

# PREA Facility Audit Report: Final

**Name of Facility:** Victoria Regional Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/25/2023

**Date Final Report Submitted:** 08/12/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 08/12/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	06/12/2023
<b>End Date of On-Site Audit:</b>	06/13/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Victoria Regional Juvenile Detention Center
<b>Facility physical address:</b>	97 Foster Field Drive, Victoria, Texas - 77904
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Regina Perez
<b>Email Address:</b>	rperez@vctx.org
<b>Telephone Number:</b>	361-575-0399

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Lynette Acuna
<b>Email Address:</b>	lacuna@vctx.org
<b>Telephone Number:</b>	361-575-0399

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	72
<b>Current population of facility:</b>	45
<b>Average daily population for the past 12 months:</b>	43
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10-17 years
<b>Facility security levels/resident custody levels:</b>	secure
<b>Number of staff currently employed at the</b>	51

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	19

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Victoria County Juvenile Services Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	97 Foster Field Dr, Victoria, Texas - 77904
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Regina Perez	<b>Email Address:</b>	rperez@vctx.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

4

- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.333 - Resident education
- 115.386 - Sexual abuse incident reviews

**Number of standards met:**

39

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-12
2. End date of the onsite portion of the audit:	2023-06-13

#### Outreach

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

As documented in section 115.321 of this report:

- The auditor interviewed a representative from the Hope Children's Advocacy Center in Victoria, TX, which is named "Hope South Texas." This representative answered the number provided on the organization's website (361-573-HOPE) and provided the following information as it relates to victim and resident emotional support services:

- All their staff are PREA trained before having contact with residents within the facility, which is provided by the VRJJC.
- A resident survivor of sexual abuse can be referred to Hope South Texas at any time, with the juvenile agency first contacted local law enforcement (VCSD) and then the advocacy center.
- Trauma therapy and victim advocacy are provided by Hope South Texas mental health practitioners and advocacy specialist, with confidentiality as a main priority.
- The advocacy center's normal business hours are Monday-Friday from 8:30 to 5:30; however, if emergency after hours victim services are needed, the Mid-Coast Family Services Center has a 24/7 emergency hotline number (361-573-4357).
- Emotional support services and crisis intervention are available to any resident who calls or is referred.
- A victim advocate is able to accompany the survivor throughout the investigative forensic process.
- SANE/SAFE medical exams would be conducted at either Citizen's Medical Center or DeTar Hospital in Victoria, TX.
- Counselors from the advocacy center go to the Victoria County Juvenile Justice Center twice per month to speak and provide mental health services to residents at the facility.

	<ul style="list-style-type: none"> <li>• All services are provided free of charge.</li> </ul> <p>- The auditor also interviewed a representative from Mid-Coast Family Services in Victoria, TX, and she explained how this organization is a domestic violence and sexual assault shelter. The representative discussed how Mid-Coast Family Services is able to provide the following services to a resident at the VCJJC:</p> <ul style="list-style-type: none"> <li>• 24/7 hotline, which can provide victim services related to sexual abuse and emotional support services provided by a specially trained counselor.</li> <li>• 24/7 victim advocacy accompany and victim advocacy services provided throughout the investigative process.</li> <li>• All services are provided confidentially and free of charge.</li> </ul>
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### **AUDITED FACILITY INFORMATION**

<b>14. Designated facility capacity:</b>	72
<b>15. Average daily population for the past 12 months:</b>	42
<b>16. Number of inmate/resident/detainee housing units:</b>	6
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	37
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>6</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>52</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>24</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>16</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor requested the agency's Resident Roster, Special Education List of residents, and a list of other targeted residents; which allowed the auditor the ability to select a true random sample of residents, as well as the applicable targeted youth in the facility at the time of the onsite.</p>

<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who was physically disabled.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who was Blind or having low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who was Deaf or hard-of-hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who identified as LGBTI.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who identified as LGBTI.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who reported being a victim of sexual abuse at the facility.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through the resident interview process, in speaking with staff and other specialized staff onsite, and through the onsite inspection process, the auditor never learned of any resident who was in the facility at the time of the onsite who was secured in a room for a PREA related situation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	6
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

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

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

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

Yes

No

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

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>During the onsite inspection, the auditor confirmed that residents were able to keep the intake PREA documents, which include multiple ways a resident can make a PREA report, on their housing units by locating some of the intake documents in randomly selected resident cubbies on the housing units. Furthermore, the auditor also took note of PREA signage in Spanish and English on each housing unit, as well as posted throughout common areas within the facility and in the public lobby. These posters include instructions for residents to make a confidential call to the TJJJ Hotline, as well as the toll-free number to a 24/7 domestic violence &amp; sexual assault hotline with Mid-Coast Family Services in Victoria, TX. Lastly, the auditor made a successful test call to the Texas Juvenile Justice Department (TJJJ) Incident Response Center (IRC) using the TJJJ Hotline process utilized for residents and staff at the facility. This 24/7 Hotline is operated by TJJJ and in connection with the TJJJ Office of Inspector General (OIG), and the auditor has confirmed that TJJJ provides interpreting services for all languages through their hotline. Furthermore, the auditor also took note of the PREA and TJJJ signage in Spanish in English that is posted on each housing unit, in the intake area, and throughout the other areas of the facility.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

No text provided.

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

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

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	3	0	3	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	10	0	10	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	10	0	10	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	2	0	0	2
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	3	1	0	2

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	0	7
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	3	0	7

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

**Staff-on-inmate sexual harassment investigation files**

**111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

0

**112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

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

**Auditor's Investigative File Review:**

• **Sexual Abuse Allegation:**

- In order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VRJJC staff member outside the facility. The report was taken serious by agency and immediately reported up the chain of command, to TJJD, and to the Victoria County Sheriff's Department (within 2 hours of outcry being made), as documented on the initial TJJD Incident Report and verified by the signed memo from the Chief of the juvenile agency. The first staff member with knowledge of the abuse documented the verbal allegation on an agency Incident Report, and the agency immediately began an internal administrative investigation and placed the alleged perpetrator on administrative leave. The auditor confirmed that the agency's uniformed evidence response protocol was followed, as applicable to this particular situation, and after the allegation was reported to TJJD, the Office of Inspector

General with TJJD advised the agency that an assigned investigator with TJJD County Investigative Division would be at the facility within 24 hours to conduct the onsite investigation. Per the TJJD Internal Investigative Report and supplemental investigative documents/ emails, a preponderance of evidence obtained during the OIG's investigation established the allegation as "false," with a disposition of "unfounded." Lastly, it is important to note that the required contacts were made within the required time frames and documented on several of the investigative documents provided to the auditor.

- **Sexual Harassment Allegations (4):**

- The auditor was provided a list of sexual harassment/sexual abuse allegations/ investigations and selected four (4) sexual harassment investigations to examine the agency's level of compliance with the applicable sexual harassment PREA Standard requirements. The PC provided the auditor with the associated investigative documents for each of the four selected sexual harassment allegations, and upon the auditor's review, it was clear that the agency has institutionalized the practice of completing a full investigation and reporting to TJJD and law enforcement any allegations related to not only sexual

abuse but also sexual harassment. Furthermore, the investigative documents reviewed by the auditor sufficiently demonstrate how the agency took immediate action in response to the allegations of sexual harassment, which, in some cases, may involve a substantial risk of imminent sexual abuse if not properly acted upon. As confirmed by the auditor, the agency's PC conducted each of the PREA investigations reviewed, and each investigation was thoroughly documented on an agency PREA Internal Investigation Report. Lastly, it is important to note that each of the sexual harassment allegations that were made verbally by a resident to a staff member were promptly documented by the first staff member of knowledge on an agency internal Incident Reports, as well as on the corresponding TJJD Incident Reports.

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes
- No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Agency Policy 1.9 (Treatment &amp; Safety)</li> <li>- Agency's Organizational Chart</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor discussed the requirements of this PREA Standard with the agency's Compliance Officer, who is also the agency's designated PREA Coordinator (PC). The PC explained how she utilizes her time management skills to accomplish all her PREA related responsibilities and elaborated on how she schedules and completes PREA responsibilities by priority due dates. If an issue arises that requires immediate attention, the PC advised she will begin working on the issue immediately. The PC also expressed how she responds to issues linked to complying</li> </ul>

with a PREA Standard, which includes taking immediate corrective action for deficiencies related to a threat of or actual non-compliance with a PREA Standard and/or agency Policy. The PC stated that depending on the issue at hand, she would meet with either the Chief Probation Officer or the Facility Administrator to discuss the issue and develop a plan of action.

