agency's Chief and the County's Juvenile Judge. The emails were described as a means of documenting and justifying any deviation to the agency's staffing plan, such as the facility being overpopulated and/or understaffed, and one such email was provided to the auditor after the onsite detailing the issue of the overpopulated pre-adjudicated program that was witnessed by the auditor during the onsite visit. Additionally, the PC provided the auditor with a random sample of emails (total of 6) that were sent by the PC to the agency's Juvenile Judge, and these emails included information related to the high population of residents in the pre-adjudication program. The email communications provided do NOT specifically relate to a staffing plan deviation, however, they do sufficiently demonstrate how the agency took immediate action to reduce the overcrowding problem. Additionally, the PC provided the auditor with a memo signed by the PC and sent to the agency's Juvenile Judge. This memo

discusses the recent issues surrounding the overpopulated pre-adjudication program, and advised that the PC will continue to send an email to both the Juvenile Judge and Chief of the Department each day that the facility exceeds the rated capacity of the pre-adjudication program (including any deviations to the agency's Staffing Plan). In order to verify if this procedure has been fully institutionalized, the agency provided the auditor with a random sample of emails sent to the Juvenile Judge and Chief that included documentation and justification of issues related to overpopulation of the pre-adjudication program.

After the onsite, the PC and the auditor worked together to develop a Staffing Plan Deviation form that the agency is going to use going forth to document and justify any deviations to their Staffing Plan. It is important to note: This form was only recommended by the auditor as a means of improving practice and not required for compliance with the documentation requirement of this PREA Standard.

115.313 (c):

The agency's PREA Policy includes a description of how the agency complies with adequate staffing levels of 1:8 during resident waking hours and 1:16 during resident sleeping hours and video monitoring to protect residents against abuse. The Policy states that each resident housing unit (Pod) consists of eight single occupancy rooms and at least one JSO is assigned to each housing unit, or Pod. Furthermore, the Policy explains that existing policies and staffing plans provide for continuous uninterrupted visual supervision by a JSO during regular program hours and random room checks at intervals not to exceed 13 minutes during non-program hours.

As reported by the PREA Coordinator in the PAQ, in the past 12 months, the facility never has deviated from the staffing ratios of 1:8 security staff during resident waking hours and 1:16 security staff during sleeping hours. However, as noted below, this was not the case when the auditor conducted his facility inspection during the onsite phase of the audit.

- During the facility inspection the auditor observed two areas of the facility in which the agency was out of compliance with their staffing plan and the required 1:8 staff to resident ratio during waking hours. In Classroom 2, the auditor observed eleven (11) residents in the room with only one security staff and one teacher directly supervising the 11 residents (ratio of 1:11). It should be noted that the teacher in this classroom did not count toward the staff to resident ratio due to the auditor not being provided proof the teacher received security staff specific training, as required by PREA. Additionally, the auditor observed nine (9) residents in C-Pod housing unit, with only one staff providing direct supervision (ratio of 1:9). The auditor immediately addressed this non-compliance issue with the PC, who advised that the facility's pre-adjudication program has been over populated recently but that there is a "floater" staff that is able to move to each Pod to assist with supervision. The auditor appreciated this information; however, it was explained that the FAQ and PREA In Focus information provided by the PRC on this particular PREA Standard requirement (115.313) is quite specific to this type of scenario. The PC was advised that the ratio of staff to residents must be maintained at all times in EVERY AREA throughout the facility and that the agency is currently out of compliance with PREA Standard 115.313 (c). The PC understood and stated he would discuss this issue with his Chief to come up with a corrective action plan.

The auditor interviewed the Superintendent for the facility, and he explained how if they are short staffed, such as the day this interview was conducted, he is able to hold staff over or call

in staff to assist and provide overtime pay. The auditor asked the Superintendent questions related to the observations made by the auditor during the facility inspection of the 1:11 and 1:9 staff to resident ratios, and he explained that they are currently over populated and this is a rare occurrence. He advised that the facility has been dealing with an influx of admitted youth for the past month; however, this problem was only associated with the male population in the pre-adjudication program. He stated to the auditor that all staffing plan deviations are documented by the PC.

The auditor also discussed the staffing plan deviation process with the PC, and he explained how all staffing plan deviations are documented through emails sent by him (the PC) to the agency's Chief and the County's Juvenile Judge. The emails were described as a means of documenting and justifying any deviation to the agency's staffing plan, such as the facility being overpopulated and/or understaffed, and one such email was provided to the auditor after the onsite detailing the issue of the overpopulated pre-adjudicated program that was witnessed by the auditor during the onsite visit. Additionally, the PC provided the auditor with a random sample of emails (total of 6) that were sent by the PC to the agency's Juvenile Judge, and these emails included information related to the high population of residents in the pre-adjudication program. The email communications provided do NOT specifically relate to a staffing plan deviation, however, they do sufficiently demonstrate how the agency took immediate action to reduce the overcrowding problem. Additionally, the PC provided the auditor with a memo signed by the PC and sent to the agency's Juvenile Judge. This memo discusses the recent issues surrounding the overpopulated pre-adjudication program, and advised that the PC will continue to send an email to both the Juvenile Judge and Chief of the Department each day that the facility exceeds the rated capacity of the pre-adjudication program (including any deviations to the agency's Staffing Plan). In order to verify if this procedure has been fully institutionalized, the agency provided the auditor with a random sample of emails sent to the Juvenile Judge and Chief that included documentation and justification of issues related to overpopulation of the pre-adjudication program.

After the onsite, the PC and the auditor worked together to develop a Staffing Plan Deviation form that the agency is going to use going forth to document and justify any deviations to their Staffing Plan. It is important to note: This form was only recommended by the auditor as a means of improving practice and not required for compliance with the documentation requirement of this PREA Standard.

It should be noted that Texas Administrative Code Chapter §343.436 (Supervision Ratio) requires that juvenile facilities in Texas operate a JSO-to-resident ratio of no less than:

- one juvenile supervision officer to every 12 residents during program hours; and
- one juvenile supervision officer to every 24 residents during non-program hours.

In order for the agency to comply with this PREA provision, it should be noted that the facility exceeds the minimum requires of JSO-to-resident ratio of TAC and adheres to the PREA required ratios of 1:8 and 1:16.

115.313 (d):

At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to asses whether adjustments are needed to: (1) the staffing plan; (2) prevailing staffing patterns; (3) the deployment of monitoring technology; or

(4) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The agency provided the auditor with their Policy and Procedure Annual Administrative Review documents for calendar years 2016-2018, and the provided documents include supporting evidence adequately demonstrating how each element of this PREA provision (1-4) were reviewed by agency administrators for each calendar year since the last PREA audit in 2016.

Additionally, per the agency's PREA Policy on page 5, the GCJJD conducts an annual review of department policies and procedures inclusive of any department needs to modify their 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, as outlined in the agency's PREA Policy, takes into consideration generally accepted practices, judicial findings, federal investigative findings, finding by internal or external oversight bodies, facility plant design and 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 factors.

The auditor interviewed the PC for the agency, who advised that the facility's pre-adjudication program has been over populated recently, but there is usually a "floater" staff that is able to move to areas in the facility that are understaffed or in need of extra assistance. The auditor appreciated this information; however, it was explained that the FAQ and PREA In Focus information provided by the PRC on this particular PREA Standard requirement (115.313) is quite specific to this type of scenario. The PC was advised that the ratio of staff to residents must be maintained at all times in EVERY AREA throughout the facility. The PC understood and stated he would discuss this issue with his Chief in order to quickly develop and implement a corrective action plan. Additionally, the PC explained he is able to call in or hold over staff to assist with coverage issues and talks frequently with the Juvenile Judge about the pre-adjudication population and overcrowding problem. Emails and a recent memo, to and from the the PC and the Juvenile Judge and Department Chief, was provided to the auditor- providing evidence of how the agency continually assess, determines, and documents whether adjustments are needed to any aspect of the agency's Staffing Plan.

115.313 (e):

Per the agency's PREA Policy on page 5, detention supervisors (i.e., Director, Deputy Directors, Detention Superintendent, Supervisor of Special Programs, and Intake Officers) are required to conduct unannounced rounds on day and night shifts to identify and deter sexual abuse and sexual harassment of residents. These unannounced rounds are documented for each housing unit in the POD log books and by use of the electronic data recording system referred to by the Department as, "The PIPE." In addition, this policy explicitly prohibits facility staff from alerting other staff members that unannounced rounds are occurring, and this prohibition is also included in the agency's PREA training curriculum that is provided to all security staff.

The auditor feels that it is important to provide further information about the agency's PIPE system that is utilized for resident room observations and the PREA unannounced supervisory rounds pursuant to this PREA provision. The PIPE is an electronic time keeping system that allows for an accurate and indisputable electronic record of checks performed by officers and

supervisors in the facility. Each PIPE (a type of electronic wand) is assigned to a specific officer or supervisor, and this staff member then uses the PIPE to record a check by pushing the tip of the PIPE against a mounted location button (the receiver buttons are similar to a large watch battery- with each having a unique serial number). The facility includes numerous location buttons (receivers) throughout the facility, with each one registered to their exact location. For example, the agency provided the auditor with a PIPE report in the OAS, and this report clearly documents the date and time the report was created and printed, the exact date and time (to the second) of each check conducted (including unannounced rounds), and the location of each check that was conducted and by whom. The PREA unannounced rounds the auditor reviewed included checks performed by department supervisors, and the report clearly demonstrates how the unannounced rounds were conducted randomly for each of the random dates reviewed. Each unannounced round included a check on the following areas in the facility (with some labeled specifically as "PREA Checks"):

- Backdoor Administration
- East Activity Yard Gate
- East Yard Door
- Unit A- Main (PREA CHECK)
- Unit B- Main (PREA CHECK)
- Unit C- Main (PREA CHECK)
- Unit D- Main (PREA CHECK)
- Unit E- Main (PREA CHECK)
- West Activity Yard Gate
- West Gym Door
- West Yard Door

Additionally, the auditor interviewed one of the agency's Intake Juvenile Probation Officers (JPOs), who was identified by the auditor as an intermediate to higher-level facility staff (supervisor), and this particular supervisor advised the auditor that he routinely conducts unannounced rounds pursuant to the requirements of this PREA provision. He described the process of using the facility's electronic check system (PIPE) to record all PREA related unannounced round checks, as well as ensuring staff are not alerting other staff of the unannounced rounds being performed by randomly conducting the checks and never following a set pattern. For example, the JPO Supervisor explained how he always starts and finishes in different locations and switches up his route to ensure staff are not picking up on any sort of pattern. He also advised that the unannounced rounds are conducted at least twice per shift, and all areas of the secure facility are inspected and checked, as well as areas outside the secure facility (i.e., portable building used by the alternative school outside of the sally port).

Lastly, the auditor also reviewed surveillance video of unannounced rounds for three (3) time periods- morning, evening, and overnight. The PC allowed the auditor to review each unannounced round conducted by the upper-level supervisors in the month of January, and each round showed the upper-level supervisors conducting the rounds and inspection of the entire facility at random times on random days. The auditor paid close attention and verified that each round clearly demonstrated how the supervisor performed the rounds and where residents were housed, in which the video clearly displayed such action.

Corrective Action:

115.313

On 8/17/2020, the PC for the agency provided the auditor with several Resident Detention Logs and corresponding human resource security staff (JSO) timesheets that were randomly selected by the auditor in order to determine if the agency's corrective action plan was fully implemented. The time period the Logs and timesheets were selected were from random dates throughout the corrective action period. Out of the 21 days of data provided from April thru June, the auditor analyzed six (6) days of data to ensure the facility is in full compliance with the corrective action taken for this PREA standard (115.313). The auditor compared the provided Detention Logs for the 6 randomly selected dates with the corresponding staff timesheets. Upon this review, the auditor determined the facility exceeded the minimum PREA staffing ratio requirement of 1:8 during waking hours for each of the 6 dates examined. The auditor ultimately determined the non-compliance issue observed during the onsite visit has been successfully corrected and fully institutionalized and no further corrective action is needed at this time.

It is important to note the PC advised the auditor that during the corrective action period, the facility has not deviated from their staffing plan.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all elements of this standard. Corrective action is no longer required.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Agency's Search Policy <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected Security Staff (Juvenile Supervision Officers- JSOs) - 11 Randomly selected residents and 1 targeted resident who was also asked the resident interview questions (12 total resident) - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>The auditor observed during the facility inspection that each Pod (including the pre and post adjudication programs) are in the shape of a horseshoe, with eight (8) single-occupancy rooms located around a dayroom, two shower rooms, and a closet. The pre-adjudication detention program utilizes four (4) housing units (total of 32 rooms, with only 31 used), while the post adjudication utilizes only one housing unit (which includes 8 single rooms). It is important to point out that the auditor was able to verify that each of the five (5) housing units included two individual shower rooms that each had a shower door that was locked from the outside only (staff must unlock the door to allow for a resident to enter and residents are freely allowed to exit the shower). The facility showers provide for a safe and private area for residents to shower and get undressed and dressed without being observed by others; therefore, greatly reducing the likelihood of any resident being a victim of sexual abuse or sexual harassment during shower time.</p> <p>Explanation of determination:</p> <p>115.315 (a):</p> <p>Per the agency's Search and PREA Policies, the facility does NOT conduct cross-gender strip or cross-gender visual body cavity searches of residents. Additionally, the agency indicated in the PAQ that they have had ZERO cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months.</p> <p>During the onsite, the auditor never witnessed any type of cross-gender search being conducted nor was he ever advised by a staff or resident that such searches were being, or had ever been, conducted in the facility. Each of the 12 randomly selected JSOs interviewed advised in their interviews that only same gender searches are able to be conducted in the facility.</p>

In addition, TAC Chapter 343.260 (b) (3) (C) prohibits the facility from conducting cross-gender strip searches and states: “a strip search shall be conducted by a staff member of the same gender as the resident being searched,” and TAC 343.260 (b) (4) (A) states, “an anal or genital body cavity search shall be conducted only by a physician or physician assistant, and the physician or physician assistant shall be of the same gender as the resident, if available.”

115.315 (b):

Per the agency's Search and PREA Policies, the facility does not permit cross-gender pat-down searches of residents, regardless of an exigent circumstance or not. Due to the agency prohibiting cross-gender searches all together, the auditor determined that the agency exceeds the minimum requirements of this PREA provision by requiring at least one staff of each gender in the facility at all times. Additionally, in the past 12 months the agency has had ZERO cross-gender pat-down searches of residents that occurred in the facility.

The auditor interviewed 12 randomly selected security staff members, and each of the officers advised they are restricted from conducting cross-gender pat-down searches, regardless of if it is an exigent circumstance or not. Staff explained there has never been a time in which a female or male staff has not been in the facility to conduct the required same gender search. Furthermore, staff explained that if an exigent type circumstance were to occur, staff (JSO, JPO, Supervisor, etc.) of the required gender would be immediately called in to assist and a cross-gender search would NOT be conducted.

The auditor also asked 11 randomly selected residents and one targeted resident if staff of the opposite gender have ever performed a pat-down search on them or anyone else in the facility, and 100% of the residents advised that this has NOT occurred.

Additionally, the auditor reviewed staff schedules for the month of January, and the schedule adequately demonstrated how the agency had at least one female and one male staff on each shift throughout the time period reviewed. The auditor also talked with the PC about how the agency ensures at least one staff of each gender are always on shift, and he explained that JSO staff are essential county employees and can be required to remain at their post until either relieved or advised by administration to leave. Additionally, the PC (who is also the Facility Administrator for the facility) advised that staff (JSOs) can also be called in to assist as needed, with JPOs and administrators also being available if needed to assist. The PC stated that he has never been in a situation since he has worked for the Department in which their was not at least one female and one male JSO on the shift.

Furthermore, it is important to point out that TAC 343.260 (b) (1) prohibits the agency from conducting cross-gender pat-searches, and the standard explicitly indicates that residents shall only be subjected to a pat-down search that is conducted by same-gender staff, as necessary for facility safety and security (the agency makes the one exception for exigent circumstances for pat-down searches pursuant this PREA Standard).

115.315 (c):

As noted above, facility policy prohibits all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down; therefore, no such documentation was provided. However, the PC advised that if a staff member violated this policy prohibition, the

incident would be extensively documented and investigated. Furthermore, the PC explained that he has the authority to instruct staff to stay over or call in other staff to assist for an exigent type situation, such as a hurricane, emergency evacuation, or another type of temporary and unforeseen emergency. The PC elaborated on this and explained that throughout his tenure working for the GCJJD, the facility has never been short the necessary staff to conduct same gender searches, even through multiple hurricanes and evacuations.

115.315 (d):

The agency's PREA Policy on page 6 indicates that residents are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Additionally, this Policy also explains that staff entering an opposite gender housing unit are required to make an announcement. One example provided in policy of this practice is as follows: when a male staff must enter a female housing unit, the female staff member working the female Pod announces in a voice loud enough for all the female residents to hear, "Male staff member on the Pod."

The auditor observed during the facility inspection that each Pod (including the pre and post adjudication programs) are in the shape of a horseshoe, with eight (8) single-occupancy rooms located around a dayroom, two shower rooms, and a closet. The pre-adjudication detention program utilizes four (4) housing units (total of 32 rooms, with only 31 used), while the post adjudication utilizes only one housing unit (which includes 8 single rooms). It is important to point out that the auditor was able to verify that each of the five (5) housing units included two individual shower rooms that each had a shower door that was locked from the outside only (staff must unlock the door to allow for a resident to enter and residents are freely allowed to exit the shower). The facility showers provide for a safe and private area for residents to shower and get undressed and dressed without being observed by others; therefore, greatly reducing the likelihood of any resident being a victim of sexual abuse or sexual harassment during shower time.

The auditor interviewed 12 randomly selected security staff members, and each officer advised that they and other officers announce their presence when entering a housing unit that houses residents of the opposite gender. The officers also were able to clearly articulate how this is required per agency Policy and fully institutionalized in practice, with the most frequently provided example for this announcement being, "male/female on the Pod/floor." Each staff member explained that only male staff are assigned to work with the male residents and only female staff are assigned to work with the female residents. Additionally, the 12 randomly selected JSOs also advised that residents are able to dress, shower, and use toilet without being viewed by staff of the opposite gender.

The auditor asked 11 randomly selected residents and one targeted resident if staff of the opposite gender announce their presence when entering their housing units or any area where they shower, change clothes, or perform bodily functions; and each resident stated that the announcement is always made and only male staff are assigned to the male Pods and female staff are only assigned to the female Pod. Additionally, each of the 12 residents interviewed explained that they have never been naked in full view of staff of the opposite gender.

115.315 (e):

The agency's PREA Policy includes the prohibition pursuant to this PREA provision, and this policy also indicates the procedures used by the agency to determine a transgender or intersex resident's genital status if unknown. The Policy explains that if a resident's genital status is unknown, it will be determined by a medical practitioner following conversations with the resident, a review of medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. As noted by the agency in the PAQ, the agency has not conducted any such searches to date.

The auditor interviewed 12 randomly selected security staff (JSOs), and each staff member sufficiently demonstrated to the auditor that they understand the agency's procedure related to the prohibition of searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Each staff member advised that this has never happened in the facility, and if this determination was needed; facility leadership, supervisors, medical, mental health, resident's parents/guardians, and the transporting officer would all be consulted, as needed, to aid with making the determination of the child's genital status.

115.315 (f):

The auditor interviewed 12 random selected JSOs, and each JSO confirmed they have received training on how to conduct pat-down searches in a professional and respectful manner; however, the auditor was provided inconsistent answers related to if training was provided specifically for cross-gender pat-down searches and searches of transgender and intersex residents. The majority of answers provided explained that the training and practice for conducting a pat-search on a transgender or intersex resident is to first determine the child's physical gender at birth {as per the procedures listed above in subsection 115.315 (e)} and then use this information to ensure the same gender staff (same physical gender) conducts the pat-search.

The auditor determined that due to the randomly selected security staff providing inconsistent information related to the agency's procedures on how to conduct a cross-gender, transgender, and intersex pat-searches; the agency is not in compliance with the requirements pursuant PREA Standard provision 115.315 (f)- of not providing the required training to all security staff. Additionally, the agency did not provide the auditor with proof documentation or training verification forms demonstrating that security staff have received the required training.

The auditor recommended to the PC the Moss Group Cross-Gender and Transgender Pat Searches training, which would provide a compliant training course, applicable to the requirements of this PREA Standard, for all security staff in the facility. The auditor explained further how the PRC, along with its partner, The Moss Group, Inc., has released an instructional video and facilitator's guide on conducting professional and respectful cross-gender pat searches and pat searches of transgender inmates (available on the PRC website, at: <https://www.prearesourcecenter.org/library/search?keys=moss+group+cros-s-gender+pat&cat=All>). The Moss Group, Inc., and PRC produced this resource in an effort to support agency compliance with the PREA standards. However, the auditor also explained how standards do not require the usage of any specific vendor or curricula, including those produced by the PRC. The PC was encouraged to evaluate the training products

independently and decide as an agency if the training product meets the training requirements pursuant to this PREA Standard.

After the onsite, the PC emailed the auditor and explained that the agency will be utilizing the Moss Group training video going forward with all staff as a training tool, and that he will document this training annually to satisfy the standard provision moving forward. The auditor advised the PC that in order to gain compliance with this provision, GCJJD must provide the auditor with training verifications for current staff member demonstrating they have received and understand the training provided, as well as include the Moss Group training in their JSO Basic Academy so that all new staff also receive the same information.

115.315 Corrective Action:

On 8/31/2020, the PC provided the auditor with the agency's Training Verification form used for all new employees and annual training verifications for current employees in order to demonstrate how the agency complies with provision (f) of PREA standard 115.315. Upon the auditor's review of the provided documents and corresponding training video used by the agency (Moss Group Training Video, which is available on the PRC website), it was determined that the agency trains all security staff in the facility on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. In order to ensure the agency has fully institutionalized this practice, the auditor was provided Training Verification forms for three of the newest security staff hired by the agency and an annual training verification for all current staff. The auditor reviewed the provided documents and determined the agency has fully institutionalized the requirements of this PREA standard provision. Furthermore, it is important to note that the Training Verification forms indicate the training takes one hour and includes the following signatures (acknowledging that the new employee was provided and understands the training received): Field Trainer, Supervisor/Administrator, and the Trainee.