**Site Review Observations:**

During the onsite, the auditor was escorted through all areas of the facility by the PC and Facility Administrator (FA), and both administrators were able to allow the auditor in every door and in every location requested during the facility inspection. Additionally, the PC ensured the auditor was provided all the documentation requested during all phases of the audit, with no issues or concerns to note.

**Explanation of Determination:**

115.311 (a-c):

Upon the auditor's review of the Victoria Regional Juvenile Justice Center (VRJJC) PREA Policy 14.5, it was confirmed that the agency has a written policy that mandates zero tolerance toward all forms of sexual abuse, sexual harassment, retaliation, and staff neglect. Policy 14.5 also outlines the agency's approach to preventing, detecting, and responding to such conduct and further highlights how the agency is required to adhere to the Juvenile PREA Standards to achieve the agency's zero tolerance goal. In addition, this Policy includes how the facility implements prevention planning, responsive plans, training, and education for both residents and staff, screening processes, reporting procedures, official response policies, trained investigators and trained medical and mental health practitioners. Combined, these efforts are explained in Policy 14.5 to ensure that all residents of the facility have the right to be free from sexual abuse, sexual harassment, retaliation, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Further, VCJJC is a secure facility and there is NO such thing as consensual sex, meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another resident (*per Policy 14.5*). Furthermore, if the facility learns a resident is subject to a substantial risk of imminent sexual abuse, the facility is required by Policy 14.5 to take immediate action to protect the resident. Within this Policy, all references to sexual abuse also include sexual harassment, as appropriate to the circumstances of each situation. Policy 14.5 also includes an extensive list of PREA related definitions, which includes, at a minimum, the PREA Juvenile Standard Definitions from sections 115.5 and 115.6.

The auditor also was provided agency Policy 1.9 (*Treatment & Safety*), which includes more procedures related to ensuring the zero tolerance mandate. Policy 1.9 states:

- The juvenile board has established a zero tolerance against sexual abuse. Sexual abuse is prohibited of any juvenile under the jurisdiction of the

department by department staff, volunteers, interns and contractors. To assure the safety of the juveniles supervised by the department, all suspected incidents of child abuse, neglect, or exploitation shall be reported immediately without reservation to the statutorily designate authority. The chief administrative officer or his/her designee shall report to Texas Juvenile Justice Department (TJJD) as explained within this policy. If the chief is unavailable on a 24-hour basis, then the chief shall designate another person to ensure that all serious incidents are reported to TJJD within the 24-hour timeline. Staff shall report any unethical or corrupt behavior that would affect either a child or the integrity of the department. The chief shall initiate a thorough investigation and administer appropriate disciplinary actions that may include suspension, dismissal and/or referral for criminal prosecution.

- There is a zero tolerance policy and practice regarding sexual abuse as defined by TAC 358 that provides for administrative disciplinary sanctions and/or referral for criminal prosecution. The chief administrative officer shall ensure that juveniles under supervision of the juvenile probation department, participating in a juvenile justice program or resident juveniles shall not be subjected to abuse, neglect, or exploitation as defined in Chapter 261, Texas Family Code.

In accordance with provision (b) of this PREA Standard, agency Policy 14.5 states, "The VRJJC Compliance Officer is the designated PREA Coordinator (PC) for the pre-adjudicated residents, post adjudicated residents and the probation department. The PREA coordinator shall have sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards." Furthermore, the agency operates only one juvenile facility, which includes a secure pre-adjudication detention center program and a secure post-adjudication program (*for juveniles ONLY*). Therefore, the agency is not required to designate a PREA compliance manager. In order to demonstrate how the agency's PC has the sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA standards, the agency's Organizational Chart was uploaded into the OAS. Lastly, upon the auditor's review of the provided organization chart, it was confirmed that the PC (*who is also the agency's Compliance Officer*) is over all line staff working in the facility and reports directly to the agency's Assistant Chief.

Note: Throughout this report, the term "agency" shall refer to the Victoria Regional Juvenile Justice Center (VRJJC) or the Victoria County Juvenile Justice Center (VCJJC), which includes the pre and post adjudication programs.

**Conclusion:**

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

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1232 519" style="list-style-type: none"> <li>- Contracts for Residential Services for Right of Passage &amp; Pegasus</li> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p data-bbox="280 555 459 591"><b>Interviews:</b></p> <ul data-bbox="280 627 1481 1245" style="list-style-type: none"> <li>- The auditor discussed the contract services requirements of this PREA Standard with the agency's JPO Supervisor, who confirmed that the VRJJC contracts with other facilities for the confinement of the VRJJC youth. This JPO Supervisor also clarified that the VRJJC conducts site visits of these contracted facilities and receives written assurances from each contracted facility that verify each facility is in full compliance with all the Juvenile Facility PREA Standards. This Supervisor confirmed that the Facility Heads from each contracted facility understand and acknowledge that each confinement facility will undergo contract monitoring on annual basis. It was further explained that PREA compliance results have been completed and shared for each of the contracts entered into agreement within the past 12 months, and the contracted entities all understand and acknowledge that they are required to make all aggregate sexual abuse data readily available to the public via their website and share such data with the VRJJC. In addition, the JPO Supervisor confirmed that the VRJJC is provided and makes available on the agency's website the updated aggregate sexual abuse data on an annual basis.</li> </ul> <p data-bbox="280 1281 762 1317"><b>Explanation of Determination:</b></p> <p data-bbox="280 1352 485 1388">115.312 (a-b):</p> <p data-bbox="280 1424 1461 1711">The PC indicated in the PAQ that the VRJJC contracts with two (2) entities for residential treatment services of juveniles who are adjudicated and ordered by the Victoria County Juvenile Court to attend for a set period of time. The two entities are the Pegasus Schools, Inc. and Right of Passage, Inc. The PC uploaded the executed contracts for both contracted entities into the Online Audit System (OAS), and upon the auditor review, it was determined that each contract includes the required PREA requirements set forth by this PREA Standard, as highlighted below:</p> <ul data-bbox="351 1783 1481 2069" style="list-style-type: none"> <li>• Per the contract between VCJJC and Pegasus School, Inc.: <ul style="list-style-type: none"> <li>◦ {XI.} Pegasus Schools, Inc. has a zero tolerance towards all forms of sexual abuse and sexual harassment in accordance with the provision of the Prison Rape Elimination Act of 2003 that provides for administrative and/or criminal disciplinary sanctions. Pegasus Schools, Inc. <b>shall adopt policies and comply with the Prison Rape Elimination Act of 2003</b> (28 CFR SS 115) standards and</li> </ul> </li> </ul>

**shall permit the placing county to monitor its facility and records as necessary to ensure that the Service Provider is complying with said standards.** Under the provisions of the Prison Rape Elimination Act of 2003, **Pegasus Schools, Inc. shall provide to the placing county all incident-based aggregate date reports for every allegation of sexual abuse or sexual harassment and all such data that may be requested by the Department of Justice from the previous calendar year no later than June 30** (SSI 15.387 (f)) and the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. Pegasus Schools, Inc. shall report to the placing county in writing within 15 days any positive findings by a court or governmental agency that Pegasus Schools, Inc. has violated a relevant federal statute or rule.

- Per the contract between VCJJC and Right of Passage, Inc.:
  - {G. and H.} Service Provider shall adopt and comply with all federal, state, county, and city laws, ordinances, regulations and standards applicable to the provision of services described herein and the performance of all obligations undertaken pursuant to this Contract, including the Prison Rape Elimination Act of 2003 (PREA). The service provider has a zero tolerance towards all forms of sexual abuse and sexual harassment in accordance with the provision of the Prison Rape Elimination Act of 2003 that provides for administrative and/or criminal disciplinary sanctions. The service provider **shall adopt policies and comply with the Prison Rape Elimination Act of 2003** (28 CFR SS 115) standards and **shall permit the placing county to monitor its facility and records as necessary to ensure that the Service Provider is complying with said standards.** Under the provisions of the Prison Rape Elimination Act of 2003, the **Service Provider shall provide to the placing county all incident-based aggregate date reports for every allegation of sexual abuse or sexual harassment and all such data that may be requested by the Department of Justice from the previous calendar year no later than June 30** (SS115.387 (I)) and the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. The Service Provider shall report to the placing county in writing within 15 days any positive findings by a court or governmental agency that the Service Provider has violated a relevant federal statute or rule. Service Provider shall assist fully with any and all audits.

**Conclusion:**

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

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1477 1348" style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Agency's PREA Staffing Plan</li> <li>- Staffing Plan Reviews for 2022 and 2021</li> <li>- Vulnerability Assessment</li> <li>- Deviation Forms</li> <li>- Shift Supervisor Reports</li> <li>- Victoria Facility Deviation Reports</li> <li>- PREA Monthly Unannounced Round Reports</li> <li>- PREA Supervisor Unannounced Round Forms</li> <li>- PREA Unannounced Round Sample</li> <li>- Video Surveillance Video of Unannounced PREA Rounds</li> <li>- Staffing Plan Deviation Review/Plan of Action (5/31/2023)</li> <li>- Corrective Action Documentation (Staff Time Sheets and Victoria Regional Juvenile Justice/Detention Center Resident Population Rosters &amp; Shift Supervisor Reports)</li> </ul> <p data-bbox="280 1384 459 1420"><b>Interviews:</b></p> <ul data-bbox="280 1456 1477 2065" style="list-style-type: none"> <li>- According to the PC, the agency's Staffing Plan include the following elements, which are reviewed and assessed annually: Judicial inadequacy, PREA audits, TJJD audits, the physical plant (vulnerability assessment), resident population, staff assignment and Staffing Plan, programs, policy/standards, incidents of sexual abuse, deviations, program and staff schedules, and video placement and monitoring blind spots. Furthermore, as noted in the explanation section below, during the pre-onsite phase of the audit process, the PC provided the auditor with the agency's Staffing Plan and Staffing Plan Reviews for 2022 and 2021, which further demonstrated to the auditor the PC's involvement and understanding of the requirements of this PREA Standard.</li> <li>- The agency's Facility Administrator (FA) explained to the auditor how the agency's Staffing Plan is used to establish adequate levels of staffing in order to protect residents against sexual abuse, sexual harassment, and sexual misconduct. The Staffing Plan is also reviewed annually with the administrative team, and this review</li> </ul>

is to re-examine prior abuse allegation findings, assess any areas of concern, identify and evaluate blind spots and vulnerable areas, assess the effectiveness of the facility's video surveillance system, and to review any deviations to the Staffing Plan that may have occurred. The FA also elaborated further how she and her management team review daily juvenile population reports, staff schedules, deviation reports, and any allegations of abuse/harassment that may have occurred recently in order to continually assess whether adjustments may be needed to the agency's Staffing Plan. The FA indicated that there have been instances where the facility has deviated from the required 1:8 PREA staff to resident ratios during waking hours, and each situation has been documented on an agency's Deviation Report, which were provided to the auditor for the past 12 months. In discussions with the FA, it was determined by the auditor that the agency is not in compliance with the 1:8 waking hours supervision ratios due to the facility deviating from the 1:8 in situations that were not deemed as limited and discrete exigent circumstances. The fallout from the COVID-19 Pandemic in regard to staffing shortages has plagued the VRJJC since the initial outbreak; however, the FA explained in detail how the agency has been diligently working to resolve the issue, as outlined below:

- Continued advertisement efforts to influence more applicants to apply;
- Increase in JSO starting pay (recently approved by the County Commissioners in May of 2023);
- Frequent hiring classes;
- Teachers and non-certified JSOs (certified JPOs) have been sufficiently trained and are utilized to assist with supervision on a case-by-case basis, in which they are designated to work with a certified JSO when the resident population in a particular area is over 8;
- The Juvenile Board Chair for VRJJC signed a waiver to allow non-certified JSO staff to conduct safety and welfare monitoring checks on residents who are secured in their rooms;
- Immediately upon hiring a JSO, the initial training requirements are provided to ensure the new JSO can assist on the floor in instances where the resident population is over 8;
- Out of county intakes have been limited to violent felony offenses only;
- Length of stay for out of county residents was limited to 3 or 4 days;
- Victoria County intakes have been limited to violent felony offenses;
- Two units within the facility have been closed down in order to limit juvenile population and utilize staff in the four remaining housing units;
- Limited the two female housing units to no more than 8 youth;
- Chair of the agency's Juvenile Board signed a waiver in order for the Pre and Post residents to program together;
- On-call staff are continuously utilized; and
- Part-time staff are given additional hours/shifts to fill in areas where needed.

- The FA expressed how all the steps described above have been implemented and there remains to be situations in which the facility continues to exceed the 1:8 minimum staffing ratio. However, at no time has the facility surpassed the state

required 1:12 minimum staffing ratio mandated by the Texas Administrative Code (TAC), and never has the facility fallen below the 1:16 sleeping hours ratio required by PREA. The FA, PC, and Assistant Chief were extremely hopeful that the recent starting salary increases for JSOs will make a significant impact on attracting eligible applicants, as well as influencing a more sustained staff retention rate. The FA also discussed how the facility's video monitoring system is not a substitute for staff supervision; however, it does provide additional visual and audio protection and is a powerful investigative tool during PREA investigations. Furthermore, the video surveillance cameras also assist in ensuring staff compliance and is an excellent training resource.

- The auditor interviewed two upper-level staff members (facility Supervisors) who conduct unannounced PREA rounds at the facility. Both Supervisors sufficiently explained how the unannounced rounds are truly unannounced, random, and unpredictable in practice. For example, it was shared that the rounds are conducted at any minute and on any shift, with absolutely no routine in how or when they are conducted. There is also an unannounced rounds log sheet that both Supervisors indicated is used to document the rounds, with the log sheets turned into the PC for review. The rounds are conducted at least once per shift per month, with the supervisors expressing how they far exceed this minimum requirement in practice and conduct the rounds often (i.e., at least weekly). Lastly, the Supervisors confirmed that staff are prohibited from alerting other staff that unannounced rounds are being conducted.

#### **Site Review Observations:**

During the onsite, the auditor determined that the facility was in full compliance with the 1:8 and 1:16 staff to resident PREA supervision requirements. This was proven through the walk through of the facility, in which the auditor visually confirmed the following ratios during the two days onsite:

- **1st Day:**

- Classroom IV: 1 female JSO directly supervising 6 female residents (1:6)
- Classroom II: 1 female JSO and 1 teacher directly supervising 8 female JSOs (1:8, not including the teacher)
- Classroom 1: 1 female JSO and 1 male JSO (plus one teacher) directly supervising 11 male residents (1:5.5, not including the teacher)
- Unit E: 1 female JSO directly supervising 5 female residents (1:5)

- **2nd Day:**

- F Housing Unit: 1 JSO directly supervising 8 residents (1:8)
- E Housing Unit: 2 JSOs directly supervising 5 residents (1:2.5)
- A Housing Unit: 2 JSOs directly supervising 11 residents (1:5.5)
- B Housing Unit: 2 JSOs directly supervising 9 residents (1:4.5)

The overnight ratios were assessed by the auditor for compliance by cross-

referencing the staff schedules working the overnight shifts with the resident population, in which the facility was in compliance with the required 1:16 minimum staffing rations.

During the onsite, the auditor also reviewed surveillance video of recorded PREA unannounced rounds that were recently conducted in the facility by a facility Supervisor, which provided the auditor with further evidence that the unannounced round practice has been fully institutionalized at the facility.

**Explanation of Determination:**

115.313 (a-e):

**(a):**

According to the agency's PREA Staffing Plan, VRJJC is committed to working hard to change kid's lives in a way that promotes responsibility, accountability, and goal setting coupled with structure and discipline so that kids can achieve success by making better choices, learning from their mistakes and becoming a law abiding, productive citizen of society. Further, the agency indicates in their Staffing Plan that this plan was designed to help determine adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

Upon the auditor's review of the agency's Staffing Plan, it was confirmed that each element of this PREA Standard are included therein. The Staffing Plan is a comprehensive fifteen (15) page document that includes not only the PREA language from this PREA Standard but also agency specific procedures describing the following:

- the process of reviewing the plan annually;
- documenting deviations to the plan;
- the hiring process to ensure proper supervision is achieved;
- staff schedules;
- new hires;
- staff who no longer work at the facility;
- facility design bed capacity;
- COVID-19 exigent challenges experienced and action taken to reduce negative effects;
- unit and room/cell assignment process;
- traditional school year schedule;
- unit schedule;
- educational programming;
- summer schedule;
- video monitoring system;
- staffing schedule;
- PREA supervision requirements;
- opposite gender announcements;
- JSO random face to name counts;

- first responder procedures; and
- reporting and investigative process.