Conclusion:

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Employee PREA Training Curriculum - Galveston County Commissioner's Court Contract Approval with MasterWord - Order Granting Professional Services Exemption and Associated Matters: Contract with MasterWord Services, Inc. - Professional Services Agreement between MasterWord and Galveston County - MasterWord Interpreting Services website: https://www.masterword.com <p>Interviews:</p> <ul style="list-style-type: none"> - Chief of GCJJD - MasterWord Interpreting Services Representative - 12 Randomly Selected JSOs <p>Explanation of determination:</p> <p>115.316 (a-c):</p> <p>The agency has institutionalized procedures in their PREA Policy on page 6 and 7 outlining the requirements of providing residents with all types of disabilities and communication barriers (e.g., learning disabilities, hearing and visually impaired, limited English proficient (LEP), intellectual and psychiatric disabilities, speech impediments, etcetera, etc.) 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. This Policy explains that the GCJJD will accommodate disabled residents and LEP residents, when necessary, with: sign language interpreters, assistance from staff, professional interpreter services when bi-lingual staff members lack the specialized vocabulary to efficiently translate (GCJJD maintains a current and active 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 GCJJD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment regardless of the disability.</p> <p>The agency also provided the auditor with the following supplemental documents to demonstrate how disabled and LEP residents are provided the rights pursuant to this PREA provision:</p> <ul style="list-style-type: none"> - Galveston County Commissioner's Court Contract Approval with MasterWord (effective 11/19/2018 - 11/18/2020); - Order Granting Professional Services Exemption and Associated Matters- Contract with

MasterWord Service, Inc.; and

- Professional Services Agreement between Galveston County and MasterWord Services.

Furthermore, the auditor also conducted his own research on MasterWord online, at <https://www.masterword.com/>, and it is important to document in this report that MasterWord provides for the following services, as indicated on their website:

MasterWord was founded in 1993 providing translation, localization, spoken and sign language interpreting, translator and interpreter training and assessments, cultural competency training, and other language support services to enable language access and ensure success of international organizations, projects, and initiatives in over 250 languages with 120 full-time staff and 13,500+ language professionals. Supporting the world's leading energy, engineering, finance, healthcare, government, insurance and non-profit organizations, including Fortune 500 companies, MasterWord's strength lies in discovering our clients' unique challenges and tailoring custom solutions for success. In 2016, MasterWord was ranked as Top 50 Globally and Top 14 North American largest language services provider by Common Sense Advisory. MasterWord is committed to Quality Management and has been certified to conformance with the International Organization for Standardization: ISO 9001:2015 certified (Quality Management), ISO 13611:2014 certified (Community Interpreting), and ISO 17100:2015 certified (Translation services).

The agency's PREA Policy indicates on page 7 that the GCJJD 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 responder duties under PREA Standard 115.364, or the investigation of the resident's allegations. As explained above, the agency has successfully demonstrated to the auditor the ability to provide a resident with professional interpreting and translation services through the contract initiated with MasterWord.

The auditor interviewed the Chief of GCJJD, and he explained that the agency has established procedures to provide residents with disabilities and residents who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Chief advised that his Department has multiple layers in place to ensure the requirements pursuant to this PREA Standard are met, such as: the contract with MasterWord Interpreting Services, Spanish speaking staff that are available to assist if needed, and counselors and other mental health professionals who are readily available.

Additionally, during the onsite the auditor made a test call to MasterWord and conducted a brief interview to ensure the services as indicated above are available to residents at the facility. The representative from MasterWord provided the auditor with the information needed to verify how the interpreting company provides the requirements pursuant to this PREA Standard.

The auditor interviewed 12 randomly selected JSOs, and each JSO advised that the agency does not allow, nor have they witnessed, the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with LEP when

making an allegation of sexual abuse or sexual harassment. The auditor described the following hypothetical scenario to the JSOs interviewed and each JSO provided a sufficient response to how they would handle such a situation: If a LEP resident appeared to be very upset and trying to communicate something to a staff member in a foreign language (LEP resident) and there was another resident on the housing unit able to translate, how should this situation be handled? Staff provided answers such as: They would attempt to utilize a staff member or other adult in the facility or Department who could translate for the resident, and if this was not possible, they would utilize the contracted interpreting services. However, staff also explained that if it was an emergency type situation (i.e., sexual assault, sexual abuse, or medical emergency) and the only immediate option was to utilize a resident to translate, that a resident could be used initially just to ensure the resident's safety.

Conclusion:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - GCJJD Policy on Certification- Criminal History Check - GCJJD Applicant Background Information Acknowledgement form - GCJJD Applicant's Employment Reference form - GCJJD Background Reference Checklist form - Child Abuse Registry Check Consent form - PREA Acknowledgement form - Employment Checklist form - Memo regarding previous employers of applicants - Signed memo from the Executive Director of Human Resources for the Dickenson Independent School District (DISD)- verification of no disqualifying criminal history - Department of Family and Protective Services and PREA Background Checks (provided to demonstrate corrective action taken) <p>Interviews:</p> <ul style="list-style-type: none"> - HR Specialist - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the onsite audit, the auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this form documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381.</p> <p>Explanation of determination:</p> <p>115.317 (a):</p> <p>The agency's PREA Policy on page 7 outlines the prohibitions of this PREA provision and also includes an explanation of the systems in place to ensure effective screening of all applicants, employees, volunteers, interns, service providers, licensed/non-licensed service providers, contractors, and full/part time departmental positions that do not require a Texas Juvenile Justice Department (TJJD) certification. In addition, the agency has an agency policy on certifications and criminal history checks that includes the same PREA related prohibitions pursuant to this PREA provision. This policy includes detailed procedures for ensuring criminal history checks are performed on all employees, contractors, interns, and volunteers.</p>

During the onsite audit, the auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this form documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381. The auditor randomly selected a total of 13 staff personnel and training files, to include: 7 security staff (JSOs), 2 volunteers, 2 contracted mental health providers (MHPs), 1 contracted medical staff, and 1 contracted teacher. Upon review of each file, the auditor determined the sample size selected all passed a criminal history check and there was no indication of prior involvement in any of the sexual abuse or sexual harassment activity pursuant to the elements listed in this PREA provision.

115.317 (b):

The agency's PREA Policy on page 7 includes the PREA requirement to take into consideration 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.

The auditor interviewed the HR Specialist, and she explained that the facility considers prior 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. Additionally, she elaborated further how any sexual harassment incidents that are flagged during the hiring process are referred to the Chief of the Department for his final review.

115.317 (c-d):

The agency's PREA Policy on pages 7 includes the procedures pursuant to this PREA provision, and this Policy explains further that potential employees who may have contact with residents are screened prior to employment through the following methods:

- Texas Department of Family and Protective Services (TXDFPS);
- Texas Department of Safety (TXDPS) Sex Offender Registry;
- Fingerprint based criminal background checks using Fingerprint Applicant Services of Texas-FAST (The FAST checks criminal history for Texas (TCIC) and the United States (NCIS));
- Physical exam inclusive of drug test;
- Psychological examination through contract with a PhD;
- Employment reference check with prior employers; and
- Written personal references from three persons not related to the applicant who have known the applicant for at least one year.

The agency also provided the auditor with their Applicant Background Information Acknowledgement form, which is a departmental form the applicant completes during the initial application process. This acknowledgement form informs the applicant that a comprehensive background investigation will be conducted with NCIC (national criminal history search), TCIS (state of Texas criminal history search), and the Sexual Offenders Data Base, and this form is required to be signed and notarized.

In addition to the FAST, the agency also requires all applicants who have prior military experience to provide a copy of their DD-214 Discharge Form for each tour of duty to the agency.

The agency reported in the PAQ that out of the 27 employees hired in the past 12 months who

may have contact with residents, all 27 were screened pursuant to requirements of this PREA Standard.

In addition, the agency's PREA Policy on page 7 explains that 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). The agency also provided the auditor with their Volunteer and Interns Policy, which states, "volunteers and interns must complete the entire application process prior to beginning any service for the department. The agency requires volunteers and interns to have a sound moral character and must submit to a criminal background check and also a sex offender registration check. Additionally, a complete investigation will be performed through the Texas Crime Information Center and National Crime Information Center."

During the onsite audit, the auditor randomly selected a total of 13 staff personnel and training files, to include: 7 security staff (JSOs), 2 volunteers, 2 contracted mental health providers (MHPs), 1 contracted medical staff, and 1 contracted teacher. Upon review of each file, the auditor determined the sample size selected all passed a criminal history check and there was no history of involvement in any of the sexual abuse or sexual harassment activity pursuant to the elements listed in this PREA provision.

Below is a summary of the security staff, volunteer, and contractor file reviews:

- Each of the 7 JSO staff files reviewed included proof documentation providing for the required criminal history, child abuse registry, applicable administrative adjudication, and applicable institutional reference checks.
- Each of the 7 JSO files reviewed included the agency's "Background Reference Checklist" form that outlines the completion of the criminal records search, former Galveston County employee search, references for all prior criminal justice employers (including any prior juvenile justice or other corrections/law enforcement/PREA institutional experience, and references for other prior employers.
- Each of the 7 JSO files reviewed also included the agency's "Applicant's Employment Reference" form that includes all the required references from a primary contact person who must be representative from the employer, the company representative responsible for providing employment references, or the business owner or manager. This form demonstrates how the agency makes every effort to contact all prior institutional employer(s) for information on substantiated allegations of sexual abuse or any resignation during a pending investigations of an allegation of sexual abuse.
- Each of the 7 JSO files reviewed included a Employment Checklist form that assists the HR Department with ensuring all the PREA requirement have been completed before the potential new hire has contact with residents.
- Each of the 7 JSO files audited included a signed agency's PREA Acknowledgement form, which is completed before the hiring process is completed and then annually, and this form includes the requirement of asking all applicants and employees who may have contact with residents direct questions about sexual misconduct.
- The files reviewed of the 2 contracted mental health providers (MHPs), 1 contracted medical staff, and 1 contracted teacher all included the required criminal history and child abuse registry check.

- The two volunteer files reviewed included the required criminal history check; HOWEVER, only one of the two included the required child abuse registry check. The one volunteer without this check began providing services in 2011, before PREA was implemented. The auditor explained to the HR Specialist and PC how PREA requires all volunteers and contractors who may have contact with residents to have pass both a criminal history and child abuse registry check before having contact with residents, regardless of when they first initiated services. The PC and HR Specialist elaborated that all volunteers and contractors who initiated services after PREA was implemented in 2016 have had a child abuse registry check completed; although, all who initiated services before PREA do NOT. The auditor explained that due to this not being completed for all current volunteers and contractors who began providing services prior to 2016, the agency is not in compliance with the applicable requirement of this PREA provision.

During the onsite, the PC and HR Specialist advised that they would immediately develop a corrective action plan to ensure all volunteers and contractors have passed a child abuse registry check. The PC and HR Specialist advised after the onsite that they have started this process to vet all volunteers and contractors prior to 2017, and the PC advised he will notify the auditor when all applicable volunteers and contractors child abuse registry checks have been submitted. The auditor will then select a random sample of volunteers and contractors who began providing services before 2017 to ensure the checks have been completed.

The auditor interviewed the agency's HR Specialist, and she confirmed that the agency utilizes FACT Clearinghouse (including the Rap Back system) to perform all criminal record background checks for all employees, volunteers, and contractors. She explained that each staff must pass this criminal history check in order to be hired and/or have contact with residents and all that do not pass are referred to the Chief. The HR Specialist also explained that before hiring new employees or contractors who may have contact with residents, the agency consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work (Texas).

Furthermore, the HR Specialist provided the auditor with a signed memo from the Executive Director of Human Resources for the Dickenson Independent School District (DISD), which provides for verification of no disqualifying criminal history for all DISD teachers that are contracted to teach in the BCJJD. This Memo includes a note that states: The Human Resource Department of the DISD maintains a personnel file for each teacher who is assigned to educational programming at the Jerry J. Esmond Juvenile Justice Center. The DISD personnel file is inclusive of all records required for an educator in the state of Texas including but limited to the following records and documentation:

- Criminal History Search (verification there is no disqualifying criminal history)
- Training Records
- Applicable Personnel Actions
- Documentation of Employee's Educational Transcripts
- Applicable Certification Verification
- Employment Application
- Job Description

It is important to add that TAC 344.300 also requires the agency to conduct a criminal history check for:

- an individual in a position requiring certification or eligible for optional certification; and
 - an individual who may have direct, unsupervised access to juveniles in a juvenile justice facility or program and who is:
 - an employee in a position not requiring certification and not eligible for optional certification;
 - a volunteer, an intern, or an individual who provides goods or services under contract.
- It is also important to note that the agency exceeds the requirements of this PREA provision by adhering to TAC §344.302 (Military History Checks Effective Date: 2/1/18). This TAC standard requires the agency to adhere to the following procedures:
- If an individual who is subject to a criminal history check has prior military experience, the department or facility must review the applicant's most recent separation or discharge documents.
 - In the event separation or discharge documents reflect character of service that is anything other than "honorable discharge" or "honorably discharged," the department or facility must:
 - attempt to obtain authorization from the applicant for the release of information; and
 - request additional information from the appropriate governmental entity to determine whether the reason for discharge was the result of disqualifying criminal conduct.
 - Before an individual with prior military history begins employment or service provision, the department or facility must use the information described in this section to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.
 - The department or facility must review the most recent separation or discharge documents as described in this section when a currently employed certified officer returns from a period of active duty or is discharged from military service.

115.317 (e):

The agency provided the auditor with their Applicant Background Information Acknowledgement form, and this form includes the statement that a comprehensive background investigation will be conducted with NCIC, TCIC, and the Sexual Offenders Data Base every TWO years for the duration of the applicants employment, if so hired. Additionally, the agency's Volunteer and Intern Policy on page 2 explains that the Department participates in the electronic clearinghouse and subscription service (FACT) in order to obtain criminal history information.

The auditor was able to locate more information about the FACT subscription service on the DPS website, which provided the following information: "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."

The auditor interviewed the agency's HR Specialist, and she confirmed that the agency utilizes FACT Clearinghouse (including the Rap Back system), as indicated above, to perform all criminal record background checks for all employees, volunteers, and contractors. She explained that each staff, volunteer, and contractor must first pass this criminal history check in order to be hired and/or have contact with residents. All who do not pass any of the pre-hire requirements are referred to the Chief of the agency and not allowed contact with residents.

The HR Specialist also explained that before hiring new employees or contractors who may have contact with residents, the agency consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work (Texas).

Additionally, TAC 344.300 requires the agency to conduct a criminal history check before any individual pursuant to TAC 344.300 begins employment or service provision:

- the department or facility must ensure the individual has electronically submitted fingerprints using Fingerprint Applicant Services of Texas (FAST) and verify that the department is able to subscribe to the individual's Fingerprint-Based Applicant Clearinghouse of Texas (FACT) record;
- the department must subscribe to that individual's record in FACT; and
- the department must use the information in FACT to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.
- The department must maintain a FACT subscription for each individual in a position requiring a criminal history check for as long as the individual remains in such a position. This requirement applies regardless of the date employment or service provision began.

Additionally, TAC Chapter 344.400 requires all juvenile justice entities who employ certified JSOs and JPOs to comply with the following standard provisions:

- If a department receives notification of an arrest for potentially disqualifying criminal conduct of a person hired in the capacity of a certified officer, the department must notify TJJD's certification office in writing of the alleged offense no later than 10 calendar days after receiving notice of the arrest.
- If a department receives notification of a conviction for disqualifying criminal conduct of a person hired in the capacity of a certified officer, the department must notify TJJD's certification office in writing of the offense no later than 10 calendar days after receiving notice of the conviction.

115.317 (f):

The agency's PREA Policy on page 7 includes a procedure for the agency to directly ask potential employees and current employees (during their annual evaluations) questions about previous misconduct pursuant to PREA provision (a) of this Standard. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct, as documented in the agency's PREA Policy on page 8 and on the Applicant Background Information Acknowledgement form.

*Refer to subsection 115.317 (c-d) for more information on the file review that includes an explanation of how the auditor verified that the requirements of this PREA provision are being practiced and institutionalized.

115.317 (g):

On the Applicant Background Information Acknowledgement form that is signed and notarized by all applicants prior to being hired, the agency includes the following statement: "I (the applicant) also understand that any misstatements or omissions made on the application form will result in no further consideration of this application, or immediate discharge from the employer's service, whenever it is discovered." Additionally, the agency's PREA Policy on page 8 explains that employees of the GCJJD are required to disclose any such conduct pursuant to federal law and state standards related to abuse, neglect, and exploitation; and that material omissions regarding sexually abusive misconduct, or the provision of materially false

information, shall be grounds for termination.

115.317 (h):

The agency's PREA Policy on page 8 indicates that the GCJJD will, upon a request for information, notify an institutional employer if a former employee who has made an application for employment is not eligible for rehire at the GCJJD based on substantiated allegations of sexual abuse or sexual harassment.

The auditor interviewed the HR Specialist for the agency, and she advised that unless prohibited by law, the agency is required to 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.

Corrective Action:

115.317

On 8/17/2020, the PC provided the auditor with an Excel spreadsheet that included the Department of Family & Protective Services' (DFPS) background check clearance dates for all the agency's employees, contractors, and volunteers. The spreadsheet included a date for every one of the individuals who may have contact with residents in the facility, and the auditor randomly selected six (6) volunteers and contractors from the list to ensure the facility completed the required child abuse registry checks. On 8/18/2020, the PC provided the auditor with the corresponding DFPS clearance email communications, from DFPS to the Agency's HR Specialist, for each of the six individuals selected. Upon the auditor's review, the auditor verified all six volunteers and contractors selected for this sample were clear of any abuse/neglect history, based on a background check against the Texas DFPS case management system. The auditor determined the agency has implemented the corrective action and is now fully compliant with all elements of this PREA standard.

Conclusion:

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.318 (a-b):</p> <p>The agency indicated in the PAQ that they have NOT acquired a new facility or made substantial expansion or modification to existing facilities since their last PREA audit in 2016. This was also verified through interviews with the Chief of the agency and the facility's Superintendent. The Chief and the PC did advise during the onsite visit that there are plans in the works for a substantial building expansion project that would create more housing units for the facility. The Chief explained that the expansion project takes into consideration applicable PREA Standards to aid in the design to ensure maximum safety and decrease potential vulnerabilities, such as blind spots. The project is also being drafted by engineers that are considering all PREA related requirements to ensure maximum safety and to prevent and deter sexual abuse and sexual harassment from occurring in the new facility.</p> <p>Additionally, it should be noted that the agency's PREA Policy includes the following information as it relates to the requirements of this PREA Standard on facility upgrades and technologies:</p> <p>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 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.</p> <p>Additionally, the auditor was advised by the Chief of the agency and the PC that their camera video monitoring system was recently upgraded to 1080p high definition (NVR) and they also implemented the electronic check system (PIPE) since their last PREA audit in 2016. The camera upgrades included 360 degree cameras, high definition video, audio recording capabilities, and additional cameras were installed in the counseling and visitation rooms and the administration area (a total of 60 in operation at the facility).</p> <p>The Superintendent also provided testimony in regards to the recently enhanced video system upgrades, to include: upgrades to the recording capabilities and video quality and the addition of cameras in each of the counseling rooms, visitation rooms, and administration areas. He also explained that these upgrades were completed as a proactive approach to decrease the potential vulnerabilities that blind spots cause.</p> <p>The PC explained the following to the auditor via an Issue Log Response: Updates were made after last PREA audit, to include, but limited to, the following:</p> <p>Previous camera system utilized 480p camera resolution with approximately 40 cameras</p>

throughout and around the Juvenile Justice Center. The current system was installed in July 2018. The system utilizes 1080p camera resolution and approximately 60 cameras including several 360 degree cameras with voice recorded capabilities. Additional cameras were also installed in a couple offices, visitation rooms to give more coverage and less blind spots. Also added storage capabilities over 80 TB. Previous system utilized about 4 TB.

The auditor used this information documented above to determine that the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse and this is the main reason for the upgrade. Further, due to the agency's proactive approach to sexual safety with the future building expansion plans and the recent technological upgrades, the agency substantially exceeds 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 requirement of standard. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents, 2nd Edition) - Galveston County Sexual Assault Response Team (SART) Cooperated Working Agreement (pdf. document) - Child Advocacy Center Working Protocols - Email communication from the UTMB Forensic Nursing Team Coordinator and the PC of the agency - PowerPoint Presentation provided by the UTMB Forensic Nursing Team Coordinator covering evidence protocols related to sexual abuse/assault victims <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSO Staff Members - UTMB Forensic Nursing Team Program Coordinator - One of the agency's three PCMs <p>Explanation of determination:</p> <p>115.321 (a-c):</p> <p>The agency's PREA Policy on page 8 outlines the requirements of this PREA provision and explains that the GCJJD does not conduct criminal investigations or process potential crime scenes for physical evidence that could be used for criminal prosecution. The Department (GCJJD) is required, per their PREA Policy, to report all allegations of sexual abuse (including resident-on-resident sexual abuse or staff sexual misconduct) to local law enforcement (Galveston County Sheriffs Office- GCSO) immediately but no later than one (1) hour of when an allegation is initially received. Additionally, the GCJJD is required to conduct an administrative investigation within 30 days and will make every effort to secure any area where a sexual assault is alleged to have occurred in order to preserve any potential crime scene and maximize the potential for obtaining usable physical evidence pending law enforcement investigation and/or forensic examination. The uniformed evidence protocol provided to the auditor for conducting a sexual abuse investigation is the National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents, 2nd Edition).</p> <p>Additionally, the GCJJD also provided the auditor with the Sexual Assault Response Team (SART) Cooperated Working Agreement that outlines a coordinated and sensitive response plan to sexual assault occurring in Galveston County. This Cooperative Working Agreement has been in effect since September 2001, and the team consists of representatives of the</p>

Galveston County's District Attorney's Office who will prosecute cases, advocates from Resource and Crisis Center who will provide immediate and long term support to the survivor and his/her family and act as a liaison between the various members of the SART team and the survivor, Sexual Assault Nurse Examiners (SANE) who will conduct forensic evidentiary examinations and medical support through UTMB, law enforcement officers from the various policy agencies in the County who conduct investigations and apprehend perpetrators, and components of the Advocacy Center for Children who handle cases involving sexual assault of a child. This Working Agreement outlines a comprehensive evidence protocol that is appropriate for youth and adapted from the Advocacy Center for Children.