**(b):**

The agency's Staffing Plan on page 2 explains the staffing plan deviation requirements of this provision, as noted below:

- Deviations from this plan will be documented on the deviation report form completed by the shift supervisor within one (1) hour of the deviation noting the reason and duration for the deviation. The report will be submitted within one hour to the PC. On weekends and holidays, the report is required to be placed in the PC's mailbox.
- The deviation reports will be reviewed by the PC daily (*with the exception of weekends and holidays*) to investigate each report to confirm and certify that any reported exigent circumstance qualified as an exigent circumstance.
- Monthly, the PC is required to document on the Staffing Plan Deviation Report to note the date, time and duration of any and all deviations from the approved facility Staffing Plan. Within the report a longitudinal tracking grid will be included that identifies the 6 most common reasons for deviating from the plan. This report will be completed by the 20th of each month and provided to the Chief, Assistant Chief, and Facility Administrator. The report will contain at least 12-months of data.
- Required ratios will be maintained except during limited and discrete exigent circumstances, which will be fully documented on a deviation report.

As verified by the auditor, the agency's Staffing Plan review conducted in calendar year 2022 (*for the time period from 6/20/2021 through 6/20/22*) indicates that the agency deviated from their Staffing Plan a total of 25 times. The most common reasons for the deviations were documented as issues related to the PREA staff ratio requirement of 1:8 (*waking hours*) and exigent circumstances associated with dealing with the staffing challenges caused by the COVID pandemic. The agency reported that 17 deviations were a direct result of not being able to comply with the 1:8 staff to resident PREA supervision ratios due to the challenges with filling JSO positions, and the other 8 incidents involved staff calling in and/or being out due to COVID-19. Further, as noted in the Staffing Plan review, a total of 25 staff were hired during this review period and 24 separated from employment during the same time period.

The auditor was provided several documents that demonstrated how the agency identified the deviations to their Staffing Plan from June 2021 through April 2023 and took corrective action to strive to comply with the required 1:8 ratios. For example, the agency's Staffing Plan review completed in June of 2022 indicates that individuals continued to be interviewed, hired, and trained to strive to meet the required ratio of 1:8. Several staff were out on FMLA and Unit A & D was closed intermittently to meet the ratio requirement. Further, in January 2021 units were

limited to 8 residents as much as possible to ensure ratio compliance. One unit was designated at the COVID-19 quarantine unit for intakes 5-14 days; however, due to the COVID pandemic and the lack of applicants it was difficult to fill open positions and continually provide the required 1:8 ratios during waking hours.

Furthermore, the 2022 Staffing Plan review indicates that the nurses, counselors and teachers were trained in the required topics to meet the applicable training requirements of security staff to count toward the 1:8 ratio. These specialized staff are only counted toward the ratio when working with a JSO in a group of youth over 8 individuals. In addition, the case managers are certified JSO's and meet the security staff requirement; therefore, they also count toward the ratio when with a group of youth in the facility. It was also stated in the Staffing Plan review that the staff in training are initially trained in the required topics to meet the security staff requirements and, therefore, may count toward the ratio when assigned with a fully certified JSO supervising youth. If a unit has only 4 residents, that unit may be combined with a unit of 12 residents for a total of 16 youth, and the 2 staff assigned to those units will work together supervising the youth to meet the 1:8 ratio requirement during the waking hours. Per the Staffing Plan review, these efforts combined have decreased the number of deviations due to the ratio; however, as noted below, the agency has continued to experience the issues associated with adhering to the required 1:8 staff to resident ratio during waking hours in calendar year 2023.

To demonstrate how the agency has documented each Staffing Plan deviation, the auditor was provided the agency's Deviation Form Log, Shift Supervisor Reports, and Deviation Reports for the deviation situations experienced in calendar years 2021, 2022, and 2023. Each of the documents provided adequately demonstrates how the agency has documented each time there was a situation involving deviating from the 1:8 staff to resident waking hours supervision ratio and the efforts taken to increase the number of supervision staff. More information regarding the issues associated with deviating from the 1:8 staff to resident ratio is documented below, in section (c).

**(c):**

According to agency Policy 14.5 on pages 4 and 5, staffing requirements will meet the following standards:

- A Juvenile Supervision officer (JSO) will be in the line of sight and sound of the residents (*actively supervising*).
- One JSO to every eight (8) residents during waking hours. More than 8 residents in a unit will require an additional security staff.
- One JSO to every sixteen (16) residents during sleeping hours. During sleeping hours, a JSO may provide supervision for 2 units (*16 residents total*), if the units are directly across from each other and the doors remain open allowing for line of sight and sound.

- A JSO cannot leave the area unless relieved by a JSO taking responsibility for the supervision of the residents.

The auditor also confirmed that the required staff to resident PREA supervision ratios of 1:8 and 1:16 are included in the agency's Staffing Plan, on page 6. Per the agency's Staffing Plan, effective October 2017, the required PREA Ratios are 1:8 during resident waking hours & 1:16 during resident sleeping hours. Positions and resources available in include:

- 12-hour shifts for full time staff -6am-6pm & 6pm-6am
- 4 Teams -8 full-time JSO's each team (32 total FT staff) -1 full time position is open. 2 supervisory staff are assigned to each team with 6 full time JSO's. The supervisor will be available to respond to any area within the facility. The assistant supervisor will fill in for staff when and where needed for the supervision of the youth. When a supervisor is not on duty, the Assistant Supervisor will perform the Supervisors duties.
- A full time JSO will be placed in each unit (6 staff/6 units).
- Due to the resident population, there are 4 male and 4 female staff assigned to each team.
- Part-time Rover positions -16 positions available. Rotating shifts 6-3pm & 12p-9pm (*waking hours*). Rovers are available to be assigned with a Full Time JSO in a unit with more than 8 youth or to conduct facility duties. There are currently 5 rovers employed. Two rovers are scheduled to work per shift.
- PRN' s -unlimited positions available -3 PRN' s are currently employed. The PRN' s are utilized to meet ratio if a position is vacant, medical leave, scheduled time off or sporadic demands (*suicide watch, transports security issues*) or as an additional staff assigned with a JSO when the youth population in the unit is above 8.
- There are 2 transport officers assigned to the agency. As available, an officer can accompany the medical staff or JSO for off facility grounds appointments.
- If a unit has more than 8 youth, 2 staff will be assigned in the unit to provide supervision of 1:8 during waking hours.

In order to track the deviations of the agency's Staffing Plan, the agency utilizes a Deviation Form Log, which was provided to the auditor and includes a total of 18 deviation incidents from August 2021 through April 2023. Each of the program deviation situations involve non-compliance with the 1:8 staff to resident ratios due to staffing issues linked to COVID-19, as reported by the agency. Further, the last Staffing Plan deviation occurred on 01/20/2023, in which the facility was out of compliance with the 1:8 ratio due to two (2) staff in training, one (1) staff leaving the agency, and a total of five (5) full-time positions and five (5) part-time rover positions being vacant.

Furthermore, the PC notified the auditor during the pre-onsite phase of the audit process that agency leadership met on 5/31/2023 to discuss the steps taken to

attempt to meet the required PREA ratios. The documentation reflected that the Chief Probation Officer, Facility Administrator, and Compliance Officer (the PC) all met on this date to discuss the following steps implemented thus far to maintain compliance with the 1:8 and 1:16 staff to resident PREA ratios:

- There are 6 positions open at this time. Interviews continue to be held constantly in an effort to fill the open positions. Individuals are hired and trained on a regular basis to fill vacant positions.
- Commissioners court approved a salary increase effective 5/20/23 for JSO's based on the salary study conducted.
- Job positions are posted immediately when positions become vacant.
- There has been increased efforts to advertise county employment and benefits to appeal to more diverse applicants (i.e. social media).
- The Chair of the Juvenile Board signed a waiver to allow non-certified ISO staff to conduct safety and welfare monitoring. Staff must receive training in Abuse, Neglect, & Exploitation (ANE) & Suicide Prevention.
- Prevention, and PREA prior to monitoring. This includes only youth who are secured in their individual rooms not participating in regular programming.
- Upon hire staff receive suicide prevention, AN&E, and Handle with Care training to count toward ratio in a unit with more than 8 youth. Staff receive "on the job" training during this time.
- School teachers and non JSO staff have been utilized to assist with visitation, behavior/unit logging, working control, etc to allow the certified JSO staff to remain in the unit.
- Out of county intakes have been limited to violent felony offenses. If allowed, the length of stay is also limited less than 5 days.
- Victoria county intakes has been limited to violent felony offenses for Unit A. Unit A and D are closed at this time (appx 6-8 weeks).
- The male detention unit and the male post unit has 2 staff assigned each unit. Unit E and F has maintained a population of less than 8 youth requiring 1 staff in each unit.
- This plan requires a minimum of 6 staff during waking hours to meet the 1:8 ratio.
- Youth are moved during non-program hours to utilize staff efficiently to meet 1:16 ratio.
- Post and Pre youth have been combined to utilize staff and to maintain ratio. Staff have continued to work overtime and paid overtime to work rather than being compensated with comp time.
- On call staff and full-time staff are continuously utilized to work when not scheduled.

Through this documentation review and discussions with agency leadership, it was determined that the agency has continually experienced staffing deficiencies related to the impact of the COVID-19 pandemic, which has caused the staffing plan deviations outlined in this section that are associated with the required 1:8 staff to resident PREA ratio. As explained by agency leadership, the staffing deficiencies were a direct result of the situation of people growing accustomed to working from

home or not working at all during and after the COVID-19 pandemic, which has been referred to the "great resignation" period. The auditor determined that the staffing deviation situation that the agency has been experiencing for the past 12 months does not fall within the criteria of "limited and discrete exigent circumstances." Per the Juvenile PREA Standard Definition of an exigent circumstance, it is defined as any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Therefore, for the auditor's review period of the last 12 months, the auditor determined the "great resignation" situation cannot be used as a limited and discrete exigent circumstance during this audit review period, and the facility was, and continues to be, required to comply with the required PREA staffing supervision ratios. The agency has been found to not be in full compliance with the required 1:8 staff to resident supervision ratio requirements of provision (c) of PREA Standard 115.313, and, therefore, a 6-month correction action period shall be initiated to resolve the non-compliance staffing issue.

**(d):**

Policy 14.5 states on page 5, the facility utilizes video monitoring systems throughout the facility. Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the facility shall assess, determine, and document whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns;
- The deployment of video monitoring systems and other monitoring technologies; and
- The resources available to commit to ensure adherence to the staffing plan.
- Digital surveillance files will be retained for 15 days.

The auditor was provided Staffing Plan review documentation for calendar years 2022 and 2021, which includes a detailed analysis of the agency's status with complying with their Staffing Plan for each year. The Staffing Plan reviews were conducted by the agency's PC, Assistant Facility Administrator, Assistant Chief Probation Officer, and Chief Probation Officer and include an assessment of the agency's Staffing Plan to determine and document whether adjustments are needed to:

- The Staffing Plan;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

The agency also provided the auditor with their "Secure Facility Vulnerability Assessment," which was last conducted in August of 2022. This report was signed

by the Facility Administrator, Assistant Facility Administrator, Juvenile Supervision Officer Supervisor, Maintenance Staff, and the PC. The vulnerability assessment is conducted annually and includes an assessment of the following categories:

- Lighting and Cameras
- Blind Spots/Areas Not Visible to Staff
- Common Areas
- Classrooms
- Supervision of Juveniles
- Bathroom/Shower Areas
- Outside Recreation
- Office Areas
- Visitation Areas
- Radio Communication
- Control Area

The provided vulnerability assessment report exceeds the minimum requirements of this PREA Standard, as determined by the auditor, and in conducting such an assessment in addition to the required annual Staffing Plan review, the agency has proven that promoting resident sexual safety is a top priority.

**(e):**

As highlighted in agency Policy 14.5 on page 5, "Supervisors will conduct and document unannounced rounds at least once weekly on the AM (6:00AM-6:00PM) and PM (6:00PM-6:00AM) shift to identify and deter staff sexual abuse and harassment. Staff will not be alerted to the unannounced unscheduled rounds occurring by other employees, contractors or volunteers. The shift Juvenile Supervision Officer (JSO) Supervisor or JSO III will document the unannounced rounds on the supervisor unit check log to be maintained in the JSO supervisor's office. These rounds are to deter staff sexual abuse and sexual harassment. These forms will be turned in to the PREA coordinator on the 20th of each month.

The auditor also confirmed that the unannounced round requirements set forth by provision (e) are included in the agency's Staffing Plan. According to the PREA Supervision Requirements section on pages 7 and 8 of this Plan, unannounced rounds are performed during all shifts throughout the areas of the facility and are performed by the assigned Supervisor or JSO III at random unscheduled times and dates during their rotation. Documentation of this will be reflected in the Supervisor Unannounced Rounds Report.

Further, the following unannounced round procedures are documented on pages 7 and 8:

- Unannounced rounds to identify and deter staff sexual abuse and sexual harassment - The shift supervisors will conduct unannounced rounds when necessary but at least once per week and document the rounds on the

facility unannounced rounds form.

- The supervisors will walk through the entire facility to conduct the unannounced rounds, as practical. The date, time, entry point where the unannounced visit was initiated, areas visited, exit point (where the visit terminated), and a description of what they observed or encountered will be documented on the Facility Unannounced Rounds Form. Unannounced rounds are conducted randomly and documented by supervisory staff.
- Staff, contractors and volunteers will not alert other staff of an unannounced supervisory round occurring. Staff found to have engaged in such conduct (i.e., alerting other staff about unannounced supervisory rounds) will be subject to administrative disciplinary sanctions, up to and including termination of employment.
- Once per month the PC will collect and review the Facility Unannounced Rounds forms to confirm that unannounced supervisory rounds are occurring during all shifts (i.e., day and night), and that the staff conducting these rounds are visiting all areas of the facility and documenting what was observed or encountered. The PC will document the findings, on the monthly unannounced rounds report, by the 20th of each month and provide the report to the facility administrator for review or needed adjustments. All rounds have been conducted and reviewed as required.
- Every six months the PC will ensure that all of the facility's shifts and areas have been exposed to at least one unannounced supervisory round during the previous six months.

In order to assess how the agency complies with the unannounced PREA supervisory rounds in practice at the facility, the auditor was provided one calendar year's worth of completed PREA Supervisor Unannounced Round forms and Monthly Unannounced Round Reports from 2/1/2022 - 2/21/2023 (*total of 124 pages*). Upon the auditor's analysis of the documents provided, it was clear that the agency has fully institutionalized an effective system for conducting and reviewing unannounced PREA rounds that are compliant with the requirements of this PREA Standard provision. Further, the auditor randomly selected a representative sample of Unannounced Round forms to examine for compliance and confirmed that the rounds were conducted at random and no distinguishable patterns were observed. In addition, the Unannounced Round forms prove that the rounds are conducted at least once per week per shift, with the agency utilizes a two shift schedule (6am-6pm and 6pm-6am). This institutionalized practice of conducting the unannounced supervisory PREA rounds at least once per week per shift substantially exceeds the minimum required frequency set forth by this PREA Standard provision of once per shift per month.

Lastly, the auditor also reviewed video surveillance video of three (3) PREA unannounced supervisory rounds conducted at the facility in the month of May, which further demonstrated to the auditor how the PREA unannounced rounds were successfully conducted at the facility.

**Corrective Action Summary:**

- ***Through this documentation review and discussions with agency leadership, it was determined that the agency has continually experienced staffing deficiencies related to the impact of the COVID-19 pandemic, which has caused the staffing plan deviations outlined in this section that are associated with the required 1:8 staff to resident PREA ratio. As explained by agency leadership, the staffing deficiencies were a direct result of the situation of people growing accustomed to working from home or not working at all during and after the COVID-19 pandemic, which has been referred to the "great resignation" period. The auditor determined that the staffing deviation situation that the agency has been experiencing for the past 12 months does not fall within the criteria of "limited and discrete exigent circumstances." Per the Juvenile PREA Standard Definition of an exigent circumstance, it is defined as any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Therefore, for the auditor's review period of the last 12 months, the auditor determined the "great resignation" situation cannot be used as a limited and discrete exigent circumstance during this audit review period, and the facility was, and continues to be, required to comply with the required PREA staffing supervision ratios. The agency has been found to not be in full compliance with the required 1:8 staff to resident supervision ratio requirements of provision (c) of PREA Standard 115.313, and, therefore, a 6-month correction action period shall be initiated to resolve the non-compliance staffing issue.***
- ***A corrective action plan was developed by the agency and the auditor soon after the onsite was completed, which required the agency to provide the auditor with proof documentation demonstrating how the agency has corrected the non-compliance staffing supervision issue in practice at the facility. During a four-week period of time after the on-site, the agency provided the auditor with Shift Supervisor Reports and Resident Rosters for the period of corrective action from July 14th, 2023 to August 10th, 2023. Additionally, the auditor was also provided staff time sheets for a two-week period of time during the corrective action timeframe, which provided further evidence to demonstrate compliance with the required 1:8 waking hours staff to resident ratio required by PREA standard 115.313 (c). Upon the auditor's review of the corrective action proof documentation provided, the auditor was able to sufficiently determine that the agency has successfully institutionalized a consistent practice of complying with the required PREA supervision and no further corrective is***