The auditor interviewed 12 randomly selected JSO staff, and the staff demonstrated to the auditor that they know and understand the agency's protocols for obtaining usable physical evidence if a resident alleges sexual abuse or if such an incident did occur in the facility. Staff clearly articulated their first responder duties of ensuring the alleged victim and perpetrator are separated; preserving and protecting the scene to ensure the properly trained investigative staff are able to collect usable physical evidence; encouraging the alleged victim and perpetrator to not do anything that could destroy potential evidence, reporting to law enforcement, TJJD, and their supervisors, and ensuring the alleged victim receives all the necessary medical and mental health care.

The agency provided the auditor with a letter from the current Director of the GCJJD to the Medical Director of the University of Texas Medical Branch (UTMB), and this correspondence outlines the agency's request to have UTMB perform any forensic medical examinations of any victim of sexual assault that is alleged to have occurred at the GCJJD's detention facility in accordance with the Juvenile Facility Standards 28 C.F.R. Part 115.

Additionally, as indicated above, the agency also provided the auditor with the Galveston County Sexual Assault Response Team (SART) Cooperated Working Agreement, which includes protocols for providing any resident who experiences sexual abuse access to a forensic medical examination at UTMB. This exam is offered without financial cost to the victim. This Working Protocol outlines the following roles and protocols:

- The role of the healthcare provider or SANE nurse as to assure a timely medical exam and treatment as the condition warrants.
- Survivors will be given options as to services available, medical treatment/care as well as the option to participate in evidence collection.
- The medical facility (UTMB) will provide a comfortable setting in which the healthcare provider and/or SANE can conduct a medical forensic sexual assault exam and collect evidence.
- The healthcare facility will provide an area for survivors and family members to wait for the examination and meet with other SART members, once the SANE has obtained permission from the survivor and/or family member, to be introduced other SART members.
- The SANE works collaboratively with members of SART and assures that immediate access to available SART members/services and follow-up services/care is offered to the survivor/family/significant other.

The PC also provided the auditor with a emailed correspondence from the UTMB Forensic Nursing Team Coordinator and the PC that demonstrates the communication between the two professionals as it relates to the evidence protocol. The Forensic Nurse provided the PC a

evidence protocol PowerPoint Presentation attached to this email that was updated 9/1/2019. This document outlines the responsibilities law enforcement agencies (GCSD), forensic medical teams and other medical health care professionals (UTMB), victim advocates (Resource & Crisis Center of Galveston County- RCC), and the TX Attorney General's Office all have as a response to a referral of a victim of sexual abuse or sexual assault of a child. Mores specific to the requirements of this PREA provision, this document includes the following information (per TX House Bill 616, 531, 281, & 8):

- Victims of sexual assault have the right to a forensic medical examination if within 120 hours (5 days) of the offense.
- If a sexual assault is reported to law enforcement within 120 hours of offense, the law enforcement shall request a forensic medical examination of the victim.
- If the sexual assault is not reported within 120 hours, the law enforcement agency may request a forensic medical examination.
- The health care facility (UTMB) shall conduct a forensic medical examination if the victim arrives at the facility within 120 hours after the assault occurred and the victim consents to the examination.
- Public agencies (OAG) are responsible for paying for the forensic portion of an examination and the evidence collect kit used in connection with the examination, and the health care facility is responsible for seeking reimbursement for these costs.
- Information related to how medical personnel are required to handle evidence of a sexual assault or other sex offense and the chain of custody of the evidence.
- The preservation of record from forensic medical examinations.
- Lab requirements and procedures.
- Sexual Assault Kit Tracking (Track-Kit)

The agency reported in the FAQ the following number of exams that were conducted in the past 12 months:

The number of forensic medical exams conducted: 0

The number of exams performed by SANEs/SAFEs: 0

The number of exams performed by a qualified medical practitioner: 0

The auditor interviewed the UTMB Forensic Nursing Team Program Coordinator, and she explained that her team, the UTMB Forensic Nursing Team, is responsible for conducting all forensic medical examinations for GCJJD juvenile victims of sexual abuse/sexual assault. She advised that a juvenile victim of sexual abuse has NOT been referred to her, or her team, from GCJJD since PREA was first implemented at the facility in 2016. Although, she could not provide information related to a GCJJD resident being referred to her team for a SANE/SAFE exam, she did provide the auditor with a comprehensive outline of her team's responsibilities and corresponding procedures for providing a SANE/SAFE exam for any juvenile that is referred to her Department. She advised further that all exams are free to the victim, her team has and will never turn away a juvenile referral in need of an exam, and they are able to call in and/or allow victim advocates to be there for a survivor of sexual abuse or sexual assault. The Forensic Coordinator explained that she, and all her team of forensic nurses, have received extensive PREA training. The forensic nurses are certified through the State of TX for pediatric and adult exams (also nationally certified for adult exams), as reported by the Forensic Coordinator, and they go through a comprehensive re-certification process every two years.

Additionally, it should be noted that the agency is required to adhere to the following TAC Standard, §358.300:

Duty to Report.

An employee, volunteer, or other individual working under the auspices of a 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 a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

Sexual Abuse or Serious Physical Abuse.

- Time Frames for Reporting.

- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.

And, Chapter §358.400 (Investigation Requirement):

In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation. The internal investigation must be initiated immediately upon the chief administrative officer or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.

115.321 (d-e):

The agency's PREA Policy on page 8 explains that the GCJJJ will provide alleged victims of sexual assault access to a victim advocate from the Resource & Crisis Center of Galveston County, Inc. (RCCGC) or other rape crisis center. Additionally, the agency provided the auditor with a letter from the current Director of the GCJJJ to the Medical Director of UTMB Emergency Department, and this correspondence officially requests the UTMB to 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. Lastly, the agency also provided the auditor with the Galveston County SART Cooperative Working Agreement, and it is important to include in this report that this agreement outlines the responsibilities of the UTMB SANE team, who is an active member of the SART team, to ensure the following steps are taken in response to a victim of sexual abuse being referred:

- The ER Social Worker or SANE will offer the survivor the opportunity to meet with an advocate from the Resource and Crisis Center;
- The advocate will provide immediate and long term support to the survivor and his/her family and act as a liaison between the various members of the SART team and the survivor;
- Provide the Resource and Crisis Center advocate the opportunity to establish a relationship

with survivor's family members and friends; and

- All cases involving children should be referred to and follow the protocol established by the Advocacy Center for Children.

Additionally, the agency also provided the auditor with the Child Advocacy Center Working Protocols that includes roles and responsibilities for the Child Advocacy Center. This working protocol states that the Child Advocacy Center provides services to children (age 17 and under) alleged to be victims of abuse, child witnesses to crime, and their non-offending family members.

One of the three agency's PCMs was interviewed by the auditor, and she explained that the facility would attempt to make available a victim advocate from a rape crisis center if a resident was to ever be sexually abused while in the GCJJD. She advised that since she has worked for GCJJD, no child has ever reported to have been sexually abused; therefore, a victim advocate has never been required. The PCM explained further that if a victim advocate was needed due to a sexual abuse incident, the agency (PC or a PCM) would contact Unbound to meet with the victim, as required by the MOU with this agency. Additionally, the PCM interviewed advised that a victim advocate from Unbound would go with a victim of sexual abuse to UTMB and be there to support the survivor through the SANE/SAFE exam process and investigatory interviews.

115.321 (f):

The agency's PREA Policy on page 8 explains that the GCJJD will request any law enforcement agency investigating an allegation of sexual assault (sexual abuse) at the facility to comply with the requirements of paragraphs §115.321 (a) through (e), as required by this PREA Standard provision.

115.321 (g):

N/A. The auditor is not required to audit this provision.

115.321 (h):

Not applicable.

Per the agency's policies, MOU with Child Advocacy Center, and the information provided to the auditor; the agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d). The mental health providers that are contracted and work in the facility are there as support and would provide only crisis intervention and general counseling services. As indicated above, the Child Advocacy Center would provide the victim advocacy services pursuant to 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 is fully compliant with all elements of this standard. No corrective action is required.

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.322

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

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy / Last updated: December 2015
- GCJJD's Administrative Policy on Abuse, Neglect, and Exploitation
- TJJJ Incident Report Form
- Administrative Investigative File for an Incident involving staff misconduct
- Agency's Website (<http://www.galvestoncountytexas.gov/JJ/Pages/default.aspx>)

Interviews:

- GCJJD Chief
- Agency Administrative Investigator (also the PC for the agency)

Explanation of determination:

115.322 (a-c):

The agency's PREA Policy on page 9 explains that the GCJJD is required by local policy and Texas Administrative Code (TAC) Standards to report all allegations of sexual abuse to local law enforcement (Galveston County Sheriff's Office- GCSO) and to the Texas Juvenile Justice Department (TJJJ). The GCSO must be notified immediately but no later than one (1) hour of when an allegation is initially made, and TJJJ must be contacted via phone within four (4) hours of the time the person gains knowledge of or suspects the allegation occurred.

Additionally, this Policy states that allegations of sexual harassment will be investigated in the same manner as sexual assault (sexual abuse) and evaluated for the existence of criminal behavior and/or emotional abuse, and that administrative investigations are required to be conducted within 30 days of the sexual abuse or sexual harassment allegation being made.

The Policy also includes the provision requirement to publish the following information on the department's website: The department's full policy on referrals and investigations of sexual assault and sexual harassment and responsibilities of the department and law enforcement (GCSO) in investigating sexual misconduct at the Jerry J. Esmond Juvenile Justice Center.

The auditor verified that this information was in fact available on the Department's website at the following address: <https://www.galvestoncountytexas.gov/jj/Pages/Detention-Program.aspx#>

In addition to the agency's PREA Policy, the agency also provided the auditor with their Abuse, Neglect, and Exploitation (ANE) Administrative Policy, and it is important to note that this policy includes the following reporting procedures as it relates to 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." This ANE Policy also describes procedures for the agency to document sexual abuse or sexual harassment allegations on either an internal Incident Report form or the TJJJ Incident Report form. The Policy also details how staff are able to obtain a TJJJ Incident Report form, by searching on the TJJJ's website at www.tjjd.state.ts.us, and how to submit the forms to TJJJ.

Furthermore, the agency's PREA Policy on page 19 includes a requirement for the agency to document and retain all investigative reports, including criminal and administrative. This Policy includes the following agency specific procedures related to the documentation requirements of this PREA Standard: "the GCJJJ 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 agency indicated in the PAQ that, in the past 12 months, the agency has received zero allegations of sexual abuse and sexual harassment; therefore, no such administrative or criminal investigations were conducted.

It should be noted that the agency investigated a complaint made by a juvenile in 2019 that involved a staff member allegedly making one inappropriate and derogatory comment about a resident's body part (chest). Upon review of the administrative investigation file on the allegation that was provided to the auditor, the auditor determined that this allegation did not meet the criteria for a sexual harassment or sexual abuse allegation, as per the related PREA definitions. However, even though this allegation did not reach the level of sexual harassments (per PREA's definition), the auditor felt it important to add this information in this report to demonstrate how the agency responded to the allegation. The investigative files included documentation that sufficiently demonstrated that the allegation was referred to TJJJ as soon as the allegation was made, and the administrative investigation began the same day. TJJJ classified the allegation as a grievance and not a sexual type incident; however, the agency continued the administrative investigation. The investigation included, but was not limited to, interviews with staff and residents and a review of corresponding video, audio, and document review. The agency's disposition of the investigation was noted as staff misconduct and the staff member was administratively disciplined accordingly. The PC advised that the resident who made the allegation was made aware of the outcome of the investigation.

The auditor interviewed the Chief of the BCJJJ, and he explained that the agency conducts administrative investigations into all allegations or incidents of sexual abuse and sexual harassment, and the administrative investigators have been trained on how to conduct such investigations in confinement settings pursuant to the requirements in PREA Standard 115.334. The Chief also advised that the Galveston County Sheriff's Department (GCSD) conducts all criminal investigations into allegations or incidents related to sexual abuse and sexual harassment that occur in the facility. Furthermore, the Chief explained confirmed that all sexual abuse and sexual harassment allegations/incidents are reported to TJJJ, who may also conduct a criminal and/or administrative investigation. The Chief elaborated, in detail, on how criminal and administrative investigations would be conducted in the facility, with the

administrative investigation including, but not limited to, the collection of written and verbal statements, video and audio review on the video monitoring system, interviews, and completion of a TJJJ Internal Investigation Report that is submitted to TJJJ; and the criminal investigation involving a GCSD investigator assigned who would conduct his/her own independent criminal investigation.

The auditor interviewed an investigative staff for the agency who has been trained on how to conduct administrative investigations in a confinement setting (who is also the PC for the agency), and he explained that the agency's policy (PREA Policy and Abuse, Neglect, and Exploitation Policy) requires allegations of sexual abuse or sexual harassment be referred for criminal investigation to the GCSD, who has the legal authority to conduct criminal investigations. The PC also elaborated on how he has a great working relationship with the Detective assigned to the Criminal Investigation Division (CID) with the GCSD, and how he would ensure the GCSD and the CID Detective would be immediately notified of any allegation of sexual abuse reported to have occurred in the facility. The PC also explained how an administrative investigation would be documented on an agency Incident Report and a TJJJ Internal Investigation Report (which would be submitted to TJJJ), and the criminal investigation would be documented on GCSD's reporting forms.

As noted in subsection 115.321 (a) of this report, the agency is required to adhere to the following TAC Standard, §358.300:

Duty to Report.

An employee, volunteer, or other individual working under the auspices of a 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 a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

Sexual Abuse or Serious Physical Abuse.

- Time Frames for Reporting.
- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.

And, Chapter §358.400 (Investigation Requirement):

In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation. The internal investigation must be initiated immediately upon the chief administrative officer or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.

115.322 (d-e):

N/A. The auditor is not required to audit this provision.

Conclusion:

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

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.331</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - PREA Training Curriculum (56 slide presentation) - PREA Training Acknowledgements (sign in sheets) <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly selected JSO staff <p>Site Review Observations:</p> <p>During the onsite audit, the auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this form documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381.</p> <p>Explanation of determination:</p> <p>115.331 (a-c):</p> <p>The agency's PREA Policy on page 9 outlines the requirements of this PREA provision, and the PREA training curriculum provided includes all eleven (11) PREA training topics required by this provision. In addition, the agency's PREA Policy details the following means of providing staff with PREA training and education:</p> <p>"The Galveston County Juvenile Justice Department provides comprehensive training to staff who have contact with residents through: PowerPoint slide show (Overview of the (PREA) Prison Rape Elimination Act (2003); video, documents, e-Course, and curriculum available through the U.S. Department of Justice as well as other materials as they become available. Galveston County PREA training is tailored to meet the attributes of juveniles served by the Jerry J. Esmond Juvenile Justice Center inclusive of both male and female residents. Staff receives PREA training at in-hire and refresher training on PREA and/ or information on current sexual abuse and sexual harassment topics at least annually."</p> <p>It should be noted that employees are never reassigned from facilities housing the opposite gender (there is only one facility to be assigned to); therefore, additional training is not required pursuant to this standard. The auditor was able to determine by reviewing the PREA training curriculum provided that the training includes information that is tailored to meet the attributes of juveniles and includes training topics specific to both female and male residents.</p>	

The auditor was also provided the agency's "PREA Training Acknowledgement" form that includes an acknowledgement statement, as well as the eleven (11) training topics pursuant to the requirements of this PREA Standard. It is important to note that this acknowledgement form includes the following statement to ensure all staff participating in the training understands the training received: "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."

The auditor interviewed 12 randomly selected JSO staff to ensure that all staff have been trained on the eleven (11) PREA training topics required by this PREA provision. The auditor learned through the interview process that all staff interviewed have received PREA training, within the past 12 months, which included the requirements pursuant to this PREA provision. Staff were able to clearly explain the training they received and provided the auditor with information related to how they can prevent, detect, report, and respond to a sexual abuse or sexual harassment allegation pursuant to the agency's policies and procedures.

In addition, it is important to note that TAC Chapter 344.620 requires all new county employees seeking certification as a Juvenile Supervision Officer (JSO) to successfully complete a list of mandatory topics, including PREA, and a competency exam before performing the duties of a certified officer and for certification.

115.331 (d):

Per the agency's PREA Policy on page 10, "following PREA training, each employee signs an acknowledgement that they understand the training they have received and their role in the prevention, detection, reporting and responding to sexual abuse and sexual harassment."

In order to adequately ensure that the agency is providing the required PREA training pursuant to all the elements required by this PREA Standard, the auditor examined 13 personnel files, to include: 7 JSOs, 2 volunteers, 1 contracted teacher, 1 contracted nurse, and 2 contracted mental health providers (MHPs). Upon review of these files, the auditor determined that all the files (all 13) contained the PREA training acknowledgement forms pursuant to this PREA, which are signed by the training participants and the trainer.

Additionally, the PC provided the auditor with PREA training sign-in sheets from their most recent all staff PREA training in 2019, and upon review the auditor was able to determine that all current staff have received PREA training within the past year. The sign-in sheets include the following acknowledgement statement to ensure all staff that sign the sheet understand the training they received:

"I acknowledge, by my signature below, that all items listed on the attached agenda have been read and discussed with me. I also acknowledge that I fully understand and agree to comply with all items as addressed."

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - PREA Training Acknowledgements - GCJJD Service Provider Agreement (Outpatient Mental Health Services) with Family Services Center <p>Interviews:</p> <ul style="list-style-type: none"> - Three Contractors (one nurse and two Mental Health Providers- MHPs) - Two Volunteers <p>Explanation of determination:</p> <p>115.332 (a-c):</p> <p>The agency's PREA Policy on page 10 provides for the following procedures pursuant to the requirements of this PREA Standard:</p> <p>"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."</p> <p>In order to adequately ensure that the agency is providing the required PREA training pursuant to all the elements required by this PREA Standard, the auditor examined 13 personnel files, to include: 7 JSOs, 2 volunteers, 1 contracted teacher, 1 contracted nurse, and 2 contracted mental health providers (MHPs). Upon review of these files, the auditor determined that all the files (all 13) contained the PREA training acknowledgement forms pursuant to this PREA, which are signed by the training participants and the trainer.</p> <p>The auditor interviewed two volunteers that frequently visit the BCJJD in order to provide religious services to the residents, and each of the volunteers were able to clearly articulate the PREA training that is provided annually by the facility. One of the contractors has been providing services at the BCJJD since 2011, and he was well versed in his responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This volunteer also explained to the auditor that he</p>

provides PREA training to all his volunteers.

The auditor also interviewed three contractors (one medical provider and two MHPs), and each contractor advised that they receive the same training that all security staff receive {including the 11 topics required by 115.331 (a)}. The three contractors explained the training they receive related to PREA, which is annually, and the training explained included, at a minimum, their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Conclusion:

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

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - GCJJD Reporting Allegations by Juveniles & Juvenile Grievance acknowledgement form - GCJJD Juvenile Justice Center Detention Orientation Rules and Regulations - MasterWord Professional Services Agreement (for interpreting and translating services) - PREA PowerPoint Presentation - Detention Services- Galveston County Counseling forms <p>Interviews:</p> <ul style="list-style-type: none"> - Intake Staff - Randomly Selected Residents <p>Site Review Observations:</p> <p>During the onsite audit, the auditor also observed the intake process of a juvenile being admitted into the facility during the onsite portion of the audit, and it is important to note that the intake officer provided the newly admitted resident a thorough and age appropriate facility specific PREA orientation. The intake officer read the orientation material to the resident, and then he ensured the resident understood the material provided by breaking down the material into a summary of the most important topics (i.e., PREA related information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment). When the intake officer completed the intake orientation process, he asked the juvenile if he understood all the information provided and if the resident had any questions, in which the child replied that the information was understood and no questions were asked. The intake officer and juvenile then signed the orientation material acknowledgement form, as well as wrote down the date and time.</p> <p>During the facility inspection, the auditor observed PREA related signage posted in each housing unit, in the intake unit (right next to where residents sit when being processed), the kitchen, classrooms, and in hallways. These posters included the agency's zero-tolerance policy, the TJJD Hotline number to call and report any type of abuse, and victim advocacy services.</p> <p>Explanation of determination:</p> <p>115.333 (a-c):</p> <p>The agency's PREA Policy on page 10 details the requirements of this PREA provision and states, "The Galveston County Juvenile Justice Department presents residents with age</p>

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." Additionally, the agency's PREA Policy on page 10 explains that resident PREA education is 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). The agency reported in the PAQ that all residents have been educated within 10 days of intake; therefore, no subsequent PREA education has ever been necessary. Additionally, the agency reported that all resident who are admitted into the facility, regardless of being transferred from one facility to another, receive the same PREA orientation in intake and the comprehensive PREA education within 10 days pursuant to this PREA Standard.

The agency also provided the auditor with their "Reporting Allegations by Juveniles & Juvenile Grievances" and "Juvenile Justice Center Detention Orientation Rules and Regulations" forms, and it is important to note that each form includes information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, which is provided to every resident who is admitted into the facility during the initial intake process.