*action is required at this time.*

- *It is important to note that the agency's PC and Facility Administrator, who provided the auditor the corrective action proof documents on a weekly basis, described how the recent pay raise for JSO's "absolutely helped" with attracting new JSO applicants and in retaining current staff, and this was evident in the auditor's review of the Shift Supervisor Reports. For example, the auditor identified that each Supervisor Report provided included adequate staffing levels that were not observed as a normal practice in previously reviewed documents provided during the pre-onsite phase of the audit.*

**Conclusion:**

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

115.315	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Agency PREA Policy 14.5</li><li>- Agency Policy 10.13 (Searches &amp; Contraband)</li><li>- Agency's Staffing Plan</li><li>- VRJJC Cross Gender Pat Search Training Agenda</li><li>- PREA Training PowerPoint Presentation (57 Slides)</li><li>- PREA Training Verifications (searches)</li><li>- PREA Training Acknowledgment of Understanding Forms</li><li>- JSO Basic Training Topic &amp; Verification Sheet</li><li>- Juvenile Intake Training Sheet</li><li>- Handle with Care PowerPoint Slide 37 (Pat Searches)</li><li>- Memo from the agency's Chief Juvenile Probation Officer</li><li>- Random Sample of PREA Employee Training Files (9)</li></ul>

**Interviews:**

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents confirmed that they are able to shower, change their clothes, and use the restroom in private without opposite gender staffing viewing. The residents described how each of the housing units include two individual shower stalls, with each shower room being behind a wall and a curtain is also up to ensure full privacy during shower time. The residents also confirmed that showers are conducted one at a time and it is a rule to be fully dressed before exiting the shower area and leaving their rooms. Additionally, all the residents confirmed to the auditor that they have never been searched, in any way, by a staff member of the opposite gender, and the residents sufficiently indicated that staff of the opposite gender announce their presence when entering the housing unit. The announcement was explained to be loud enough so all can hear, and all the residents expressed how they believe their privacy is taken seriously at the facility, with no issues of concern expressed.

- The auditor also interviewed a total of 12 randomly selected Juvenile Supervision Officers (JSOs) while onsite, and each of the 12 JSOs adequately articulated the facility's limits to cross-gender viewing and searches. For example, the staff described how it is the agency's policy to prohibit cross-gender searches of any kind, and there has always been at least one male and one female JSO on each shift. The JSOs were aware from the PREA training they received that an exigent circumstance can be reason for a cross-gender pat-search; however, the JSOs expressed how this would never be the case in the facility due to the availability of male and female staff 24/7. The staff provided the auditor with examples of what an exigent circumstance may be, such as a natural disaster or emergency evacuation, which further demonstrated to the auditor the staff's understanding of the training received related to this PREA Standard. The JSOs were also aware of how a situation involving a resident who identifies as transgender or intersex would be staffed by the administration on a case-by-case basis to ensure the youth is comfortable with the search procedures and housing assignment, with the resident's own perception of safety and preference being given serious consideration. The JSOs all indicated that a situation involving admitting a resident in the facility who identifies as transgender or intersex is extremely rare, with no such examples provided within the past couple of years (as applicable to their years of service). The JSOs interviewed described the showering process, with the residents able to shower behind a wall and shower curtain (in private), and it was also explained how residents are afforded privacy when also using the restroom and changing. For example, the JSOs described how residents are able to use the restroom and change their clothes in private in their rooms, with the only possible opposite gender viewing being if a room observation is required for safety and security purposes (incidental to routine job duties). The JSOs all confirmed that opposite gender staff make an announcement when entering the housing unit in order to ensure all the residents are made aware of an opposite gender staff on the unit. The staff indicated that they receive annual training on how to conduct searches of residents,

which includes cross-gender pat-down searches in exigent circumstances and pat-down searches on transgender/intersex residents. The JSOs explain how the training includes how to conduct pat-down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Lastly, all the JSOs confirmed that it would be against agency Policy to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The JSOs explained how such a situation has never occurred while working at the facility; however, if the biological sex was unknown during the intake process, this situation would require a supervisor to be called and possibly a medical staff to assist. The intake staff and the supervisor could then attempt to have a conversation with the youth and the youth's parent/guardian, while also reviewing medical records, other intake documents, police report, previous facility documentation, etc. to ensure the biological sex is accurately identified before going any further with the intake process.

**Site Review Observations:**

The auditor examined the intake area during the facility inspection, which provides newly admitted residents with sufficient privacy, confidentiality, and safety during the intake process. While the auditor was inspecting the intake area, the Intake Officer was able to adequately describe the entire intake process. The Intake Officer described how the facility only conducts same gender searches; however, if a transgender or intersex resident is admitted into the facility, a supervisor will be called to ensure the situation is managed on a case-by-case basis and all the applicable PREA Standards are adhered to.

Throughout the entirety of the facility inspection, the auditor assessed the level of privacy provided to residents, in which the auditor determined the agency is able to provide the necessary privacy to ensure residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The showers in each housing unit are constructed as individual shower stalls (2 per unit), behind a solid brick wall, and a curtain is also used to ensure maximum privacy is afforded. Additionally, the auditor confirmed that the facility camera system is unable to view inside the shower area or the toilet area inside the resident's rooms. It is important to note the facility utilizes "Showering in Progress" signs that are posted on the unit's outside door during each housing unit's shower time. This provides an extra level of protection for ensuring staff of the opposite gender remain off the unit during showers.

**Explanation of Determination:**

115.315 (a-f):

Agency Policies 14.5 and 10.13 outlines the requirements set forth by this PREA Standard, as confirmed by the auditor. In the "Search" section on page 6 of Policy 14.5, the policy states that cross gender strip or pat searches will be conducted only in exigent circumstances (*documented and justified*) or when performed by LVN/

Physician/Physician's Assistant. Further, staff will be trained 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 following procedures are included in agency Policy, as verified by the auditor:

- All residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts (*female*), except in the case of an emergency, by accident, or performing routine cell or room checks.
- Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary by learning that information as part of a broader medical exam conducted in private by a medical practitioner.
- Body Cavity Search: An anal or genital body cavity search is the physical probing search of the resident's rectum and/or vagina. An anal or genital body cavity search shall be conducted only if there is probable cause to believe that a resident is concealing contraband. The search shall only be conducted by a licensed physician in a private room or setting.

The auditor was provided the agency's Staffing Plan, which was approved by the agency's Chief Probation Officer, Assistant Chief Probation Officer, Assistant Facility Administrator, and PC. This plan includes the requirements set forth in provision (d) of this PREA Standard, as highlighted below:

- Staff of the opposite gender are required to announce their presence when entering a housing unit/unit area when a youth is showering, performing bodily functions, or changing clothing. Supervision of the youths during shower time will be conducted by staff of the same gender in accordance with the agency Zero Tolerance Policy.
- Transgender and Intersex youths shall be provided the opportunity to shower, change clothing and use the bathroom separately from other youths. If individual showers are not available, the transgender and intersex youth will be provided the option to shower first or last so they can shower separately. Any accommodations must be provided in a respectful and nonjudgmental manner and that does not present a safety risk.
- The JSO assigned to a unit will conduct random youth face to name counts several times on each shift throughout the day. The JSO assigned the unit will visually recognize the youth and youth name assigned to the unit. Staff will conduct youth name/face counts twice daily at shift change.

In addition, the agency's Deviation Form Log is used to document Staffing Plan deviations to include staffing ratio deviations and any cross-gender resident searches of any kind. Upon the auditor's review of this log, none of the entries

documented any type of cross-gender search of a resident and each entry documented only that the deviations involved issues surrounding staff to resident supervision ratios (*as noted in section 115.313 of this report*).