Furthermore, the agency provided the auditor with their "Juvenile Justice Center Detention Orientation Rules and Regulations" packet, which includes 12 pages of orientation material that is provided to each resident during the intake process. In order to ensure that each resident fully understands the orientation rules and regulations provided, both the resident and the intake staff member are required to sign the acknowledgement page of the packet, with the time and date the material was reviewed. This orientation packet includes the following PREA information:

- agency's zero-tolerance for sexual abuse of residents;
- resident's rights;
- how to report incidents or suspicions of sexual abuse or sexual harassment;
- the screening process used to identify those likely to be sexual aggressors or sexual victims;
- prohibited sanctions;
- facility's grievance process; and
- resident's rules.

The auditor interviewed an intake staff member who advised that the intake process provides each resident admitted information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. This intake officer explained further that he will always read the intake material to each resident verbatim and then paraphrase the material in such a way that ensures each resident understands the intake PREA information being provided. This officer also advised that every juvenile admitted into the facility receives the full intake process, regardless of whether the juvenile is a brand new resident, repeat offender, or a transfer. The intake officer also advised the auditor that most newly admitted residents are provided the PREA orientation material and PREA education within thirty minutes after being is admitted into the facility, with an intake checklist utilized to ensure all the intake procedures are completed in a timely and effective manner.

The auditor also interviewed a total of 12 residents (11 random and one targeted), and each

resident advised that they received information about the facility's rules against sexual abuse and harassment during their intake process on the first day of being admitted into the facility; with the residents also explaining that they signed an acknowledgement form after this information was provided. Additionally, the residents interviewed explained that they also met with a counselor, within one or two after being admitted, who provided them with more PREA education and a PREA video.

The auditor also reviewed a random sample of resident files to ensure that the requirements of this PREA provision were being met, and upon the review, the auditor determined that all seven files reviewed for this provision were in compliant. The signed orientation forms were included in each file, indicating that the required PREA orientation was provided on the same day as when each child was first admitted into the facility.

Additionally, the auditor was provided a random sample of "Detention Services- Galveston County" counseling forms, which include a section for the counselor and resident to initial off on indicating that the facility's PREA PowerPoint Presentation and procedures for reporting abuse were provided to each resident by a counselor. The three counseling forms provided clearly indicated that each resident received this additional PREA education within 48 hours of being admitted into the facility.

Additionally, the auditor also observed the intake process of a juvenile being admitted into the facility during the onsite portion of the audit, and it is important to note that the intake officer provided the newly admitted resident a thorough and age appropriate facility specific PREA orientation. The intake officer read the orientation material to the resident, and then he ensured the resident understood the material provided by breaking down the material into a summary of the most important topics (i.e., PREA related information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment). When the intake officer completed the intake orientation process, he asked the juvenile if he understood all the information provided and if the resident had any questions, in which the child replied that the information was understood and no questions were asked. The intake officer and juvenile then signed the orientation material acknowledgement form, as well as wrote down the date and time.

115.333 (d):

The agency's PREA Policy on page 10 indicates that resident orientation and education regarding sexual abuse and sexual harassment are delivered to residents in a format accessible to all residents, including those who are limited English proficient (LEP), deaf, visually impaired, as well as those who have limited reading skills. Additionally, as explained in subsection 115.316 of this report, the agency's PREA Policy outlines that GCJJD will accommodate disabled residents and LEP residents, when necessary, with: sign language interpreters, assistance from staff, professional interpreter services when bi-lingual staff members lack the specialized vocabulary to efficiently translate (GCJJD maintains a current and active 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 GCJJD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment regardless of the disability.

Furthermore, the auditor also conducted his own research on MasterWord online, at

<https://www.masterword.com/>, and it is important to document in this report that MasterWord provides for the following services, as indicated on their website:

MasterWord was founded in 1993 providing translation, localization, spoken and sign language interpreting, translator and interpreter training and assessments, cultural competency training, and other language support services to enable language access and ensure success of international organizations, projects, and initiatives in over 250 languages with 120 full-time staff and 13,500+ language professionals. Supporting the world's leading energy, engineering, finance, healthcare, government, insurance and non-profit organizations, including Fortune 500 companies, MasterWord's strength lies in discovering our clients' unique challenges and tailoring custom solutions for success. In 2016, MasterWord was ranked as Top 50 Globally and Top 14 North American largest language services provider by Common Sense Advisory. MasterWord is committed to Quality Management and has been certified to conformance with the International Organization for Standardization: ISO 9001:2015 certified (Quality Management), ISO 13611:2014 certified (Community Interpreting), and ISO 17100:2015 certified (Translation services).

115.333 (e):

The agency's PREA Policy on page 10 indicates that documentation of resident participation in PREA required educational topics is maintained in each resident's intake folder.

As indicated above in subsection 115.333 (a-c), the auditor reviewed a random sample of resident files (7 files) to ensure that the requirements of this PREA provision were being met, and upon the review, the auditor determined that all seven files reviewed for this provision were in compliant. The signed orientation forms were included in each file, indicating that the required PREA orientation was provided on the same day as when each child was first admitted into the facility.

Additionally, the auditor was provided a random sample of "Detention Services- Galveston County" counseling forms, which include a section for the counselor and resident to initial off on indicating that the facility's PREA PowerPoint Presentation and procedures for reporting abuse were provided to each resident by a counselor. The three counseling forms provided clearly indicated that each resident received this additional PREA education within 48 hours of being admitted into the facility.

115.333 (f):

The agency's PREA Policy on page 10 and 11 explain that 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.

During the facility inspection, the auditor observed PREA related signage posted in each housing unit, in the intake unit (right next to where residents sit when being processed), the kitchen, classrooms, and in hallways. These posters included the agency's zero-tolerance policy, the TJJD Hotline number to call and report any type of abuse, and victim advocacy services.

Conclusion:

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

that the agency is fully compliant with all elements of this standard. No corrective action is required.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Texas Juvenile Justice Department (TJJD) Certificates of Completion for Internal (Administrative) Investigations and Specialized Sexual Abuse Investigations - Course description for the above training - Texas Municipal Police Association Certificate of Training for Advanced Child Abuse Investigations <p>Interviews:</p> <ul style="list-style-type: none"> - Investigative Staff <p>Explanation of determination:</p> <p>115.334 (a-c):</p> <p>The agency provided the auditor with multiple training certificates related to training in how to conduct sexual abuse investigations in confinement settings, and the agency reported in the PAQ that they have five (5) investigators currently employed who have completed the required training. The following is a list of trainings that administrative investigators have attended, as per the certificates provided:</p> <ul style="list-style-type: none"> - 11.50 credit hour course from TJJD on how to conduct investigations in juvenile confinement facilities (Completed by the PREA Coordinator in 2013). - 24 credit hour course from the Texas Municipal Police Association in recognition form completing training on advanced child abuse investigations (Completed by the Director of the GCJJD in 2013). - 12 credit hour course from TJJD on Internal Investigations and Specialized Sexual Abuse Investigations (Completed by 4 administrative investigators, including the PC, in 2018). <p>It should be noted that the agency's only conducts administrative investigations, and the Galveston County Sheriff's Office handles all criminal investigations, as indicated previously in this report in section 115.321 and 115.322.</p> <p>The specialized training the administrative investigators were provided included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was verified by the auditor through a review of the course description provided by the agency to the trainings attended. In addition to the PREA investigative training requirements as listed above, the</p>

trainings also covered the following topics:

- utilization of first responders to enhance the investigative process;
- the different types of evidence available to the administrative investigator;
- dispel myths related to interviewing victims of abuse by addressing the principles of trauma-informed victim interviewing;
- a break down of the different types of sexually abusive behaviors and outlines the basics for investigating each type;
- identifying the obstacles and difficulties of investigating sexual abuse cases;
- solutions for overcoming those obstacles;
- important information to remember when conducting interviews and interrogations;
- key differences between interview and interrogation;
- provide the basics for conducting a formal interview; and
- report writing.

The auditor interviewed the PC, who is also a specially trained administrative investigator for the agency, and he explained that he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings from the Texas Juvenile Justice Department. The training included, but was not limited to: investigative training techniques geared toward abuse, neglect, and exploitation investigations; how to conduct interviews; procedures for securing the scene; and how to conduct an administrative investigations involving a juvenile. The PC also confirmed that the training also included topics on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.334 (d):

N/A. The auditor is not required to audit this provision.

Conclusion:

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - PREA Training Acknowledgement forms <p>Interviews:</p> <ul style="list-style-type: none"> - One Medical Staff (contracted) - Two Mental Health Providers- MHPs (contracted) <p>Explanation of determination:</p> <p>115.335 (a-d):</p> <p>As indicated in the agency's PREA Policy on page 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:</p> <ol style="list-style-type: none"> 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. <p>Additionally, this Policy also explains further that GCJJD 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.</p> <p>The auditor reviewed the facility's training files for two contracted MHPs and one contracted medical provider to ensure the agency is in full compliance with the PREA training requirements of this standard, and upon review, the auditor determined that each contracted provider signed a PREA training form- acknowledging they received and understood the training provided.</p> <p>Additionally, the auditor interviewed two of the agency's contracted MHPs and one of their contracted nurses during the onsite, and each professional advised they received PREA training that included, but was not limited to the following (*with specific examples provided by each in parenthesis):</p>

- how to detect and assess signs of sexual abuse and sexual harassment (i.e., physical marks on the body, isolation, nervousness, mood, attitude, be in tune with how they answer questions, be aware of vulnerable populations, recognize post trauma and abuse);
- how to preserve physical evidence of sexual abuse (i.e., SANE/SAFE exams, 1st responder duties of advising the victim and perpetrator to not do anything that could possibly damage or destroy physical evidence, use of paper bags);
- how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment (i.e., how to gather information and be empathetic to the child's needs, make them feel comfortable, not re-traumatizing the juvenile, reporting to the proper authorities, reduce repeated explanations of what happened, and tell the victim that it's not their fault that this happened to them); and
- how and to whom to report allegations or suspicions of sexual abuse and sexual harassment (e.g., agency's PC and other detention administrators, Child Protective Services, TJJJ, law enforcement, mental and medical);

Conclusion:

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - PREA/Behavioral Screening/Unit Classification (risk assessment tool) - GCJJD Admissions Policy - GCJJD "Reporting Allegations by Juveniles & Juvenile Grievance" form - Galveston County- Detention Services Counseling Form (for reassessments) - Galveston County Periodic Reassessment form (newly created) - 6 PREA Periodic Detention Risk Assessments (provided to demonstrate corrective action taken) <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Residents (11 randomly selected and one targeted) - PREA Coordinator (PC) - Intake Staff Member (JPO)- who is responsible for conducting risk screenings <p>Site Review Observations:</p> <p>During the onsite phase of the audit, the auditor reviewed seven (7) randomly selected resident files in order to verify if the agency was in compliance with PREA Standard 115.341, and upon review the auditor determined that all seven files included the agency's PREA/Behavioral Screening/Unit Classification Screening Report (objective risk screening tool). Each of the seven Behavioral Screenings indicated that the screenings were completed within a few hours (2-4 hours) of each child being admitted into the facility, clearly exceeding the provision requirement of completion within 72 hours a juvenile's entry into the facility. It is also important to noted that the auditor observed a juvenile being admitted into the facility, and the JPO working intake at the time conducted the PREA Behavioral Screening by use of the agency's intake computer. The JPO asked the resident questions directly from the Behavioral Screening, and then he would follow-up the questions to ensure the resident understood what was being asked. The JPO entered the child's responses into the computer screening tool, and at the end of questioning the tool calculated the answers of each question into a score of either elevated risk or standard risk. A report was then generated and placed in the resident's file. This particular juvenile's assessment was scored as standard risk and no further action was required.</p> <p>Explanation of determination:</p> <p>115.341 (a):</p>

The agency's PREA Policy on page 11 indicates that the GCJJD 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. This Policy also explains that the GCJJD will obtain objective information regarding sexual history and sexual behavior using the department form entitled Behavior Screening-Unit Classification Form.

During the onsite phase of the audit, the auditor reviewed seven randomly selected resident files in order to verify if the agency was in compliance with PREA Standard 115.341, and upon review the auditor determined that all seven files included the agency's PREA/Behavioral Screening/Unit Classification Screening Report (objective risk screening tool). Each of the seven Behavioral Screenings indicated that the screenings were completed within a few hours (2-4 hours) of each child being admitted into the facility, clearly exceeding the provision requirement of completion within 72 hours a juvenile's entry into the facility. However, the required periodic reassessments were not found in the resident's files, and the PC advised that these periodic risk screenings are not being conducted for all residents.

Additionally, the auditor also interviewed an intake staff member (JPO) who was responsible for conducting risk screenings pursuant to the requirements of this PREA Standard, and he explained that he routinely conducts screenings by the use of the agency's Noble PREA Behavioral Screening tool on all residents admitted into the facility (including residents being transferred from another facility or program). He explained further that the screening tool is completed within 2-3 hours of a child being admitted into the facility, and the screening is used to identify juvenile's at risk of sexual abuse victimization or sexual abusiveness toward other residents. The JPO advised that the information for the PREA Behavioral Screen is ascertained through conversations with the juvenile, mental and medical health assessment, police reports, facility behavioral history, and other relevant documentation provided during the intake process. It should also be noted that the JPO was unfamiliar with any periodic reassessment as required by this PREA provision; although, he did explain how casework JPOs conduct a periodic risk needs assessment (PACT), but not for every child, and this is not continued throughout each resident's confinement. The auditor determined that the PACT reassessment does not meet the requirements of this PREA Standard for conducting a periodic reassessment pursuant to 115.341 (a).

It should be noted in this report that the auditor observed a juvenile being admitted into the facility, and the JPO working intake at the time conducted the PREA Behavioral Screening by use of the agency's intake computer. The JPO asked the resident questions directly from the Behavioral Screening, and then he would follow-up the questions to ensure the resident understood what was being asked. The JPO entered the child's responses into the computer screening tool, and at the end of questioning the tool calculated the answers of each question into a score of either elevated risk or standard risk. A report was then generated and placed in the resident's file. This particular juvenile's assessment was scored as standard risk and no further action was required.

The auditor also interviewed a total of 12 residents (11 randomly selected and one targeted resident), and each resident confirmed through the interview that they were asked questions when they were first admitted pursuant to the requirements of this PREA Standard, such as: have you ever been sexually abused, do you identify with being gay, bisexual or transgender,

do you have any disabilities, and do you feel in danger of being sexually abused in detention. However, the auditor determined through the 12 interviews that the periodic reassessment was not being conducted as required by this PREA provision. The residents indicated that the questions that were asked during the intake process pursuant to this PREA Standard had not been asked again.

Ultimately, the auditor determined that the agency is not in compliance with this PREA Standard due to not being able to demonstrate how the periodic reassessments are conducted on every resident in the facility, and the PC advised that this is an issue that will be immediately addressed and corrected. The PC also explained that due to recent turnover with the facility's contracted MHPs, a new group of three MHPs have just begun to develop a routine for ensuring all PREA related requirements are being practiced and complied with in the facility, such as this periodic reassessment. The PC explained that he will immediately collaborate with the contracted MHPs to ensure the PREA periodic risk screening reassessments will be conducted on all residents every 60 days throughout their confinement stay.

After the onsite, the PC for the agency and the auditor worked together, via email, to develop an objective risk screening instrument for all periodic reassessments that will be completed going forth. The agency's contracted mental health providers will be responsible for conducting the reassessments using this tool, and all residents in the facility will be reassessed at least every 60 days moving forward. The auditor determined that this screening tool includes all eleven (11) elements of this PREA Standard and is in full compliance with the applicable requirements of this PREA Standard. The auditor advised the PC that in order to gain compliance with this PREA Standard, the agency will need to provide the auditor with completed periodic reassessments and the date each child was first admitted into the facility.

115.341 (b-d):

The agency's PREA Behavioral Screening/Unit Classification tool includes the eleven (11) elements required by this PREA provision, as verified by the auditor upon review. As indicated in the agency's PREA Policy on page 11, the GCJJD will obtain objective information regarding sexual history and sexual behavior using the department form entitled Behavior Screening-Unit Classification Form. 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 residents files related to facility behavior, court records, case files, and other applicable information.

The auditor reviewed the Noble PREA Behavioral Screening/Unit Classification tool used by the agency, and this tool was determined to be in full compliance with all elements of this PREA Standard. The tool is an objective screening tool that assesses whether the child is at an elevated or standard risk of sexual vulnerability or sexual aggression (providing for an automated score of standard risk or elevated). Each question on the tool is broken up into an age appropriate version of each of the eleven (11) elements of this PREA provision (115.341 (c), with additional questions such as: was the juvenile a disciplinary problem at intake, previous detentions, gang affiliation, prior history of assaultive behavior or sexual misconduct while in detention, and juvenile's current state of mind.

The auditor also observed a juvenile being admitted into the facility, and witnessed the intake

JPO conduct this screening tool in an objective manner- with taking into account not only what the child is saying in response to each question but also how the child is responding to each question. He was able to modify and reiterate the questions in such a way that the child understood what was being asked, and the child answered each question without any issues or problems to note. The auditor determined that the Noble Screening tool allows the screener to not only select the required pre-populated responses (yes, no, none, unconcerned, concerned, small, medium, large, oriented, not oriented, appropriate, not appropriate, age, etc.), but also enables the officer to elaborate further through comment boxes under each question (with the comments included in the report). It is important to note that this screening tool also allows the user (staff member) to override the score if he/she deems this to be necessary. The override must be justified, and this helps in situations where the assessment is scored as standard risk, but the officer has some auxiliary information that may increase the child's risk level.

Additionally, one question that can be subjective on this screening tool is: does the juvenile display any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex. Even though this is a judgement call made by the screener (with using the information available), the risk screening tool also requires the officer to ask the child directly if he/she identifies as non-conforming, lesbian, gay, bisexual, transgender, or intersex. This is important because the screening not only provides the resident the opportunity to directly self-identify, but also allows the intake staff to use his/her own professional judgement in case the child is reluctant, afraid, or embarrassed to share this sensitive information.

The agency's mental health screening (Massachusetts Youth Screening Instrument, MAYSI-2) and Health Screening Instrument are identified as required screenings by TAC 343.406, and this TAC standard provides for the following information as related to PREA:

The MAYSI-2 is the Massachusetts Youth Screening Instrument that is a brief screening instrument (52 questions) designed to identify potential mental health needs of adolescents involved in the juvenile justice system, and the Agency's health assessment shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

- mental health conditions and treatment, including any hospitalizations;
- history of or current sexually transmitted infections;
- history of or current illnesses or chronic health conditions including:
- other acute or chronic conditions as determined by the health service authority;
- history of or current gynecological problems;
- current or recent pregnancy;
- current use of medication(s)
- use of alcohol or illegal drugs- drug withdrawal symptoms;
- special health requirements, such as dietary needs, physical disabilities, or prosthetics;
- evidence of physical trauma;
- recent injuries;
- weight and height; and
- any other health concerns reported by the resident.

Observation of the following:

- general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
- behavior, such as disorderly, erratic, or appropriate;
- state of consciousness, such as alert, responsive, or lethargic; and

- ease of movement, such as ability to walk and move limbs, gait, and bodily deformities.

115.341 (e):

The agency's PREA Policy on page 11 explains that 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 the information is not exploited by staff or another resident to the resident's detriment.

The intake officer (JPO) who was interviewed by the auditor advised that the PREA Behavioral Screen is only available to JSOs, intake staff, and mental health providers. The report is printed and is secured in the resident's detention file, as verified by the auditor when onsite. The electronic version is secured in the Juvenile Case Management System/Noble (JCMS), and is only accessed by JPOs and supervisors who have the proper security credentials.

The auditor also interviewed the PC, who explained that only administrative staff, JSOs/JPOs, and mental health professionals (if needed for mental health evaluations) have access to the agency's PREA Behavioral Screen.

The PCM was also interviewed and advised that the information provided on the risk screening is only provided to staff on a need to know basis and kept confidential to ensure the resident's private information is never compromised or shared without proper authorization. The PCM explained further that the agency's MHPs, Superintendent, JPOs working intake, Deputy Director, and other administrators who may need the information to ensure the child is safe are allowed access to the information.

Corrective Action:

115.341

On 8/17/2020, the PC provided the auditor with a random sample of five (5) PREA Periodic Detention Risk Assessments in order to demonstrate how the agency implemented their corrective action plan for this PREA standard. The auditor analyzed the 5 periodic assessments provided and determined the agency has fully implemented a process and objective screening instrument for completing the required periodic re-assessments. It is important to note that the agency utilizes a licensed mental health provider to conduct each re-assessment, which exceeds the requirements of this PREA standard and provides an addition level of mental health support for each resident. Additionally, the PC also provided the revisions made to the agency's Policy regarding the periodic risk assessments, as noted here: "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."

Conclusion:

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

that the agency is compliant with all elements of this standard and no corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - PREA/Behavioral Screening/Unit Classification (risk assessment tool) <p>Interviews:</p> <ul style="list-style-type: none"> - One of the agency's PCMs - Intake JPO who conducts risk screenings <p>Site Review Observations:</p> <p>During the onsite phase of the audit, the auditor observed a juvenile being admitted into the facility, and the JPO working intake at the time conducted the PREA Behavioral Screening by use of the agency's intake computer. The JPO asked the resident questions directly from the Behavioral Screening, and then he would follow-up the questions to ensure the resident understood what was being asked. The JPO entered the child's responses into the computer screening tool, and at the end of questioning the tool calculated the answers of each question into a score of either elevated risk or standard risk. This report also required the intake officer to answer if the information obtained during the screening was used to make housing, bed, program, education, and work assignments for the resident (with the assessment requiring the user to select either "yes" or "no."). This screening also requires the JPO to type in the resident's assigned housing and room number, which was documented in the final report. This particular juvenile's assessment was scored as standard risk and no further action was required.</p> <p>Explanation of determination:</p> <p>115.342 (a):</p> <p>The agency provided the auditor with their PREA/Behavioral Screening/Unit Classification form (risk assessment pursuant to 115.341), and upon review the auditor determined that his assessment tool requires the intake staff to use the information obtained during the screening to make housing, bed, program, education, and work assignments, pursuant to this PREA provision. In addition, the agency's PREA Policy on page 12 explains that the GCJJD will utilize the risk screening process (PREA/Behavioral Screening Unit/Classification form) to make informed decisions 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.</p>

The agency's PREA Behavioral Screening includes a statement on the bottom of the report that asks if the intake officer completing the assessment is using the information obtained during the screening to make housing, bed, program, education, and work assignments for the resident (with the assessment requiring the user to select either "yes" or "no." This screening also requires the user to type in an assigned housing and room number, which is documented in the final report.

The auditor interviewed a JPO who was responsible for conducting risk screenings, and this officer explained that the risk screening information is used to keep residents safe and free from sexual abuse and sexual harassment by ensuring that all screenings that indicate the child may be at risk of sexual victimization or abusiveness to be referred to mental health and assigned to a location where the child will be kept safe. He also elaborated on the fact that if a child's screening indicates the child may be at risk or the child is vulnerable to abuse or harassment of any kind, staff will be directed to monitor the child very closely to ensure the child is not harmed or at risk of abuse or harassment.

The auditor also interviewed one of the agency's PCMs, who advised that the intake unit uses the information from the PREA Behavioral Screening to determine the safest unit, room, and classroom and program assignments.

115.342 (b):

Per the agency's PREA Policy on page 12, 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. This Policy also explains that a juvenile assigned to protective isolation will be afforded their right to daily large muscle exercise, educational programming or special education services, and other programs to the extent possible. Further, persons assigned to protective isolation will be afforded daily visits from a medical or mental health care clinician, and the basis for the facility's concern for the resident's safety, 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.

The agency reported in the PAQ that zero residents were placed in isolation in the past 12 months who were at risk of sexual victimization.

The auditor interviewed the facility's Superintendent, a staff member who supervising resident's in isolation, two MHPs, and one nurse; who all confirmed that the agency has never placed a resident in protective isolation due to a risk of sexual victimization. Furthermore, each staff member also explained that if such a situation were to occur, all the requirements of this PREA provision would be adhered to and they would exceed the minimum applicable PREA requirements. However, as explained by the PC and Superintendent, with the ability of the agency to modify a program or move a child to a different housing unit (with providing the same programming and privileges as other residents), placing a child in a protective isolation would be only for an exigent circumstance, as a last resort to protect the resident, and would only last for a very short period of time (a day or two).

115.342 (c):

The agency's PREA Policy on page 12 explains that 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.

The auditor interviewed the PC and one of the agency's PCMs, and both professionals advised that the facility does NOT have special housing units for any resident that identifies as LGBTI and refrains from such activity at all times. The auditor also interviewed one resident who identified as gay (as indicated on the resident's PREA Behavioral Screen), and this resident advised that there is no special housing for any resident that identifies as LGBTI and all residents are treated equally. Additionally, during the onsite the auditor made a point to observe for any residents being separated from a group or isolated alone due to identifying as LGBTI, and at no time did the auditor witness such a situation. The female residents were all assigned to one housing unit, and the male residents were assigned to their respected housing units.

115.342 (d-h):

The agency's PREA Policy on page 12 indicates the following procedures pursuant PREA provisions (d-h): "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. 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. 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."

Additionally, as indicated above in subsection (b), the agency reported in the PAQ that zero residents were placed in isolation in the past 12 months who were at risk of sexual victimization.

The PCM interviewed explained that she has never had a situation involving a resident who identified as transgender or intersex; however, if such a child was admitted into the facility the agency would staff the child's situation with administrators and supervisors and make accommodations on a case-by-case basis, with taking into account the safest housing and program assignment. Furthermore, the PCM advised that a case such as this would be reassessed weekly (far exceeding the required twice a year requirement of this PREA provision) to ensure the child's continued safety. The PCM elaborated on how the agency considers whether placement of a resident would jeopardize safety and security, and how the agency takes into serious consideration whether certain housing or programming assignments would present management or security problems. She advised the auditor that a transgender or intersex resident would most definitely be given the opportunity to shower separately from other residents because all residents shower individually in one shower room. This was also verified by the auditor during the facility inspection, with each housing unit including two individual shower rooms that are locked from the outside only.

Additionally, the auditor also interviewed a JPO who conducts risk screenings for the facility,

and this officer explained how the agency would take a transgender or intersex residents' own views of their safety into serious consideration in placement and programming assignments. He elaborated further how the safety of all residents is very important, and how the agency would never allow for a resident to be put in a situation where they would feel unsafe or threatened. The JPO also confirmed during his interview that all residents are able to shower independently of each other because they only have individual showers. The auditor verified the private, one-person showers while onsite.

115.342 (I):

Per the agency's PREA Policy on page 12, a review will be conducted every 30 days regarding the continuing need for separation from the general population for a resident who is on a protective isolation (regardless of the reason why) and this will be documented in writing in each resident's file.

During the onsite, the agency asked the PC if the facility has placed a resident in isolation for being at risk of sexual victimization or who has allegedly suffered sexual abuse, and the PC advised that this has never occurred since he has been working for the agency. The auditor then asked the PC if he could review the protective isolation reports from 2019 (not exclusively related to PREA), and the PC advised that no such isolations were given last year.

Even though the auditor determined that the agency has never placed a resident in isolation due to a PREA related reason or incident, the auditor went ahead and interviewed a JSO who is able to supervise residents in isolation (as all JSO are) to ensure there are procedures in place incase such a situation were to occur. This JSO confirmed there has not been a resident, that he knows of, who has ever been isolated in the facility due to a PREA related alleged incident or risk of victimization; therefore, the auditor provided the JSO with a hypothetical example of what if a resident was at a substantial risk of sexual victimization and there was no other alternative but to place the child in a protective isolation. This JSO adequately explained how the "hypothetical resident would be provided the same programming, privileges, education (including special education as applicable), and work opportunities as all the other residents in the facility. The JSO elaborated further how such a resident would be treated the same as all the other residents, and the resident would not be treated as if he/she was in trouble. He advised that such a resident would be only kept in protective isolation until there is no longer a threat and each situation would be staffed on a case-by-case basis. Medical and mental health would be provided on an as needed basis, as it is for all residents, and the JSO advised that these professionals would check on the resident daily if needed.

Conclusion:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.3</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Agency's Abuse, Neglect, and Exploitation Administrative Policy - GCJJD's "Reporting Allegations by Juveniles & Juvenile Grievances" form <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSOs - 12 Residents (11 randomly selected and one targeted) - One of the agency's PCMs <p>Site Review Observations:</p> <p>During the onsite phase of the audit, the auditor observed reporting and PREA signage in all areas in the facility where residents frequently visit (i.e., each housing unit, dining hall, hallways, visitation, intake, etc.). The posters included the agency's zero-tolerance statement, different methods of reporting (i.e., TJJD Hotline number, advocacy numbers, grievance process, etc.). In addition, the auditor also made a successful test call to the TJJD Hotline during the onsite, and it should be noted that the process in place for residents to make this call is fully operational.</p> <p>Explanation of determination:</p> <p>115.351 (a-d):</p> <p>Upon review of the agency's PREA Policy on pages 12-15, the agency's has established in policy procedures allowing multiple internal ways for residents to report privately to agency officials about: (1) sexual abuse and sexual harassment; (2) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (3) staff neglect or violation of responsibilities that may have contributed to such incidents. The methods include the following procedures for residents to report, as per the agency's PREA Policy:</p> <ul style="list-style-type: none"> - To an outside public agency, the Texas Juvenile Justice Department (TJJD): The GCJJD provides juveniles reasonable, free, and confidential access to report allegations of abuse, neglect, exploitation, or harassment to TJJD to the greatest extent possible. Any juvenile reporting or requesting to report alleged abuse, neglect, exploitation, or harassment to the TJJD 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 TJJD's toll-free number. - Directly to a staff member, counselors, intern, volunteer, contractor, medical/mental health

staff, etc.: 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 TJJD Administrative Investigative Division. The Abuse hotline of the TJJD serves as a method for staff, contractors, volunteers, and the public to privately report sexual abuse or sexual harassment of residents. The GCJJD requires all medical and mental health practitioners to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a GCJJD program to program supervisors and Chief Juvenile Probation Officer as well as the TJJD pursuant to mandatory reporting laws of the TAC.

- The facility's grievance system: The GCJJD does not impose time limits on when a resident may submit a grievance regarding an allegation of sexual abuse. Grievances alleging sexual abuse or sexual harassment will always be handled in a formal manner in accordance with PREA and Texas Administrative Code (TAC) standards. There will be no mechanism for any informal process of resolving grievances with staff alleged to have engaged in an incident of sexual abuse. A resident who alleges sexual abuse will be afforded the opportunity to submit a grievance without submitting it to the staff member who is the subject of the complaint and, such grievance will not be referred to a staff member who is the subject of the complaint.

- Third Party Reporting: Residents will be allowed assistance from third parties including fellow residents, staff members, family members, attorneys and outside advocates in filling request for administrative remedies relating to sexual abuse, and such parties will be permitted to file such request on behalf of the resident. The TJJD and the TAC 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 requirements 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 GCJJD (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.

- 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.

In addition, the auditor was provided the agency's Abuse, Neglect, and Exploitation Administrative Policy, which outlines the requirements of the agency to provide multiple internal ways for residents to report pursuant to the requirements of this PREA Standard. This Policy includes the time frames for reporting sexual abuse and sexual harassment, including verbal reports, and the time frames are as follows:

- Notify Director or designee (i.e., Deputy Director) immediately;
- Report to TJJD within 4 hours by phone or fax;
- Report by phone to law enforcement immediately but not later than 1 hour;

- Submit Serious Incident Report Form to the TJJD within 24 hours;
- Parental notification as soon as possible but not later than 24 hours; and
- Internal Investigation completed within 30 business days and forward to the TJJD within 5 calendar days of completion

The agency provided the auditor with their "Reporting Allegations by Juveniles & Juvenile Grievance" form that is signed by the resident and intake staff during the intake process. This form includes information on the different methods residents have to report any type of harassment and abuse.

The agency provided in the PAQ a TJJD pamphlet and a GCJJD brochure that both outline methods on how residents can report abuse or harassment to a public or private entity or office that is not part of the agency. The outside agencies include:

- TJJD (via: calling the toll free Hotline, direct phone line, facsimile, email, and mailing directly);
- Department of Family and Protective Services- DFPS (hotline number, direct number, and web address); and
- Local law enforcement.

The auditor was also provided the agency's Abuse, Neglect, and Exploitation Administrative Policy, which also outlines the requirements of the agency to provide multiple internal ways for residents to report pursuant to the requirements of this PREA Standard. In addition, the agency provided the auditor with their "Reporting Allegations by Juveniles & Juvenile Grievance" form that is signed by the resident and intake staff during the intake process. This form includes information on the different methods residents have to report any type of harassment and abuse.

The auditor interviewed 12 randomly selected JSO staff, and each staff member was able to sufficiently explain multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Specific methods of reporting were provided such as: privately telling staff or any trusted adult in the facility; in writing through the agency's grievance process or on a letter or request form; anonymous through calling the TJJD Hotline or writing a grievance withOUT the resident giving their name; and through third party means- TJJD Hotline, telling a parent/guardian/attorney to report on their behalf. Each of the 12 JSOs interviewed explained that all allegations of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties are accepted and immediately reported to the proper authorities (Galveston County Sheriff's Office and TJJD) and agency administrators. The staff advised that upon receiving a verbal report from a resident of alleged sexual abuse or sexual harassment, they would document the report on either a TJJD Incident Report or an internal reporting form as soon as possible, if not immediately.

The auditor also interviewed a total of 12 residents (11 randomly selected and one targeted), who all were able to clearly articulate multiple internal ways to report, such as: the TJJD Hotline (outside state agency), contacting their parents or attorney, tell a staff member or another adult in the facility, using the facility's grievance system, reporting anonymously to TJJD or writing a grievance and not giving their name, contact the police or have someone contact the law enforcement on their behalf, or fill out a "hot off the presses" (a type of request

form).

The auditor interviewed one of the agency's PCMs, who explained that residents and staff can report sexual abuse and sexual harassment to the TJJD at anytime (outside state agency responsible for oversight of all Texas juvenile justice departments). This PCM also explained to the auditor how residents who request to write a written report are provided a pencil and paper (or grievance if so requested) in order to document the report.

During the onsite phase of the audit, the auditor observed reporting and PREA signage in all areas in the facility where residents frequently visit (i.e., each housing unit, dining hall, hallways, visitation, intake, etc.). The posters included the agency's zero-tolerance statement, different methods of reporting (i.e., TJJD Hotline number, advocacy numbers, grievance process, etc.). In addition, the auditor also made a successful test call to the TJJD Hotline during the onsite, and it should be noted that the process in place for residents to make this call is fully operational.

115.351 (e):

Per the agency's PREA Policy on page 13, "the Abuse Hotline of the TJJD serves as a method for staff, contractors, volunteers, and the public to privately report sexual abuse or sexual harassment of residents." As verified by the auditor through analyzing the agency's PREA training curriculum, staff are informed of these procedures annually during PREA trainings, and staff are also provided continued access to all department policies and procedures, as indicated in the agency's PREA Policy.

The 12 randomly selected JSOs that were interviewed clearly understood the agency has multiple internal ways for residents and staff to report any type of abuse and harassment, including how they (staff) can privately report sexual abuse and sexual harassment of residents. Staff provided examples of the different methods, such as: contacting the TJJD Hotline themselves, contacting law enforcement, and reporting to a supervisor or administrator privately and in a confidential manner. The JSOs were also asked if they felt like the agency had an open-door type policy related to talking with supervisors and administrators in private, and each staff confirmed this in the affirmative. The JSOs explained that they were made aware of how to privately report through the annual PREA trainings and periodic policy and procedure review.

Conclusion:

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Resident Orientation Material ("Reporting Allegations by Juveniles" form & "Juvenile Grievances" forms) <p>Explanation of determination:</p> <p>115.352 (a-g):</p> <p>The agency's PREA Policy on pages 13-16 include all the requirements of this PREA Standard, and the following procedures were extracted directly from this policy to illustrate the applicable procedures as it relates to Standard 115.352:</p> <p>"The Galveston County Juvenile Justice Department does not impose time limits on when a resident may submit a grievance regarding an allegation of sexual abuse. Grievances alleging sexual abuse or sexual harassment will always be handled in a formal manner in accordance with PREA and Texas Administrative Code standards. There will be no mechanism for any informal process of resolving grievances with staff alleged to have engaged in an incident of sexual abuse. A resident who alleges sexual abuse will be afforded the opportunity to submit a grievance without submitting it to the staff member who is the subject of the complaint and such grievance will not be referred to a staff member who is the subject of the complaint. The GCJJD will issue a final agency decision on the merits of any grievance alleging sexual abuse as soon as practicable but not more than 90 from the original date of grievance submission. In the event that the agency cannot formulate a final decision, the department will inform the resident in writing that an extension has been requested and the date by which the decision will be made.</p> <p>Residents will be allowed assistance from third parties including fellow residents, staff members, family members, attorneys, and outside advocates in filling request for administrative remedies relating to sexual abuse and such parties will be permitted to file such request on behalf of the resident. The resident must consent to have a request for administrative remedy filed on their behalf by any person other than their parent or legal guardian. If the resident declines to have the request submitted on their behalf, the agency shall document the resident's decision in the resident's file. A parent or legal guardian will not be restricted from filling a grievance or appeal regarding allegations of sexual abuse whether the juvenile agrees or not to have the request filled on his or her behalf. In the event that a resident is subject to a substantial risk of imminent sexual abuse, a grievance will be handled as an emergency grievance whereby the grievance is immediately forwarded to a level of review at which immediate corrective action may be taken (i.e., supervisor on duty with immediate notice to the Facility Administrator and Chief Juvenile Probation Officer) with an</p>

initial response within 48 hours and a final decision within 5 calendar days. The written findings of the initial response and the department's final decision will document whether the resident is in substantial risk of eminent sexual abuse and the actions taken in response to the emergency grievance. Residents will not be disciplined for filing a grievance related to alleged sexual abuse unless it is determined that the resident filed the grievance in bad faith."

Upon review of the documents and information listed above, the auditor determined that the agency does have procedures in policy to ensure a grievance alleging sexual abuse is handled according to PREA Standard 115.352 (a-g), as well as reported to the Galveston County Sheriff's Department and TJJJ for the criminal investigation. Additionally, each resident is provided the agency's "Juvenile Grievance" form and their "Reporting Allegations By Juveniles" form, which are both required to be signed by the newly admitted resident and the intake officer. These form include the agency specific grievance process, as well as PREA reporting mechanisms in place in the facility. The auditor reviewed 7 randomly selected resident detention files while onsite, and upon review the auditor was able to determine that each of the seven residents signed the acknowledgement that they received and understood the PREA and grievance material provided. Furthermore, the auditor determined through conversations with multiple administrative staff (including the PC for the agency) that they have not had a grievance related to a sexual abuse or sexual harassment allegation in the past 12 months, and the agency reported in the PAQ that they have received zero resident grievances in the past 12 months alleging sexual abuse. In order to verify this claim, the auditor randomly selected ten (10) resident grievances that were submitted in 2019, and zero of the ten reviewed included any type of sexual abuse or sexual harassment allegation.

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Immigration Resources List (pdf. file) - MasterWord Contract (interpreting/translation services) - Galveston County Cooperative Working Agreement (Sexual Assault Response Team- SART) - Crisis Center & Hotline list - GCJJD Visitation Policy - Child Advocacy Center Working Protocol <p>Interviews:</p> <p>-</p> <p>Site Review Observations:</p> <p>During the onsite audit, the auditor made a successful test call to the contracted interpreting services company, MasterWord. This call sufficiently demonstrated how the agency is able to utilize a system to contact a professional interpreting service (MasterWord) for any resident in need of such services. Additionally, during the onsite facility inspection, the auditor observed signage throughout the building that provided residents and staff with crisis centers and hotline numbers for outside victim advocates that provide emotional support services related to sexual abuse. The signage was posted in all areas that residents frequently visit (i.e., dayrooms, housing units, dining room, hallways, intake, visitation, etc.), and includes the web address and 24/7 phone numbers to the following organizations: Resource and Crisis Center of Galveston County, RAINN, Child Advocacy Center of Galveston County, Self Injury Hotline, Suicide Hotline, The Gay, Lesbian, Bisexual, and Transgender (GLBT) National Hotline, and Domestic Violence Hotline.</p> <p>Explanation of determination:</p> <p>115.353 (a-d):</p> <p>The agency's PREA Policy includes all the requirements of this PREA Standard, as explained below:</p> <p>"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 residents request. The department will allow a resident reasonable access and communication with</p>

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, the agency provided the auditor with the following documents in order to sufficiently corroborate the practice as described above pursuant to the requirements of Standard 115.353:

- Immigration Resource form: This resource form includes a comprehensive list of local, state, and national immigration resources for residents who are not citizen's of the United States. The list includes the names, addresses, and phone numbers for each of the 24 resources listed. Such resources included are, but are not limited to: American Gateways formerly Political Asylum Project of Austin, Immigration Clinic- University of Texas Law School, Texas Rio Grande Legal Aid, Inc., Catholic Charities of Dallas, Inc., Human Rights Initiative of North Texas, Inc., Las Americas Asylum Project, National Center for Refugee and Immigrant Children (USCRI) AILA (American Immigration Lawyers Association), U.S. Citizenship & Immigration Services, Texas Rio Grande Legal Aid, Inc., and Kids In Need of Defense (KIND).
- MasterWord Services, Inc., contract (interpreting services, as described in subsection 115.316 (a) of this report).
- Galveston County Working Agreement (Sexual Assault Response Team- SART): As described in subsection 115.321 of this report, this agreement includes the requirement of the Resource and Crisis Center to provide advocacy services for all referred survivors of sexual abuse, including any child referred from the GCJJD.
- Crisis Centers and Hotline form: This is an extensive list of crisis centers that are available to residents who are victims of sexual abuse, regardless of where the alleged abuse occurred. There are seven (7) centers listed on the form, and each of the 7 include the centers name, what they specialize in, and their hotline contact numbers (available 24/7).
- The agency's Visitation Policy: This policy outlines the agency's requirements for providing each resident reasonable and confidential access to their attorneys or other legal representation and their parent or legal guardian pursuant to the TAC, PREA requirements, and local policy. It should be noted that residents in the agency's pre-adjudication detention program are allowed scheduled visitation each day except for Tuesdays and Thursdays, and residents in the post program are allowed a 30 minute visit once every 7 calendar days from an approved parent or guardian. Phone calls in both programs are conducted in the juvenile's unit, one at a time, a minimum of once every 7 calendar days. Lastly, residents in the GCJJC have the right to be informed of the right to representation by an attorney, and they also have the right to confidential contact with attorneys and their representatives through telephone, uncensored letters, and personal visits anytime. Residents shall not be within the audible range of facility staff or other residents but may be within visual observation of facility staff when making telephone calls or visiting with the resident's attorney or their attorney's designated representatives. Residents shall be furnished with adequate postage for legal

correspondence and attorneys are encouraged to visit as often as possible. It is also important to note that the agency's visitation and phone call procedures are accessible to the public on the agency's website, at <https://www.galvestoncountytexas.gov/jj/Pages/Visitation.aspx>.

The agency provided the auditor with the Child Advocacy Center Working Protocols that includes roles and responsibilities for the Child Advocacy Center. This working protocol states that the Child Advocacy Center provides services to children (age 17 and under) alleged to be victims of abuse, child witnesses to crime, and their non-offending family members.