In order to demonstrate how the agency complies with the training requirements of provision (f) of this PREA Standard, the following training documents were uploaded in the OAS and reviewed by the auditor:

- Cross Gender Pat-Search Training Agenda Sheet: five (5) topics outlined:
  1. Introduction to Cross-gender Pat Searches;
  2. Conducting Cross Gender Pat Searches;
  3. Searches of Transgender and Intersex Inmates and Residents;
  4. Summary of Key Points; and
  5. Questions and Closing.
- Pat Search Training Slide: part of the all staff annual Handle with Care restraint training, which includes the following procedures:
  1. All searches are conducted the same regardless of the gender (cross gender, transgender, intersex, etc.)
  2. All searches will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- Victoria Regional Juvenile Justice/Detention Facility PREA Acknowledgement of Understanding Form
- JSO Basic and Juvenile Intake Training Sheets, which include the following applicable training topics:
  1. PREA and Cross Gender Pat Search Video
  2. Juvenile Body Search
  3. Forms & Documentation
- PREA Training PowerPoint Presentation, which includes the following applicable training topics on slides 25-27:
  1. Searches help ensure facility safety and security. Searches can be traumatizing and need to be done professionally and respectfully.
  2. PREA requires facilities to take a youth's sexual orientation into consideration when deciding where to place the youth in the facility to protect the youth whose gender or sexual orientation is non-conforming.
  3. All searches will be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.
  4. Staff are trained on to conduct all pat searches in the same manner regardless of the gender.
  5. Definition of cross-gender pat searches.
  6. Cross gender strip or pat searches will be conducted ONLY in exigent circumstances, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
  7. A Transgender or intersex youth search will be conducted by the gender the youth identifies.

8. Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.
9. Definition of exigent circumstance.

The agency's Chief Juvenile Probation Officer provided the auditor with a signed memo that confirms there has not been a cross-gender resident search of any kind at the VRJJC since the last PREA audit. Further, this memo also states there has never been a situation involving a transgender or intersex resident being searched or physically examined to determine the resident's genital status.

The auditor was provided samples of completed VRJJC Training Verification forms, which include a total of 76 staff signatures. The signatures represent a large number of staff member who work in the facility, and the signed forms include an acknowledgement of understanding statement that states, "By signing below, I attest that I have attended, and that I understand the training." The agency indicated in the PAQ that 100% of the security staff have been trained in how to conduct cross-gender pat-down searches pursuant to the requirements of this PREA Standard, and this was sufficiently demonstrated to the auditor as explained above.

In addition to the training documents reviewed above, the auditor also randomly selected nine (9) security staff (JSOs) who were hired in the past 12 months to assess the level of compliance with providing all security staff with the required training on cross-gender pat-down search and search of transgender and intersex residents (*pursuant to the requirements set forth in provision (f) of PREA Standard 115.313*). Upon the auditor's review of the training verifications provided by the PC, it was confirmed that each of the 9 JSOs received and fully understood the required pat-search training when first hired to work at the facility.

**Conclusion:**

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

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> </ul>

- PREA Brochure (*English & Spanish*)
- Available Staff Interpreter List
- Certified Professional Interpreter List
- PREA Training PowerPoint for Staff (*59 Slides*)
- PREA Staff Training Acknowledgements
- Pre and Post Resident Handbooks

**Interviews:**

- One of the Victoria County's licensed court interpreters was contacted and provided the following information related to interpreting services available to a resident at the VCJJC. The interpreter works for Victoria County on an as needed basis and by appointment and holds a Texas Licensed Court Interpreter License with a English-Spanish pair. She confirmed it is possible for the juvenile agency to reach out to her for assistance with Spanish translation services for a resident at the facility. The Interpreter advised she does not recall ever interpreting for a juvenile resident, but she has interpreted in Court occasionally for the parents of the juvenile.

- The auditor discussed with the agency's administrative team the steps in place at the facility to ensure that residents with disabilities and those who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PC and FA sufficiently explained how all staff members receive specialized training on how to effectively communicate and work with residents who have a disability. Additionally, there are bilingual staff members who work for the VRJJC who can provide translation services to residents whose primary language is Spanish. It was also confirmed during the onsite that the facility utilizes TX certified teachers within the facility during the week, who are specially trained with working with juveniles who receive special education services (SPED) or who are identified as having English as a second language. The PC and FA also expressed how the therapist working at the facility provide all residents, especially those with a diagnosed mental health or intellectual disability, are provided the necessary care and attention to ensure their safety and well-being while in the facility.

- The auditor interviewed two residents who were identified as receiving SPED services while in the facility, and each resident was able to successfully articulate how they were provided PREA information during the intake process and throughout their stay in the facility (weekly video and staff review). There were no issues or concerns expressed by the residents in regards to their safety or understanding PREA, and each resident identified to the auditor the different ways to report a PREA incident.

-The auditor also interviewed two residents who were identified as having English as

their second language; however, the auditor confirmed through each interview that both residents were able to clearly understand and speak fluent English. The residents were also able to clearly articulate how PREA information was provided to them, with having no communication barrier to note.

-The auditor interviewed 12 randomly selected JSOs during, and each staff member advised that there are staff members and other professional interpreters available to assist with any resident who has any type of communication or language barrier. The staff confirmed that a resident would never be used to interpret for another resident for a PREA related matter and such a situation has never occurred in the facility.

**Site Review Observations:**

During the onsite, the auditor made a successful test call to the Texas Juvenile Justice Department (TJJD) Incident Response Center (IRC) using the TJJD Hotline process utilized for residents and staff at the facility. This 24/7 Hotline is operated by TJJD and in connection with the TJJD Office of Inspector General (OIG), and the auditor has confirmed that TJJD provides interpreting services for all languages through their hotline. Furthermore, the auditor also took note of the PREA and TJJD signage in Spanish in English that is posted on each housing unit, in the intake area, and throughout the other areas of the facility.

**Explanation of Determination:**

115.316 (a-c):

According to agency Policy 14.5 on page 8:

- Residents shall receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:
  - Pre - by the officer conducting the intake process (upon arrival) verbally and will be provided the zero tolerance pamphlet.
  - Post - by the case manager assigned to the youth verbally and provided the zero tolerance pamphlet within 12 hours of arrival.
- Additional comprehensive age appropriate education is shall be provided within 10 days of intake in the unit as scheduled every weekend. The JSO assigned the unit will ensure that the youth watch the comprehensive video. The comprehensive education will be in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas they will report to the supervisor the need for additional resources. The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary

specialized vocabulary, when necessary. In all circumstances this facility will not rely on resident interpreters.

- The education will include the youth's rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
- Upon conclusion of the video the JSO assigned the unit will ensure the resident signs the PREA unit orientation form acknowledging participation in this education. The form will be turned in to the supervisor on duty to be maintained in the resident's individual file in the supervisor's office or to the case manager for the post residents.
- PREA information will be continuously and readily available in the unit, the resident handbook and posted in the unit.

In addition, the agency provided the auditor with the agency's Resident Handbooks (*English & Spanish versions*) for the pre and post adjudication programs, which includes information regarding PREA and the PREA orientation elements required to be provided to residents upon admission pursuant to PREA Standard 115.333. The PC noted in the comments section in the PAQ that all residents are provided a PREA Brochure and Resident Handbook upon entering the facility, during the intake process. The PC provided the auditor with the PREA Brochure in both English and Spanish, which includes the following information:

- TJJD Abuse Reporting Hotline Number and Process for Calling
- Resident Rights (zero tolerance)
- Prevention & Intervention Strategies
- What is Sexual Abuse
- No Consent
- Minimizing Risk
- Reporting Sexual Abuse
- Treatment & Counseling

The Spanish Resident Handbook and PREA Brochure ensure residents who are limited English proficient (LEP) are provided the PREA information in a format they can understand. In addition, the agency also provided the auditor with a list of available staff and certified interpreters. This list includes a total of nine (9) available interpreters who are able to read, write, and interpret Spanish to English and English to Spanish. There is also a certified medical staff who reads, writes, and speaks both Spanish and English. In addition to the total of ten (10) agency staff available to translate for a Spanish speaking resident, the agency also can utilize a certified court interpreter who can provide professional services related to translating Spanish and providing sign language services for a resident who is Deaf or hard of hearing. If there is a situation in which a resident who is disabled is in need of specialized services beyond the scope of what the agency staff can provide, the agency is able to refer the youth to a specialist with the Victoria Independent School District (VISD) Special Education Department. The services the VISD Special

Education Department can provide include, but are not limited to: English as a second language (*includes all translation services for all languages*), sign-language services, and interpreters for the visually impaired.