The auditor interviewed 12 residents (11 randomly selected and one targeted) who all were aware of the Crisis Centers and Hotlines document that is posted around the facility. The residents were able to explain that the services provided some type of crisis counseling services for a victim of sexual abuse or sexual harassment. Each resident felt as though the calls to these organizations would be free of charge, and that the conversations would remain strictly private and confidential- with no staff listening in on the conversations. Additionally, the 12 residents interviewed all sufficiently explained and clearly understood the agency's attorney/legal representation and parent/guardian visit and phone call procedures. The residents explained how they have the opportunity to consult/talk/meet with their attorney/legal representative at any time, and that parent/guardian contact (family visitation and phone calls) are allowed at least once per week (once a week for a call and once a week for a visit). They also explained how they may be able to have more frequent visits and phone calls, all depending on their behavior

The agency's Superintendent and one of the agency's PCMs both clearly explained how the agency provides residents with reasonable and confidential access to their attorneys, other legal representation, parents, and legal guardians. The residents are not restricted from private and confidential communication with their attorney or legal representative, and parent/legal guardian contact is provided AT LEAST once per week via a phone call and a visit (as well as send mailed correspondence). They also explained how residents can earn more visits and phone calls to their family per week through successful progression through the facility's behavioral management system.

Additionally, TAC §343.356 requires that residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits. Furthermore, TAC 343.352 (a-b) and TAC 343.538 provides for the residents' rights to receive visits from their parents or legal guardians as well as to complete telephone calls.

Conclusion:

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Galveston County PREA Brochure (for Intake) - TJJD Abuse, Neglect, and Exploitation (ANE) pamphlet <p>Explanation of determination:</p> <p>115.354 (a):</p> <p>Per 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."</p> <p>The auditor reviewed the supplemental documents provided, GC PREA Brochure and TJJD ANE pamphlet, and both documents include methods for the agency to receive third-party reports of resident sexual abuse or sexual harassment. Additionally, it is important to add that the agency's PREA Policy, which includes the TJJD Hotline phone number and the means for making a third party report, is accessible to the public on the agency's website, at https://www.galvestoncountytexas.gov/jj/Pages/default.aspx, as verified by the auditor.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - GCJJD Abuse, Neglect, & Exploitation Policy - Family Services Center of Galveston Informed Consent Agreement <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSOs - Two of the agency's MHPs - One of the agency's Medical Professionals (nurse) - One of the agency's PCMs - The agency's Superintendent (who is also one of the three PCMs) <p>Explanation of determination:</p> <p>115.361 (a-b):</p> <p>As indicated in the agency's PREA Policy on page 15, "the GCJJD requires all staff members to immediately report any knowledge, suspicion, or 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." This Policy also explains that all staff are required to comply with mandatory reporting requirements for the State of Texas.</p> <p>Additionally, the agency's Abuse, Neglect, and Exploitation Policy also outlines the reporting requirements pursuant to this PREA provision, as documented below:</p> <p>"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."</p> <p>Additionally, it should be noted that TAC 358.200 requires all departments, programs, and facilities in Texas to have written policies and procedures that require, in accordance with this chapter:</p> <ul style="list-style-type: none"> - reporting allegations of abuse, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and - reporting serious incidents to TJJD. <p>TAC 358.300 requires the MRJJC to adhere to the following procedures related to this PREA</p>

provision:

Duty to Report.

An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJD 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 a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

The auditor interviewed 12 randomly selected JSOs, and each JSO sufficiently explained that the agency requires all staff to report any knowledge, suspicion, and information regarding an incident of sexual abuse or sexual harassment, regardless of where the allegation occurred. The interviewed JSOs also advised that they must report any knowledge, suspicion, and information they receive in regards to retaliation for reporting and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The JSOs clearly understood the requirements of this PREA Standard and adequately described the agency's protocols for reporting any information related to sexual abuse and sexual harassment, which included, but was limited to the following summarized responses:

- first ensuring the victim is safe and separated from the alleged perpetrator;
- contacting a supervisor on-shift;
- following the trained first responder duties (i.e., separate, preserve & protect the scene, advise the victim and perpetrator to not do anything that could contaminate or destroy physical evidence, etc.);
- contacting local law enforcement (GCSD) and TJJD;
- contacting the agency's PC;
- document the incident on an incident report form;
- write a statement; and
- maintain integrity of the crime scene, if applicable.

The 12 JSOs also talked about the PREA training they receive annually, which includes relevant laws related to mandatory reporting of sexual abuse to outside authorities. The JSOs described how they are all mandatory reporters for any type of abuse or harassment and must report to TJJD and law enforcement immediately. They also advised that they not only receive annual PREA training that includes this information, but they also receive abuse, neglect, and exploitation training every year every year, as required by TJJD.

115.361 (c):

The agency's PREA Policy on page 15 outlines the requirements of this PREA provision and provides for the following: "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 12 randomly selected JSO staff explained to the auditor how they can privately report to their supervisors, the TJJD Hotline, and directly to law enforcement or Child Protective

Services in order to prevent the sharing of any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d):

The auditor verified that the requirements of this PREA provision are included in the agency's PREA Policy on page 15. The requirements and procedures prescribed in the agency's PREA Policy for medical and mental health practitioners are as follows:

-The GCJJD requires all medical and mental health practitioners to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a department facility or department program to program supervisors, the Galveston County Chief Juvenile Probation Officer, and TJJD. Furthermore, 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, as per the agency's PREA Policy.

The auditor interviewed two of the agency's contracted MHPs and one of their contracted medical providers during the onsite, and all three professionals adequately explained to the auditor how they always disclose the limitations of confidentiality and their duty to report to all residents before the initiation of services are provided. The two (2) MHPs advised that they provide each resident a verbal statement and a written statement (that was provided to the auditor upon request), which provides for the following:

- "I acknowledge that information given to this counselor that discloses any kind of child abuse, abuse of the elderly or abuse of the disabled will be disclosed as is required by state law. I also acknowledge that any disclosure suicidal or homicidal ideation will be disclosed for my safety. Lastly, I recognize that FSC works in partnership with the Galveston County Juvenile Justice system and that any information discussed in this meeting can be disclosed to the Galveston County Juvenile Justice center on request or as it relates to my legal situation."

The two MHPs and one medical provider also explained to the auditor that they are all required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Each of the professionals were asked if they ever have been made aware of such an incident that allegedly occurred in the facility, and each professional stated they have not. Although, one of the MHPs and the medical nurse explained that they have had residents make abuse outcry's to them that allegedly occurred outside the facility, in the community. The two professionals explained further that these incidents were immediately reported to facility management and local authorities, as required.

115.361 (e-f):

The auditor verified that the agency's PREA Policy on page 16 includes the requirements of PREA provisions (e) and (f) of this Standard, and the agency's procedures are as follows:

-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; to the TJJD 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 are promptly reported to the facility's designated investigator.

The auditor interviewed one of the agency's PCMs, who advised that when the facility receives an allegation of sexual abuse, she is required to report this immediately to local law enforcement (GCSD) and TJJJ, the victims parents/guardians/attorney, Child Protective Services- CPS (if under their guardianship), and facility administrative investigators.

The auditor also interviewed the agency's Superintendent, and he explained how he would be required to report any allegation of sexual abuse to TJJJ immediately (but no later than 4 hours) and local law enforcement (GCSD) immediately (but no later than 1 hour). He also advised CPS would be contacted within 24 hours if the child is under their guardianship and that the child's attorney would also be contacted within 24 hours as well. The Superintendent explained how all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to one of the agency's designated administrative facility investigators and local law enforcement (GCSD) for all criminal investigations, as well as TJJJ.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Chief of the agency - Superintendent of the facility - 12 Randomly Selected JSOs <p>Explanation of determination:</p> <p>115.362 (a):</p> <p>The agency's PREA Policy on page 16 includes the requirements of this provision; explaining that when the GCJJD learns that a resident is subject to a substantial risk of imminent sexual abuse, the agency will take immediate action to protect the residents.</p> <p>Additionally, the agency describes in their PREA Policy the following procedures for possibly placing a resident who has been deemed a substantial risk of imminent sexual abuse on a protective isolation: "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."</p> <p>The PREA Coordinator indicated on the PAQ that in the past 12 months, the agency has determined that zero residents have ever been subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor interviewed the Chief of the agency, and he explained how he would respond to a situation involving a resident who is subject to a substantial risk of imminent sexual abuse. The Chief advised he would immediately ensure the child is safe by following up with investigating the situation, removing the alleged threat (if staff, remove from facility; if resident, move to seclusion or another unit), possibly move the potential victim to a safer housing unit, and could consider using protective isolation but only as a last resort.</p>

The auditor also interviewed the facility's Superintendent, who explained that in the same situation as discussed above with the Chief, he would immediately move the potential threat, monitor closely for any issues, and do what it takes to ensure the child's safety. This would be then communicated with all staff working with the potential threatened child, in order to ensure all staff are aware to monitor closely for any potential aggressive behavior toward the vulnerable resident.

The auditor interviewed 12 randomly selected staff, and each staff member was asked how they would respond to a resident who is at risk of imminent sexual abuse. Each staff member stated they would immediately act to prevent any harm to the resident, and they provided the following examples of how they would immediately take action to protect the resident (not in this particular order):

- removing the threat;
- prevent the potential victim from being around the threat;
- assess the situation and talk with the potential victim to determine more information related to keeping the child safe;
- notify a supervisor or manager;
- locking down all residents, with removing the potential victim from the situation;
- ensure the potential victim feels safe and take care of the situation;
- investigate the situation;
- place alleged threat, if a resident, on a safety-based seclusion; and
- communicate with other staff to ensure the situation is monitored closely.

Conclusion:

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

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Chief - Agency Superintendent <p>Explanation of determination:</p> <p>115.363 (a-c):</p> <p>The agency's PREA Policy on page 16 includes the PREA requirements of provisions (a) - (c) of this Standard, and the corresponding procedures included in the agency's policy are as follows:</p> <p>"When receiving residents from other facilities, the Facility Administrator or designee of the GCJJD 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 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."</p> <p>As indicated by the PREA Coordinator on the PAQ, in the past 12 months, GCJJD received zero allegations that a resident was abused while confined at another facility.</p> <p>115.363 (d):</p> <p>Per the agency's PREA Policy, the agency is required to immediately report to departmental supervisors, law enforcement, and TJJD any knowledge, suspicion, or information received 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). Such a report, as indicated throughout the agency's PREA Policy, would then immediately trigger a criminal and administrative investigation pursuant to the applicable PREA investigative requirements as documented in subsection 115.321 and 115.322 of this report.</p> <p>As indicated by the PREA Coordinator in the PAQ, in the past 12 months, GCJJD received zero allegations of sexual abuse from other facilities and/or programs.</p> <p>The auditor interviewed the agency's Chief, and he advised that either himself or the PC of the</p>

agency would be the point of contact for all allegations received from other agency's. The Chief also clarified, and the auditor verified during the onsite, that the agency only operates one facility. The Chief advised that all allegations received, regardless where from, are investigated to the fullest extent possible and reported to the applicable law enforcement agency and TJJJ.

The auditor also interviewed the agency's Superintendent, and he explained that all allegations are handled the same, regardless of where they are received from, and investigated to the fullest extent possible.

Conclusion:

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

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSO staff - Two JSOs selected and asked specific first responder questions (although, it should be noted that all 12 JSOs were also asked these questions) - One contracted MHP - One contracted medical professional (nurse) <p>Explanation of determination:</p> <p>115.364 (a-b):</p> <p>The agency's PREA Policy on pages 16-17 include the requirements of this PREA Standard, which are documented below:</p> <ul style="list-style-type: none"> -Upon learning that a resident was sexually abused, the first staff member to respond to the report (first responder) is required to report the allegation to an administrator and supervisor and ensure the following duties are performed: <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence; 3. 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 4. 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." <p>Additionally, per the agency's PREA Policy, 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 or supervisor.</p> <p>As indicated by the PREA Coordinator on the PAQ, in the past 12 months, zero allegations were received that a resident was sexually abused.</p>

The auditor interviewed 12 randomly selected JSOs, who are all trained in first responder duties, and each JSO adequately explained how to respond to an incident involving a resident who is a victim of sexual abuse. The responses included, but were not limited to:

- first to separate the alleged victim from the alleged perpetrator;
- preserve and protect the scene;
- advise the victim and perpetrator to not do anything that could destroy physical evidence (staff elaborated on this effectively); and
- ensure the victim receives medical and/or mental health attention as appropriate.

The auditor also interviewed two JSOs, one of the three contracted MHPs, and the contracted medical provider (nurse) questions directly related to first responder duties, and each person was able to articulate clearly their responsibilities in a crisis situation involving responding to a victim who has just been sexually abuse or assaulted. Each staff demonstrated to the auditor that they were effectively trained and sufficiently understood the requirements of a first responder pursuant to the PREA Standard, and provided examples of how they would respond, such as: separating the victim from the perpetrator, preserving and protecting the scene (allowing for the GCSD criminal investigators to collect the evidence), advising the victim and perpetrator to not do anything that could destroy physical evidence, and notify medical and/or mental health. It is also important to note that each staff member was fully aware that they are not responsible for collecting any physical evidence and to only preserve and protect this evidence until criminal investigators with GCSD arrive to collect.

Conclusion:

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

115.365	Coordinated response
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.365</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Galveston County Sexual Assault Response Team (SART) Cooperative Working Agreement - Child Advocacy Center Working Protocol <p>Interviews:</p> <p>-</p> <p>Site Review Observations:</p> <p>During the onsite audit</p> <p>Explanation of determination:</p> <p>115.365 (a):</p> <p>The agency provided the auditor with a written institutional plan (PREA Policy page 17) that includes a description of coordinated actions that will be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This comprehensive plan provided includes the following procedures, as verified by the auditor:</p> <p>"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 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 or 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:</p> <ol style="list-style-type: none"> 1. Assessing the victim's acute medical needs; 2. Informing the victim of his or her rights under relevant State and Federal law; 3. Explaining the need for a forensic medical exam and offering the victim the option of undergoing one; 4. Offering the presence of a victim advocate or a qualified staff member during the exam; 5. Providing crisis intervention counseling; 6. Interviewing the victim and any witnesses; 7. Collecting evidence; and 8. Providing for any special needs the victim may have." 	

Additionally, the agency provided the auditor with supplemental documents that sufficiently demonstrate further how the agency ensures such a coordinated response between multiple agency's and individuals are effectively initiated and carried out. The documents include the Child Advocacy Center Working Protocols and the Galveston County Sexual Assault Response Team (SART) Working Agreements. Both documents include a detailed and comprehensive plan describing the roles and responsibilities of each affiliate, including the Galveston County Criminal District Attorney's Office, Galveston County Sheriff's Office, The Resource and Crisis Center of Galveston County, medical professionals from the ABC Clinic and SANE Nurses from University of Texas Medical Branch (UTMB), The Advocacy Center of Children, Children's, Child Protective Service (CPS), all law enforcement in Galveston County, and mental health and crisis therapist.

The auditor interviewed the agency's Superintendent, and he explained the following agency procedures for responding to an incident of sexual abuse, as it relates to the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership:

- first, remove the alleged perpetrator from the situation;
- follow first responder protocols (as explained in subsection 115.364 of this report);
- report the allegation to GCSD (responsible for criminal investigation) and TJJD (State oversight agency);
- contact the PC and facility leadership to advise of the situation;
- complete a TJJD Incident Report;
- contact medical and mental health professionals to assist the child, if needed;
- arrive for SANE/SAFE exam;
- ensure criminal investigation has been initiated by GSCD;
- conduct own administrative investigation;
- contact victim advocate to assist the victim through the process

Conclusion:

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

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Chief <p>Explanation of determination:</p> <p>115.366 (a-b):</p> <p>Per 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>The agency's Chief advised the auditor during the onsite that the agency has not entered into or renewed any collective bargaining agreements or other agreements since August 20th, 2012.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Chief - Agency Superintendent - Agency PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.367 (a-e):</p> <p>Upon review of the agency's PREA Policy, the auditor determined that the agency's PREA Policy on pages 17 and 18 include all the elements required by this PREA Standard for agency protection against retaliation, and the applicable agency specific procedures are as follows: "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 for monitoring potential retaliation and the implementation of protective measures to address any allegation of retaliation. Protective measures that may be employed include:</p> <ol style="list-style-type: none"> 1. Change of housing assignment; 2. Transfer of resident victim or resident abuser; 3. Reassignment of staff members; 4. Administrative leave and/ or progressive discipline for staff member that retaliate; and 5. Emotional support services for residents or staff who fear retaliation for reporting." <p>Additionally, "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."</p> <p>As indicated in the PAQ, the agency designates the Director, Deputy Director (who is also the PC), and the Detention Superintendent (who is also one of the PCM's) as responsible for</p>

monitoring any possible retaliation.

The agency indicated in the PAQ that zero incidents of retaliation occurred in the past 12 months.

The auditor interviewed the agency's Chief during the onsite, and he explained the measures the agency would take to protect residents and staff from retaliation for reporting and/or cooperating with an investigation of sexual abuse or sexual harassment. Such measures include: encouraging residents and staff to immediately report any retaliation witnessed or talked about, investigate any allegation of retaliation, strictly enforce disciplinary action for any resident or staff found to have retaliated, remove any staff from the facility who are potentially involved in any type of retaliation, move residents around to different housing units if needed, ensure the resident or staff who are the recipient or alleged recipient of the retaliation are monitored closely and kept safe- away from any potential harm.

The agency's Superintendent was also interviewed by the auditor, and he explained the different measures he would take to protect residents and staff from retaliation for reporting and/or for cooperating with an investigation. He advised how he would remove the alleged retaliator until the investigation is complete, follow-up with disciplinary hearings as applicable, terminate employment if warranted, monitor the alleged victim of the retaliation closely and check in periodically to ensure the child's safety. He would also review disciplinary records, behavioral records, and other documents to ensure no retaliation is continuing. The Superintendent explained that he would conduct formal disciplinary reviews and enforce disciplinary action for all perpetrators of retaliation, as well as notify law enforcement of the behavior suspected or confirmed.

The auditor interviewed the PC, who would be in charge of monitoring for any type of retaliation for any sexual abuse or sexual harassment allegation, and he explained the role he would take for preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment allegations. The PC elaborated on how he would ensure all residents and staff are aware that they can report any retaliation they witness or have knowledge of without any negative recourse. He also explained how he can move residents around to different housing units if needed, and place staff on administrative leave if necessary. The PC talked about how he would regularly check in on the resident or staff member who made the report to ensure their safety and to follow-up to inquire on if any retaliation has occurred. He explained that he would monitor for retaliation the entire time the alleged victim is in the facility, and watch for abnormal behavior, such as: withdrawn, not eating, unusual disciplinary reports or behavioral reports, etc. The PC also described how he would also be in contact with the agency's mental health providers to ensure the child is ok.

115.367 (f):

N/A. The auditor is not required to audit this provision.

Conclusion:

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSO Staff - One JSO staff who can supervise residents in protective isolation - Two MHPs - One Medical Nurse <p>Site Review Observations:</p> <p>During the onsite, the auditor never observed a resident being isolated from the general population due to being at risk of or involved in any type of sexual abuse or sexual harassment incident or allegation. Every staff member the auditor talked with about protective isolation onsite advised that they have never placed a child on protective isolation due to a sexual abuse or sexual harassment threat, incident, or allegation.</p> <p>Explanation of determination:</p> <p>115.368 (a):</p> <p>The auditor verified that the agency includes all the requirements of this PREA Standard in their PREA Policy on page 12. The agency states in this policy that they have the option to utilize a protective isolation to protect residents, and the requirements and procedures for such an isolation are detailed below:</p> <p>"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."</p> <p>The agency indicated in the PAQ that zero residents have alleged to have suffered sexual abuse in the past 12 months, and therefore zero residents were placed in protective isolation</p>

as a result of either being at risk of being sexual abuse or at risk of continued sexual abuse (post allegation).

During the onsite, the auditor interviewed the agency's Superintendent, and he advised that he has never had to place a resident who has reported, been involved in, or been at risk of sexual abuse or sexual harassment in any type of protective isolation. He advised further that if such a case were to occur, protective isolation would be used as a very last resort and only until an alternative means of keeping all residents safe can be arranged. The auditor followed up with a hypothetical situation involving the facility making the call to place a resident on protective isolation due to no other means of keeping the resident safe, and asked the Superintendent how he would handle such a situation. The Superintendent advised that he doesn't feel the child would need to be isolation more than one day, and he and other administrators would quickly evaluate the child's situation and develop an alternative plan of keeping the child safe without isolation involved (i.e., move residents around to different housing units).

It should be noted that all JSOs in the facility are trained and able to supervise residents in isolation; although out of the 12 random JSOs interviewed, all stated they have never had to supervise a resident on any type of protective isolation related to a sexual abuse or sexual harassment allegation or incident. The auditor did ask one staff member specific interview questions related to the hypothetical situation of having to supervise a resident in a protective isolation, and this JSO explained how if a resident was on a protective isolation, he/she would still have access to normal programming, privileges, education/special education, and work opportunities. He stated that the facility would make the protective isolation program as normal as possible, and ensure the child does not feel as though he/she is any type of trouble. The JSO also advised that such an isolation would only last until alternative means of separation from the likely abusers are arranged, and the isolation would most likely only last a day or two- with daily reviews to determine if continued isolation is needed. The JSO explained further that any protective isolation situation would be evaluated on a case-by-case basis, and mental and medical care would be provided as needed (with checks being done daily).

The auditor also interviewed two of the agency's Mental Health Providers and one of their medical providers, and each practitioner confirmed that no such protective isolation have occurred in the facility that they were aware of. They explained that if a resident was placed in a protective isolation due to a sexual abuse or sexual harassment incident, allegation, or threat of, the agency would ensure the child receives daily medical and mental health care.

Conclusion:

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

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.371

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

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy / Last updated: December 2015
- GCJJD Abuse, Neglect, & Exploitation Policy
- Texas Juvenile Justice Department (TJJD) Certificates of Completion for Internal (Administrative) Investigations and Specialized Sexual Abuse Investigations
- Course description for the above training
- Texas Municipal Police Association Certificate of Training for Advanced Child Abuse Investigations
- Sexual Harassment Allegation Administrative Investigation File (2019)

Interviews:

- Administrative Investigative Staff (also the PC)

Explanation of determination:

115.371 (a):

The auditor was provided two GCJJD policies that include procedures related to criminal and administrative agency investigations, which include the agency's PREA Policy and Abuse, Neglect, & Exploitation Policy. The auditor was able to confirm that each policy includes detailed procedures for how the GCJJD is responsible for conducting prompt administrative (internal) investigations and how the Galveston County Sheriff's Office (GCSO) is required to conduct all criminal investigations.