To ensure all staff working in the facility are able to provide PREA information to all residents, including residents with disabilities (*including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities*), the agency trains all staff on how to provide such information during JSO Basic and during the annual PREA refresher trainings. The auditor was provided the agency's PREA training curriculum, which is a PowerPoint presentation that includes the following training topics on slides 28 and 29:

- Standards require any youth who is detained in a facility must receive information on the PREA's Zero Tolerance policy within 12 hours of intake.
- Federal Government (PREA) requires information provided to youth during orientation.
- Additional age appropriate comprehensive education in a format accessible to all residents will be provided within 10 days of intake. A video is scheduled on weekends in each unit.
- The JSO assigned to the unit will ensure all youth watch the comprehensive video and understand zero tolerance and how to report.
- If the youth reports limited English proficiency, is disabled, blind, deaf, etc. or the staff are aware of any deficiency in any area that prevents the youth from understanding the information, the staff will report to the supervisor the need for additional resources.
- The supervisor will notify the facility administrator who will contact the appropriate community resource services.
- Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary.
- In all circumstances this facility will not rely on resident interpreters.

To assess whether the staff working in the facility have received and understand the PREA training received, the auditor cross-examined the agency's staff roster (*names of all the current staff*) with the provided PREA training verifications. Upon the auditor's review, it was determined that 100% of the staff working at the facility have been properly trained on their PREA duties, which includes, at a minimum, the eleven (11) training elements of PREA Standard 115.331.

**Conclusion:**

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

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1015 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1458 878" style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Victoria County Application for Employment</li> <li>- Misconduct of Sexual Harassment or Abuse History Page (included in application)</li> <li>- Prior Institutional Employment Page (included in application)</li> <li>- Volunteer &amp; Intern Application</li> <li>- Child Abuse Registry Check Consent Form (TJJD/DFPS)</li> <li>- Random Sample of Staff, Volunteers, and Contractor Personnel Files</li> </ul> <p data-bbox="280 913 459 949"><b>Interviews:</b></p> <ul data-bbox="280 985 1481 2078" style="list-style-type: none"> <li>- The auditor discussed the process of how the teachers who provide education services to residents within the facility are screened pursuant to the background requirements of PREA Standard 115.317 (d) with the agency's PREA Coordinator (PC) and Training Coordinator. The agency's Training Coordinator explained the following: <ul data-bbox="354 1254 1481 1792" style="list-style-type: none"> <li>• All of the teachers at the facility are subscribed to the Fact Clearing House by the juvenile department. The agency will get a notice from Texas Department of Public Crime Records Division if an incident occurs with any of our contractors, teachers, volunteer, interns, or staff. The notice will be emailed to the Staff Services Coordinator, Training Coordinator, and the Facility Administrator. Once the Training Coordinator logs into Fact Clearing House system and views the description, the agency has 10 days to report it to TJJD. The Training Coordinator confirmed that he has never waited the 10 days and will provide all information disclosed to TJJD with in 24 to 48 hours. After a recent review of the teachers' files, he confirmed that all the teachers who have contact with residents within the juvenile facility have had their PREA background checks completed and the next due date to review will be in 5 years.</li> </ul> </li> <li>- The auditor also discussed the requirements of this PREA Standard with the agency's Staff Services Coordinator, who has 15 years experienced working at the VRJJC. This Coordinator advised that the agency conducts a criminal history and child abuse registry check on <b>ALL</b> staff, contractors, &amp; volunteers before allowing these individuals with access to residents at the facility. She elaborated further and explained that TX Department of Safety (DPS) and FBI background checks are</li> </ul>

conducted through the FACT Clearinghouse with DPS. Further, child abuse background checks are conducted by the Texas Department of Family and Protective Services (DFPS). All the background checks were confirmed to be completed prior to employment for all volunteers, contractors, interns, and staff. The Staff Services Coordinator (SSC) also verified that if a person wants to be employed by the VRJJC, the individual must complete their fingerprints and subscribed to the FACT Clearinghouse before they are eligible to be hired or provide services at the facility. The process of the hiring process was explained to include the following procedures:

1. The applicant completes the agency's application, a child abuse registry check consent, and supplemental questionnaire of personal history and background.
2. A section of the application includes asking the applicant questions related to criminal history and drug/alcohol history, as well as misconduct of sexual harassment or abuse history.
3. A past employment inquire is completed to assess whether the applicant has any sexual abuse or sexual harassment allegations against them.
4. The applicant submits his/her fingerprints, which then allows the SSC to go into the FACT Clearinghouse and check their TXDPS and FBI background.
5. SCC completes the TXDPS criminal history check application and waits for response from the DFPS agency stating whether or not the individual is clear of any abuse/neglect history.

The SCC also confirmed that the Chief Juvenile Probation Officer would make the ultimate decision on a contractor, volunteer, or staff being able to enter the juvenile facility who has prior sexual harassment allegations. Further, new and current employees are asked about previous misconduct pursuant to the requirements of this PREA Standard during initial interviews and/or on written applications for promotions. The SCC provided the auditor with the agency's application and corresponding PREA questionnaire. The SCC also explained that the agency's Code of Ethics Policy includes the requirement for everyone employed with the VRJJC to be verbally informed about the Code of Ethics during training, and each employee reads this Policy and signs an acknowledgement with the date reviewed. The agency's Code of Ethics Policy states that juvenile justice professionals must report to the appropriate authorities any unethical behavior or violation of policy, which is also required to be reported to their immediate supervisor immediately. Lastly, the SCC indicated to the auditor that the facility would not provide any information about a prior employee, with this request being forwarded to the county's Human Resource Department for further processing. The Human Resource Department would provide the requested information, as verified by the SCC. The individual's personal file is maintained by this department and would include any accusations or investigations that were made or conducted while the individual was employed at the facility.

**Explanation of Determination:**

115.317 (a-h):

According to agency Policy 14.5 on pages 3 and 4, the following procedures are required to be adhered to on an agency-wide level for any individual who may have contact with residents in the facility and include all the requirements set forth by this PREA Standard, as verified by the auditor upon review:

- TJJD Standards will be followed as outlined in policies 1.6 Consultants, Contract Employees and other Agencies, 3.1 Employment, and 20.1 Volunteers.
- The agency or facility shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who has any disqualifying activity outlined in provision (a) (1-3) of this PREA Standard.
- VRJJC shall 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 the residents.
- Prior to hiring new employees who may have contact with residents, the staff services coordinator shall:
  - Perform a criminal background records check using the State of Texas Department of Public Safety fingerprint system (FAST system). The system will notify the staff services coordinator of any arrest for criminal activity of current employees, contractors and volunteers/ interns who may have contact with residents.
  - Consult the child abuse registry maintained by the Texas Department of Family and Protective Services Centralized Background Check system.
  - Consistent with Federal, State, and local law, the JSO hiring supervisor shall make the best effort 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.
- Criminal background records check, (FAST) system using the DPS and FBI databases and child abuse registries will be conducted prior to enlisting the services of any contractor who may have contact with residents by the staff services coordinator.
- These checks will notify the staff services coordinator of arrest for criminal activity of employees/contractors/interns who may have contact with residents.
- All applicants and employees who may have contact with residents directly shall be asked by the staff services coordinator about previous misconduct described in paragraph (b) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. VRJJC requires that all employees, contractors, interns and volunteers immediately (within 24-hours) disclose, in written and verbal form, to their immediate supervisor, or his/her designee in the supervisors' absence, any misconduct.

- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the facility administrator shall 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.
- Background checks using the FAST system will be conducted every 2 years on employees, contractors and interns.
- The DFPS Child Registry check will be conducted before hiring new employees and before enlisting the services of any contractors, interns and volunteers who may have direct contact with residents. The Child Registry check will be conducted every 5 years from the initial registry check or upon an employee promoting to a supervisory position (change in job responsibilities/duties).

In order to demonstrate how the agency ensures the above PREA requirements are met in practice at the facility and within the agency, the auditor was provided the agency's employee application (*includes: PREA questions, institutional reference check, and personal history and background information*), Texas Department of Public Safety criminal history reports, Department of Family and Protective Services (DFPS) Child Abuse Registry Check Consent Form and subsequent clearing emails, and information on how the VISD teachers who provide educational services inside the facility are screened. Each form sufficiently demonstrated how the agency ensures all individuals, including volunteers, who have contact with