Additionally, the agency's PREA Policy on page 9 explains that the GCJJD is required by local policy and Texas Administrative Code (TAC) Standards to report all allegations of sexual abuse to local law enforcement GCSO and to the Texas Juvenile Justice Department (TJJD). The GCSO must be notified immediately but no later than one (1) hour of when an allegation is initially made, and TJJD must be contacted via phone within four (4) hours of the time the person gains knowledge of or suspects the allegation occurred. Additionally, this Policy states that allegations of sexual harassment will be investigated in the same manner as sexual assault (sexual abuse) and evaluated for the existence of criminal behavior and/or emotional abuse, and that administrative investigations are required to be conducted within 30 days of the sexual abuse or sexual harassment allegation being made.

Furthermore, the agency's Abuse, Neglect, and Exploitation Policy on page 12 outlines the following agency specific procedures related to conducting an administrative investigation:

"The GCJJD will begin conducting an internal investigation immediately upon the Director,

Deputy Director Casework/Special Programs/Detention or their designee gaining knowledge of the alleged abuse, neglect, exploitation or death. The Director, Deputy Director of Casework, Deputy Director of Special Programs, Deputy Director of Detention, Detention Superintendent, or Supervisor of Special Programs will conduct a comprehensive Internal Investigation. The GCJJD will cease/postpone its investigation if directed by the Sheriff's Office, TJJD, or if the investigation compromises the integrity of a potential evidence or crime scene. 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 staff member shall have no contact with the alleged victim(s) or the alleged victim(s) family. Additionally, the staff shall not have any contact with individuals who are under the supervision of the Department, are participating in a juvenile justice program, or are under the jurisdiction of the Court pending the outcome of the internal investigation. In the event the person who is alleged to have abused, neglected, or exploited a juvenile resigns or is terminated, the TJJD will be notified of such event no later than the second business day after the resignation or termination. At the conclusion of the investigation, appropriate measures will be taken by administration to ensure the safety of the juveniles. This may include disciplinary action, reviewing departmental policies and procedures, modifying policies and procedures and/or providing additional training. No prospective employee who is the subject of an internal investigation for abuse, neglect, or exploitation with another department will be placed in a position having contact with any juveniles until the disposition of the internal investigation is finalized in the county of previous employment."

As noted previous in this report, under subsection 115.322, the agency indicated in the PAQ that, in the past 12 months, the agency has received zero allegations of sexual abuse and sexual harassment; therefore, no such administrative or criminal investigations were conducted.

It should be noted that the agency investigated a complaint made by a juvenile in 2019 that involved a staff member allegedly making one inappropriate and derogatory comment about a resident's body part (chest). Upon review of the administrative investigation file on the allegation that was provided to the auditor, the auditor determined that this allegation did NOT meet the criteria for a sexual harassment or sexual abuse allegation, as per the related PREA definitions. However, even though this allegation did not reach the level of sexual harassments (per PREA's definition), the auditor felt it important to add this information in this report to demonstrate how the agency responded to the allegation and exceeded the requirements of this PREA Standard. The investigative files included documentation that sufficiently demonstrated that the allegation was referred to TJJD as soon as the allegation was made, and documentation provided that the administrative investigation began the same day. TJJD classified the allegation as a grievance and not a serious incident (not sexual abuse or sexual harassment type allegation); however, the agency continued the administrative investigation to the end, as indicated in the documentation. The investigation included, but was not limited to, interviews with staff and residents and a review of corresponding video, audio, and document review. The agency's disposition of the investigation was noted as staff misconduct and the staff member was administratively disciplined accordingly. The PC advised that the resident who made the allegation was made aware of the outcome of the investigation.

The auditor interviewed one of the agency's administrative investigative staff, who is also the

agency's PC, and asked him questions related to the requirements of this PREA Standard. The PC explained the process of conducting an administrative and criminal investigation, with GCSD responsible for conducting all criminal investigations in the facility. He advised that both an administrative and criminal investigation would be initiated immediately for any allegation of sexual abuse or sexual harassment, and that all anonymous and third-party reports of sexual abuse and sexual harassment would be handled the same as any other investigation; with focusing on quickly determining who is the victim in an anonymous or third-party report through reviewing camera footage and interviewing.

115.371 (b):

As noted in subsection 115.334 of this report, the agency provided the auditor with multiple training certificates related to training in how to conduct sexual abuse investigations in confinement settings. Additionally, the agency reported in the PAQ that they have five (5) investigators currently employed who have completed the required training. The following is a list of trainings that administrative investigators have attended, as per the certificates provided:

- 11.50 credit hour course from TJJD on how to conduct investigations in juvenile confinement facilities (Completed by the PREA Coordinator in 2013).
- 24 credit hour course from the Texas Municipal Police Association in recognition form completing training on advanced child abuse investigations (Completed by the Director of the GCJJD in 2013).
- 12 credit hour course from TJJD on Internal Investigations and Specialized Sexual Abuse Investigations (Completed by 4 administrative investigators, including the PC, in 2018).

It is important to note that the agency's only conducts administrative investigations, and the Galveston County Sheriff's Office handles all criminal investigations, as indicated previously in this report in section 115.321 and 115.322.

The specialized training the administrative investigators were provided included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was verified by the auditor through a review of the course description provided by the agency to the trainings attended. In addition to the PREA investigative training requirements as listed above, the trainings also covered the following topics:

- utilization of first responders to enhance the investigative process;
- the different types of evidence available to the administrative investigator;
- dispel myths related to interviewing victims of abuse by addressing the principles of trauma-informed victim interviewing;
- a break down of the different types of sexually abusive behaviors and outlines the basics for investigating each type;
- identifying the obstacles and difficulties of investigating sexual abuse cases;
- solutions for overcoming those obstacles;
- important information to remember when conducting interviews and interrogations;
- key differences between interview and interrogation;
- provide the basics for conducting a formal interview; and
- report writing.

Lastly, as noted above, the agency indicated in the PAQ that in the past 12 months the agency

has received zero allegations of sexual abuse and sexual harassment; therefore, no such administrative or criminal investigations were conducted.

The auditor interviewed one of the agency's administrative investigative staff members, who is also the PC for the agency, and he explained that he, and the other administrative investigators, received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He explained that it was provided by TJJD (from the Administrative Investigations Division) and geared towards abuse (to include sexual abuse and sexual harassment), neglect, and exploitation. The training also included how to conduct interviews, secure the scene, techniques for interviewing juvenile sexual abuse victims and perpetrators, the proper use of Miranda and Garrity warnings, sexual abuse evidence and collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral (with all allegations being referred to law enforcement for criminal investigation and prosecution).

115.371 (c):

As noted in the agency's PREA Policy on page 18, the GCJJD does not conduct criminal investigations, evidence collection, or interviews for the purpose of criminal prosecution; all criminal investigations are conducted by the GCSO. However, the agency's PREA Policy explicitly states that 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. Additionally, this Policy also explains that all investigations 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, as required by this PREA provision.

The PC explained the initial steps of initiating an administrative investigation, which would be to first ensure the victim's safety and remove the alleged perpetrator from the area. If the alleged perpetrator is a staff member, the PC advised that this staff would be immediately relieved of duty and sent home on administrative leave until further notice. If the alleged perpetrator is a resident, this resident would be moved away from the victim and possibly placed on a disciplinary seclusion or safety-based seclusion during the investigation. He would ensure that local law enforcement and TJJD have been contacted, and then follow-up with the Galveston County Criminal Investigations Division (CID) to provide a point of contact and information needed for the criminal investigation and for his own administrative investigation. The PC described the first responder procedures, as outlined in subsection 115.364 of this report, and advised that he would ensure the crime scene is off limits to anyone who is not a trained investigator and all evidence is preserved and protected. During the administrative investigation, the PC explained that he would also conduct oral and written interviews and review camera footage. The parents and attorneys of the resident's involved would be notified within 24 hours, and a TJJD Internal Investigative Report would be completed and submitted to TJJD within five days after the alleged incident.

115.371 (d-k):

The auditor confirmed that the agency's PREA Policy on pages 18-19 include all the requirements of this PREA Standard, and the following procedures were verified by the auditor to be included in this Policy:

- 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.
- 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 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.

It is important to add that the PREA Coordinator indicated in the PAQ that the number of substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the agency's last PREA audit was zero. Furthermore, the agency indicated in the PAQ that in the past 12 months the agency has received zero allegations of sexual abuse and sexual harassment; therefore, no administrative or criminal investigations have been conducted within that particular time period.

The PC advised that an investigation would not terminate if the source of the allegation recants his/her allegation, and the investigation would continue until the disposition of the case is determined. The PC also explained that he would consult with prosecutors before conducting any compelled interviews, and that all allegations are referred to the GCSD for criminal investigation and possible criminal prosecution. The PC advised he would not judge the credibility of an alleged victim, suspect, or witness; and that all allegations are taken seriously, reported as required, and investigated. The PC also described to the auditor the efforts he would make during administrative investigations to determine whether staff actions or failures to act contributed to the sexual abuse, such as: review audio and video evidence, interview all involved, and conduct a thorough and comprehensive investigation of all the facts and circumstances surrounding the allegation. The PC explained that the entire administrative investigation would be documented on a TJJD Internal Investigation Report and provided to TJJD within 5 days of the initiation of the investigation. The TJJD report includes, but is not limited to, the following: names of people and residents involved; witness statements; summary of allegation and the who, what, where, why, and how; relevant times and dates; case numbers; law enforcement agency information; evidence collected and/or reviewed; findings; training records; and disposition. The PC explained that all criminal investigations are conducted by the GCSD (by their Criminal Investigative Division), and they document their

investigations on their own reports. The PC also described how he would proceed an administrative investigation when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. He advised in the interview that he would still continue his investigation and would notify the CID and TJJD that the employee terminated his/her employment. Also, the auditor provided the PC the same narrative but with a resident victim leaving the facility prior to a completed investigation into the allegation, and the PC advised that he would follow-up with the family (parent/guardian) to ensure the child is ok and continue the investigation.

115.371 (l):

N/A. The auditor is not required to audit this provision.

115.371 (m):

The agency's PREA Policy on page 18 includes the requirements of this PREA provision and states, "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.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - PC (as one of the agency's designed administrative investigators) <p>Explanation of determination:</p> <p>115.372 (a):</p> <p>The agency's PREA Policy on page 19 outlines the evidentiary standard for administrative investigations, and this policy states the following:</p> <ul style="list-style-type: none"> - the GCJJD will make determinations whether an allegation of sexual abuse or sexual harassment is substantiated based on a preponderance of the evidence. <p>The PC, who is one of the agency's designated administrative investigators, explained to the auditor during his interview that he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He also described an administrative investigation involving the allegation of possible sexual harassment in 2019 (described in subsection 115.322 of this report), and how he verbally advised the resident who made the allegation as to the outcome of the investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC)- who is one of the designated administrative investigators - The facility's Superintendent <p>Explanation of determination:</p> <p>115.373 (a-e):</p> <p>The agency's PREA Policy on pages 19 and 20 describe the requirements of this PREA Standard, and the following related agency specific procedures are included in this Policy:</p> <p>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:</p> <ol style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>An alleged victim of sexual abuse by another resident, who is still in the custody of the GCJJJD, will be notified by the department whenever:</p> <ol style="list-style-type: none"> 1. The department learns that the alleged abuser has been indicted/adjudicated on a charge related to sexual abuse within the facility; or 2. 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. <p>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.</p>

Additionally, if an outside entity conducts such investigations, the GCJJD requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The agency indicated in the PAQ that the Department would stay informed and in contact with the criminal investigative agency to keep the victim informed of the process and outcome of the investigation.

Furthermore, as noted throughout this report, the agency indicated in the PAQ that they have not had a resident make an allegation of sexual abuse in the past 12 months, and therefore the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months is zero.

The PC, who is one of the agency's designated administrative investigators, explained to the auditor during his interview that he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He also described an administrative investigation involving the allegation of possible sexual harassment in 2019 (described in subsection 115.322 of this report), and how he verbally advised the resident who made the allegation as to the outcome of the investigation.

Additionally, the auditor also interviewed the agency's Superintendent, and he explained how the facility is required to notify a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. As mentioned throughout this report, the agency has not had a true allegation of sexual abuse or sexual harassment in the facility to investigation in the past 12 months, and therefore no such notice has been provided. Although, the Superintendent advised that if such an investigation was to occur, he felt as though the facility would provide the outcome of the investigation via a memo or letter so that the notification would be documented.

115.373 (f):

N/A. The auditor is not required to audit this provision.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Explanation of determination:</p> <p>115.376 (a-d):</p> <p>The agency's PREA Policy on page 20 outlines the requirements of this PREA Standard and states the following:</p> <ul style="list-style-type: none"> - Staff members of the GCJJD 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 member's licensure. <p>In the past 12 months, the agency indicated in the PAQ that zero staff from the facility have violated agency sexual abuse or sexual harassment policies; therefore, zero staff have been terminated for such action.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent <p>Explanation of determination:</p> <p>115.377 (a-b)</p> <p>The agency's PREA Policy on page 20 includes a section related to the requirements of this PREA Standard, and the agency specific procedures are as follows:</p> <ul style="list-style-type: none"> - the GCJJD 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. <p>Additionally, as indicated by the PREA Coordinator in the PAQ, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents due to no such allegations or actions being reported by anyone involved with the Department.</p> <p>The auditor interviewed the agency's Superintendent, and he explained that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take immediate remedial measures and prohibit further contact with residents. The Superintendent elaborated further, and stated that any contractor or volunteer involved in this type of allegation would not be allowed into the facility or granted any type of access to juveniles. He explained how a notice would be posted in the control room so that the staff working the control room would know not to let this person in the secure facility, and to notify a supervisor if the person enters the public lobby area.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.378</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency's Superintendent - Agency PREA Coordinator (PC) - Agency's Contracted Mental Health (2) - Agency's Contracted Medical Professional <p>Site Review Observations:</p> <p>During the onsite the auditor reviewed a random sample of 10 disciplinary seclusions from calendar year 2019, and out of the ten randomly selected, zero involved any type of PREA related incident.</p> <p>Explanation of determination:</p> <p>115.378 (a-f):</p> <p>The agency's PREA Policy on pages 20-21 include the requirements of this PREA Standard, and this Policy addresses the following related procedures:</p> <ul style="list-style-type: none"> - Residents of the GCJJD 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.

The agency reported in the PAQ that the GCJJD does not discipline residents for sexual conduct with staff, regardless if the staff member did or did not consent to such contact, and in the past 12 months the agency reported in the PAQ that they have had zero administrative findings of resident-on-resident sexual abuse that have occurred at the facility.

Additionally, it should be noted that TAC Standard §343.276 (Formal Disciplinary Reviews for Major Rule Violations Effective Date: 6/1/16) requires the MRJJC to comply with the following:

- A resident shall receive a formal disciplinary review before disciplinary seclusion is imposed unless the review is waived in writing by the resident.

The auditor was advised by the PC that the agency has not placed a resident in a disciplinary sanction (seclusion) for resident-on resident sexual abuse since he has worked at the facility (going back before their first PREA audit in 2016). In order to verify this information, the auditor reviewed a random sample of 10 disciplinary seclusions from calendar year 2019 while onsite, and out of the ten randomly selected, zero involved any type of PREA related incident.

Additionally, the auditor interviewed the facility's Superintendent, and he advised that the following disciplinary sanctions are at the agency's disposal following an administrative or criminal finding a resident engaged in resident-on-resident sexual abuse:

- criminal charges;
- disciplinary seclusion;
- safety-based seclusion; and
- move the perpetrator to another housing unit.

The Superintendent also advised that the resident's mental disabilities or mental illness would be taken into consideration when determine what type of sanction to impose, if any.

One of the agency's contracted MHPs advised that her agency offers crisis intervention and general counseling in the facility to all residents, but therapy or counseling directly designed to address and correct the underlying reasons or motivations for sexual abuse of offending residents is not offered in the facility by her agency at this time. However, this MHP explained that there are out-patient services available for resident perpetrators of sexual abuse that can be made available through another mental health service agency.

The auditor interviewed another contracted MHP, and she provided the different agencies that offer services to resident offenders of sexual abuse, and confirmed that her agency does not specialize in this type of treatment. The MHP discussed different sex offender treatment programs that would be made available, as well as licensed sex offender therapist that could be brought in to assist with treatment and counseling.

The medical provider interviewed explained to the auditor that she felt that therapy and counseling for a perpetrator of resident-on-resident sexual abuse would be made available, but that she has not experienced a situation involving a resident alleging or being involved in a

sexual abuse incident in the facility.

All three of the practitioners advised that any mental health or medical services available would be provided to all residents, regardless of their situation or behavior, and there would not be any type of condition required to receive the services.

115.378 (g):

The agency indicated in the PAQ and the same is true in their PREA Policy on page 21 that the GCJJD prohibits all sexual activity between residents.

Conclusion:

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Noble PREA/Behavioral Screening/Unit Classification - Detention Services Mental Health Follow-up Form - Email notification of follow-up meetings - Gulf Coast Center Crisis Screening Form <p>Interviews:</p> <ul style="list-style-type: none"> - Intake Supervisor (JPO) - Two of the agency's contracted MHPs - One of the agency's contracted medical providers <p>Site Review Observations:</p> <p>During the onsite phase of the audit, the auditor reviewed seven (7) randomly selected resident files in order to verify if the agency was in compliance with PREA Standard 115.341 and 115.381, and upon review the auditor determined that all seven files included the agency's PREA/Behavioral Screening/Unit Classification Screening Report (objective risk screening tool). Each of the seven Behavioral Screenings indicated that the screenings were completed within a few hours (2-4 hours) of each child being admitted into the facility, clearly exceeding the provision requirement of completion within 72 hours a juvenile's entry into the facility pursuant to PREA Standard 115.341 (a). Also during the onsite, the auditor observed an intake officer conduct the PREA Behavioral Screen on a newly admitted resident, and the JPO asked the resident questions directly from the Behavioral Screening. This officer ensured the resident understood what was being asked by reiterating the questions and reflecting the juvenile's answers back to the juvenile. The JPO entered the child's responses in the computer screening tool, and at the end of questioning the tool calculated the answers of each question into a score of either elevated risk or standard risk. A report was then generated and placed in the resident's file. This particular juvenile's assessment was scored as standard risk and no further action was required.</p> <p>Additionally, the auditor also observed during the onsite how all sensitive documents of residents are kept secured in the intake area in a locked filing cabinet.</p> <p>Explanation of determination:</p> <p>115.381 (a-d): The agency's PREA Policy on page 21 outlines the requirements of this PREA Standard, and</p>

the agency specific procedures are as follows:

- 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.

It is important to note that all the residents in the agency's facility are under the age of 18.

Additionally, the agency also provided the auditor in the PAQ an example of their Noble PREA/Behavioral Screening/Unit Classification report that demonstrates how residents that score as being vulnerable to sexual abuse or at risk of potential sexual abusiveness are flagged and referred for a mental health screening pursuant to the requirements of this PREA Standard. For example, the report provided shows indicated the following, "the resident has been identified through this screening device as having experienced prior sexual victimization or perpetrated sexual abuse; therefore, resident has been referred for mental health screening, to be conducted with 14 days, in compliance with PREA 115.381." It is important to add that this report also identifies the name of the resident, time and date of when the assessment was completed, the staff member's name who completed the assessment, age of resident, personal identification number of the resident, and the final risk score (either elevated risk or standard risk). The agency also provided a Detention Services form that demonstrates how the mental health provider (MHP) conducts the follow-up meeting. This form includes the following information:

- name of resident being referred and seen;
- resident's date of birth, age, and sex;
- referral date, location, and who this form was referred to;
- type of mental health assessment provided and treatment necessary;
- a space for the MHP and resident to initial indicated if the resident was shown the PREA PowerPoint Presentation and explained the procedure for reporting sexual abuse; and
- the follow-up date pursuant to the requirements of this PREA Standard.

The agency also provided the auditor with an email correspondence and a Gulf Coast Center Crisis Screening form that demonstrate further the means of documentation and communication between Department supervisors and the mental health unit pursuant to the requirements of this PREA Standard.

As indicated by the agency in the PAQ, in the past 12 months, 100 percent of residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical

or mental health practitioner. However, upon review of the PREA Behavioral Screenings for the seven residents selected for the resident file review, the auditor determined that two of the resident's Behavioral Screens indicated the residents were victims of prior sexual abuse and one as a perpetrator of sexual abuse. The agency provided the auditor with the completed Detention Services- Galveston County counseling referral/assessment forms for two of the residents (one victim and one perpetrator), although the agency was unable to locate a mental health referral/assessment form for ONE of the resident victims of sexual abuse. However, it should be noted that the auditor interviewed the resident, whom the agency was unable to provide the follow-up mental health documentation for, in order to assess if the child recalled meeting with a MHP or medical practitioner after being admitted into the facility. The resident did in fact recall talking with a mental health professional, who he explained was a Psychologist, within one week of being admitted into the facility, and the auditor determined that the agency was in compliance with the follow-up requirements of this PREA provision. Additionally, the auditor verified that the two referral/assessment forms provided for the other two residents included documentation proving the residents were met with by a mental health professional within 14 days of being admitted into the facility.

In addition, the auditor also interviewed the longest tenured contracted MHP for the agency, and she explained the agency's requirement of providing a mental health assessment (face-to-face meeting) for every resident admitted into the facility, and how every mental health meeting conducted is documented on the agency's mental health referral/assessment form. The auditor used this information as reinforcement that mental health follow-ups are being conducted and institutionalized in the facility for every child admitted, regardless of the risk level or prior abuse or victimization. The auditor discussed the requirements of this PREA provision with the PC and the longest tenured MHP while onsite, and a recommendation was made to provide the mental health unit the resident's PREA Behavioral Screening Reports of every resident who scores as elevated risk and/or all residents who have disclosed any prior sexual victimization or abusiveness (*this alert is automatically added by the screening tool on the first page of the report- in red text). This Report then can be used as an official referral for all PREA related services, and the MHPs will have more information related to why the residents need to be seen by a MHP. It is important to point out that the agency's current "Detention Services- Galveston County" mental health referral/assessment form does provide for a section for the MHP to document when the follow-up date for the PREA face-to-face meeting was conducted by the MHP. Even though the agency was not able to provide the one mental health referral/assessment form for the one resident whose risk screening identified the resident as a victim of sexual abuse, the auditor determined this to be an outlier and the agency is in compliance with the requirements of this PREA Standard. Further, as noted above, this resident was interviewed by the auditor and confirmed a mental health professional did meet with him within one week of being admitted into the facility.

Additionally, the auditor interviewed an intake officer (JPO Supervisor), and this JPO explained that every juvenile admitted into the facility, regardless of the reason or situation, is referred to mental health services. If the risk screening indicates the child is either at risk of sexual victimization or abusiveness or the child discloses prior sexual victimization or abusiveness, a referral to mental health services is created via an email or scanned in, per the intake supervisor. The JPO advised that residents admitted in need of a mental health follow-up are referred as soon as possible, usually within a few hours after the JPO is made aware of the situation.

It is important to note in this report that all juveniles admitted into the facility are under the age of 18, and no resident is permitted by Texas Law to remain in a juvenile detention center past the age of 18. The auditor interviewed two of the agency's contracted MHPs and one of their contracted medical providers during the onsite, and all three professionals adequately explained to the auditor how they always disclose the limitations of confidentiality and their duty to report to all residents before the initiation of services are provided. The two (2) MHPs advised that they provide each resident a verbal statement and a written statement (document used provided to the auditor), which provides for the following:

- "I acknowledge that information given to this counselor that discloses any kind of child abuse, abuse of the elderly or abuse of the disabled will be disclosed as is required by state law. I also acknowledge that any disclosure suicidal or homicidal ideation will be disclosed for my safety. Lastly, I recognize that FSC works in partnership with the Galveston County Juvenile Justice system and that any information discussed in this meeting can be disclosed to the Galveston County Juvenile Justice center on request or as it relates to my legal situation."

The two MHPs and one medical provider also explained to the auditor that they are all required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Each of the professionals were asked if they ever have been made aware of such an incident that allegedly occurred in the facility, and each professional stated they have not. Although, one of the MHPs and the medical nurse explained that they've had residents in the past make abuse outcry's to them, but the alleged abuse location was not in the facility but in the community prior to being admitted into the facility. The two professionals explained further that these incidents were immediately reported to facility management and local authorities, and the alleged victims were provided the services required by PREA.

Conclusion:

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Medical Services Form <p>Interviews:</p> <ul style="list-style-type: none"> - Two of the agency's contracted MHPs - One of the agency's contracted medical providers <p>Explanation of determination:</p> <p>115.382 (a-d):</p> <p>The agency's PREA Policy on pages 21-22 include the requirements of this PREA Standard, and the agency specific procedures are as follows:</p> <ul style="list-style-type: none"> - The GCJJD 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. <p>Additionally, the auditor was also provided the agency's Medical Service form that may be used by medical and mental health staff to document the timeliness of emergency medical treatment and crisis intervention services that were provided, the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor interviewed two contracted MHPs and one of the agency's medical practitioners while onsite, and each practitioner confirmed that a resident victim of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention</p>

services. They all explained that they have never experienced a situation involving a resident who has alleged sexual abuse in the facility, but that if such an incident were to occur they all felt as though the victim would receive all the services pursuant to this PREA Standard. All three practitioners also advised that timely to them meant immediately, and the nature and scope of all medical and mental health services is determined according to their professional judgement.

In addition, the two MHPs and the one contracted nurse explained how resident victims of sexual abuse while incarcerated would be 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. The practitioners explained how such procedures would be handled at the Hospital where the SANE/SAFE exam would take place, and any beneficial aftercare services would also be provided to ensure the victim is provided all the requirements pursuant to this PREA Standard.

All the JSOs in the facility are trained first responders, and so are the contracted mental and medical health providers. The auditor asked each of the 12 randomly selected JSOs, and the three interviewed medical and mental health providers, if they have been trained on taking preliminary steps to protect a resident victim of sexual abuse. Each of the staff members advised that they would follow the first responder duties as documented in subsection 115.362 of this report, and they all understood and explained how emergency medical or mental health services would be provided as soon as possible, if not immediately. Each staff member provided specific procedures, such as: separate the victim from the alleged perpetrator; preserve and protect the scene; report to local authorities, TJJJ, and facility managers; advise the victim and perpetrator to not do anything to damage physical evidence (with examples provided); provide medical and mental health care services; and ensure the child is referred for a SANE/SAFE and provided a victim advocate.

Conclusion:

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

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383

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

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy / Last updated: December 2015

Interviews:

- Two contracted MHPs
- One contracted medical provider

Explanation of determination:

115.383 (a-h):

The agency's PREA Policy on page 22 includes all the requirements of this PREA Standard, and the agency specific procedures are as follows:

The GCJJD 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.

The auditor interviewed two of the agency's MHPs and one of the agency contracted nurses, and all three practitioners advised that evaluation and treatment of residents who have been victimized entails a multitude of services, such as:

- crisis intervention;
- daily check-ins by medical and mental health professionals;
- recommendations and referrals made to outside services;
- follow-up care after the child is released from the facility;

- family counseling;
- medical exams; and
- victim advocate services.

Additionally, each of the three practitioners sufficiently explained the level of care the facility would provide to a victim of sexual abuse, which was described as, at a minimum, consistent with the community level of care. The practitioners also expressed how care would be provided by community service agencies, such as victim advocates and other crisis intervention agencies that help with victims of sexual abuse. Furthermore, if pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services, as confirmed by the two MHPs and one contracted agency nurse. As documented throughout this report, the three practitioners have never experienced or have had any knowledge of a resident in the facility who alleged sexual abuse or was involved in a sexual abuse incident; however, they did confirm to the auditor that they feel as though the facility would attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and would offer treatment when deemed appropriate by mental health practitioners.

Conclusion:

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Galveston County Sexual Abuse Incident Review Form <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent - PC (who is a member of the Sexual Abuse Incident Review team) <p>Explanation of determination:</p> <p>115.386 (a-e):</p> <p>The agency's PREA Policy on pages 22-23 includes the requirements of this PREA Standard, and the agency specific procedures related to this standard are as follows:</p> <ul style="list-style-type: none"> - 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: <ol style="list-style-type: none"> 1. consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. consider whether the incident or allegation was motivated by race, ethnicity; gender identity, lesbian, gay bisexual, transgendered, or intersex identification, status/ perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 3. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse; 4. assess the adequacy of staffing levels in that area during different shifts; 5. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. 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.

Additionally, the agency provided the auditor in the PAQ their Galveston County Sexual Abuse Incident Review five (5) page Form that includes the following information:

- Date

- Names of review team members

- Summary of incident, including date and time:

- PARTNERING WITH COMMUNITY SARTs: A GUIDE FOR COMMUNITY CONFINEMENT AND JUVENILE DETENTION FACILITIES (answering the following questions):

1. Did a team member respond to the victim at the time of the incident?

2. List name of responding staff person, date and time of contact with resident/victim

3. Did the resident/victim require medical care? If yes, list the name and address of the medical provider, and the date and time that treatment was received.

4. Was the resident/victim informed of services offered by (insert name of rape crisis center/victim advocacy program), such as counseling?

5. Did the resident/victim agree to receive in house services?

6. Was the resident/victim informed of community-based services related to his or her specific need?

7. Were mental health services recommended? If yes, did the resident/victim agree to receive mental health services?

8. Was a mental health evaluation scheduled for the resident/victim within 60 days from the date of knowledge? If yes, list the date and time of scheduled evaluation.

- POLICIES AND PROCEDURES:

9. Was the resident/victim informed of confidentiality and duty to report?

10. Was the perpetrator identified? If yes, List the name, status (resident or staff person), and facility location.

11. Did the resident/victim indicate feeling uncomfortable with any specific residents or employee in the facility? If yes, list name, job title (if relevant), and facility location of all persons named by client/victim. Also, state why the resident feels uncomfortable around the named individuals.

12. Did the facility employee(s) respond to the incident according to agency policies?

13. Is any additional employee training recommended to improve understanding of, or response to, resident sexual victimization? If yes, indicate areas in which training is recommended.

- REPORTING

14. Was the response to the resident/victim timely? If no, what caused a delay in services to the client/victim?

15. Were the resident/victim's emergency contacts notified?

16. Was law enforcement contacted? If yes, which agency?

17. Did law enforcement respond to the scene of the accident?

18. Was the location of the alleged sexual assault secured?

19. Was evidence removed from the scene by law enforcement? If yes, list known items removed from the scene:

20. Were documents related to this incident completed accurately?

21. Was any pertinent information overlooked or omitted? If yes, please identify:

22. Please list the whereabouts of the resident/victim as of the date of this document. (Check all that apply.)

- Removed from the program
- Transferred to facility
- Client hospitalized (name of hospital:)
- Other (specify):

23. Please list the whereabouts of the perpetrator as of the date of this document. (Check all that apply.)

- Transferred to facility
- Placed in secure custody
- Unknown
- Other (specify):

- PROCESS REVIEW

24. Did someone conduct an on-site review of the location where the incident occurred?

25. Who conducted the review? List names and job titles.

26. Did the review identify any physical vulnerability in the facility? If yes, identify the vulnerabilities noted and planned action steps, including time lines:

27. Are you aware of any media coverage related to this incident? If yes, list the type of media coverage:

- RECOMMENDED IMPROVEMENTS

1. Based on the incident and the agency's response, please list any policies that should be revised. State what changes are recommended and how they would improve our response to, or prevention of, resident sexual victimization at this facility.

2. Based on the incident and the agency's response, please list any improvements to facility security where the violation occurred.

3. Based on the incident and the agency's response, please list any services not currently provided that may improve resident safety and protection from sexual victimization.

4. Based on the incident and the agency's response, could any changes be made to assist victims who disclose sexual victimization? (such as designating a person to receive reports or ensuring privacy)

5. Will the incident be included in statistics reported to the U.S. Department of Justice? That is, was it deemed "founded"? If the answer to either question is no, why not?

6. If the incident was founded and substantiated, did possible motives include the victim's social and sexual identity or perceived identity, including race; ethnicity, gender identity or sexual orientation; gang membership; or group dynamics at the facility? If yes, please explain:

7. Based on the incident and the agency's response, could any changes be made to assist

victims or staff who report or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff? Designate staff charged with monitoring retaliation.

8. List residents or staff in need of protective measures against retaliation.

9. What agency protective measures were implemented to insure the protection of resident victims or abusers? (housing changes, program changes, removal of staff or resident, emotional support services for residents or staff, etc.)

10. Status checks, monitoring the conduct and treatment of residents and staff who have reported sexual abuse or sexual harassment, to monitor possible retaliation by other residents or staff to be done bi-weekly for a minimum of 90 days.

11. List documentation relied upon to monitor retaliation. (disciplinary reports, housing, program changes, negative performance reviews, reassignments of staff or other residents, etc.)

- Name & job title of person completing this document.

The auditor interviewed the agency's Superintendent, and he confirmed in his interview that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The Superintendent explained that he is not aware of any past or current incidents involving a sexual abuse allegation; therefore, the agency has not been required to conduct a sexual abuse incident review. However, the Superintendent advised that if this did occur, the facility would prepare a report of its findings from the sexual abuse incident review and add any recommendations for improvement into the report. The report would then be submitted to the Chief, the PC, and each of the PCMs would also be involved.

The auditor also interviewed the agency's PC, who is also apart of the agency's Sexual Abuse Incident Review team, and he confirmed that all the requirements of this PREA Standard would be followed if such an incident occurred. The team would include all three of the agency's PCMs and the PC; with the team, at a minimum, determining the motivation of the alleged abuse, examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, and assess whether video monitoring technology can be added or modified to improve safety and deter and/or prevent abuse or harassment from occurring.

Lastly, in the past 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. As indicated previously in this report, the agency reported to the auditor that they have had zero allegations of resident sexual abuse at the facility, and therefore no such investigations have been warranted.

Conclusion:

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Department of Justice (DOJ) Survey of Sexual Victimization, Incident Form (Juvenile) <p>Explanation of determination:</p> <p>115.387 (a-f):</p> <p>The agency's PREA Policy on page 23 includes the requirements for this PREA Standard, and the agency specific procedures related to this Standard are as follows:</p> <ul style="list-style-type: none"> - The GCJJD 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 GCJJD will comply with all requests for the aforementioned data as requested by the Department of Justice. <p>Additionally, the agency provided in the PAQ an example of the DOJ Survey of Sexual Victimization Incident Form (Juvenile) that is used by the agency to record annual statistical information pursuant to PREA Standard 115.387 for the DOJ.</p> <p>It is important to note that the agency does NOT contract with any private facility for the confinement of its residents, and therefore no incident-based data is needed from other agency's to aggregated and review. The only data required is from their own facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Review of the agency's website - 2013-2015 Pre-Adjudication Detention Aggregated Data - 2013-2015 Post-Adjudication Program (TLC) Aggregate Data - 2013-2015 Contracted Facility Aggregate Data (no longer contracts with this agency-stopped in 2017) - 2014 Sexual Abuse/Sexual Harassment Data Review (Report completed in 2015) - 2015 Sexual Abuse/Sexual Harassment Data Review (Report completed in 2016) - 2016 PREA Audit Final Report - 2016 and 2017 Sexual Abuse/Sexual Harassment Data Reviews (Report completed in 2018) - 2018-2019 Sexual Abuse/Sexual Harassment Data Reviews (provided to demonstrate corrective action taken) <p>Interviews:</p> <ul style="list-style-type: none"> - Chief of the Agency - PREA Coordinator <p>Explanation of determination:</p> <p>115.388 (a-d):</p> <p>The agency's PREA Policy on pages 23-24 include the requirements of this PREA Standard, and the following procedures are included in this Policy:</p> <ul style="list-style-type: none"> - The GCJJD 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: <ol style="list-style-type: none"> 1. identifying problem areas; 2. taking corrective action on an ongoing basis; and 3. preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>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</p>

website.

In addition, the agency provided, in the PAQ, their annual PREA Data Review reports for calendar years 2014-2017. Each of the reports include aggregate sexual abuse data for the Jerry J. Esmond Juvenile Justice Center and the one private facility the agency contracted with up until 2017 (Rockdale). The auditor reviewed the PREA related documents available on the agency's website, and upon review the auditor determined that ONLY their 2014 and 2015 Data Review reports are posted on their website (at the following address: <https://www.galvestoncountytexas.gov/jj/Pages/default.aspx>). Although, the agency's 2016 and 2017 Data Review reports were provided to the auditor before the onsite, the reports were combined into one and NOT posted on the agency's website as of 03/04/2020. Upon review of each report, the auditor determined that the reports include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. Further, each report was approved by the Director of the agency and signed by both the PC and Director. Due to the agency not posting their PREA Data Review reports on their website for 2016-2019 and not providing the auditor with their Annual Data Review reports for calendar years 2018 and 2019, as required by 115.388 (a-c), the auditor determined that the agency is not in compliance with all the requirements of this PREA Standard and require corrective action. In order to gain compliance with this Standard, the agency is required to conduct a review pursuant to the requirements of this PREA Standard for calendar years 2018 and 2019, and post their reports for 2016, 2017, 2018, and 2019 on the agency's website.

The auditor interviewed one of the agency's PCMs, and she explained that the data collected from the facility pursuant to 115.381 is used to identify any problem areas that can be corrected and develop preventable measures. The PCM advised that facility leadership (the three PCMs and the PC) meet at least once per year and review any sexual abuse or sexual harassment incidents and allegations.

The PC was also interviewed by the auditor, and he advised that facility leadership meets at least once per calendar year to review sexual abuse and sexual harassment data in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies and trainings. The PC explained how they have not met as of yet for a review of calendar year 2019, but that this is soon to happen. The last meeting was conducted in December 2018 for calendar year 2018, and during this review the agency did not have any sexual abuse or sexual harassment allegations or incidents to review. The data collected pursuant to 115.387 are securely retained in a filing cabinet in the PC's office, as verified by the auditor onsite. The PC also explained how the agency takes corrective action on an ongoing basis based on this data by constantly reviewing and observing for vulnerabilities in practice and procedure. The PC advised that wherever they can improve sexual safety practices, they will. The PC also explained how the agency redacts self identifiers from the agency's annual report in order to protect the identities of the residents involved, as well as indicates the nature of the redacted material.

The Chief of the Department was also interviewed by the auditor, and he advised that every year their policies, procedures, and practices are evaluated by a team of facility leadership, and the team takes into consideration any sexual abuse and sexual harassment incidents. Further, all relevant data and information is used on a continual basis to assess and improve

sexual abuse prevention, detection, response policies, practices, and training. The Chief explained how he approves annual reports written pursuant to PREA Standard 115.388 and the approval of the reports on the agency's website.

Upon review of the agency's website, the auditor determined that the aggregate data pursuant to 115.387 is available on the agency's website for calendar years 2013, 2014, and 2015 only. The sexual abuse and sexual harassment data posted is from the agency's pre-adjudication program, post-adjudication program (TLC), and the facility they contracted with prior to 2017 (Rockdale). Additionally, the agency also has their 2014 and 2015 Data Review Reports on their website, as well as their last PREA Final Report from 2016. Due to the agency not having annual reports posted, or provided to the auditor, for 2016-2019; the auditor determined the agency is not in compliance with the requirements of PREA Standard 115.388.

In order to gain compliance with this standard, the agency must conduct the required data review pursuant to 115.388 (a), document the review on an annual report, and post this report on their website. This annual report must include a comparison of the current year's data and corrective actions with those from prior years, and provide for an assessment of the agency's progress in addressing sexual abuse.

Corrective Action:

115.388

On 8/17/2020, the PC provided the auditor with the agency's 2018 and 2019 Annual Report pursuant to the requirements of this PREA standard. Upon the auditor's review, it was determined the agency completed the required corrective action and posted the report on the agency's website. This annual report was completed by the PC and provided to the Director of the agency on 3/05/2020, as verified by the auditor. It is important to note that the report states the agency reviewed the data for 2018 and 2019 calendar years to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

Conclusion:

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's PREA Policy / Last updated: December 2015 - Review of the agency's website - 2013-2015 Pre-Adjudication Detention Aggregated Data - 2013-2015 Post-Adjudication Program (TLC) Aggregate Data - 2013-2015 Contracted Facility Aggregate Data (no longer contracts with this agency-stopped in 2017) - 2014 Sexual Abuse/Sexual Harassment Data Review (Report completed in 2015) - 2015 Sexual Abuse/Sexual Harassment Data Review (Report completed in 2016) - 2016 and 2017 Sexual Abuse/Sexual Harassment Data Review (Report completed in 2018) - 2016 PREA Final Report - 2018-2019 Sexual Abuse/Sexual Harassment Data Reviews (provided to demonstrate corrective action taken) <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.389 (a-d):</p> <p>The agency's PREA Policy on pages 23-24 include the requirements of this PREA Standard, and the agency specific procedures related to this Standard are as follows:</p> <ul style="list-style-type: none"> - The GCJJD will securely retain all 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. <p>The information required to be made available to the public pursuant to PREA Standard 115.389 was verified by the auditor to be available on the agency's website, but only for calendar years 2013-2015 (at the following address: https://www.galvestoncountytexas.gov/jj/Pages/default.aspx).</p> <p>Upon analyzing all the documents available on the agency's website, the auditor determined</p>

that the agency's website only includes annual aggregated sexual abuse data for calendar years 2013-2015. Therefore, the auditor determined that the agency is not in compliance with the requirements of provision 115.389 (b), and is required to take corrective action to gain compliance. In order to gain compliance with this standard, the agency is required to aggregate their facility's sexual abuse data from calendar years 2016-2019, make this data readily available to the public through its website, and continue this practice every year going forth.

Corrective Action:

115.389:

On 8/17/2020, the PC provided the auditor with the agency's 2018 and 2019 Annual Report pursuant to the requirements of this PREA standard. Upon the auditor's review, it was determined the agency completed the required corrective action and posted the report on the agency's website. This annual report was completed by the PC and provided to the Director of the agency on 3/05/2020, as verified by the auditor. This report includes all aggregated sexual abuse data from facilities under its direct control- both the pre-adjudication and post adjudication programs. Additionally, it is important to clarify that the agency has not contracted with any other agency for the confinement of juveniles from the Galveston County Juvenile Detention Center since 2017; and, therefore, no such data was included in the 2018-2019 Annual Report.

Conclusion:

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a-n)</p> <p>The agency's last PREA audit was conducted in 2016, with the PREA Final Report posted on the agency's website (dated 9/29/16). During the onsite audit phase, the auditor was granted access to, and observed, all areas of the audited facility. He was permitted to request and receive copies of any relevant documents (including electronically stored information), and no issues arose throughout each phase of the audit process. The auditor was permitted to conduct private interviews with residents and staff in a confidential room in the secure facility. The auditor determined that residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel (with the auditor's notices posted throughout the facility where residents frequently visit); however, the auditor never received a notification or correspondence from any resident or staff member from the facility.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403</p> <p>Explanation of determination:</p> <p>The auditor included this requirement in the agreed auditor contract that was signed in 2019. Additionally, the auditor will ensure the agency has posted the Final PREA Audit Report on its website after the auditor provides the agency the Final Report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	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.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

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

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	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.)	no
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	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.)	no
	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?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

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

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

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	no
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

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

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

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	no
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	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.)	yes

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

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

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

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

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

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

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

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes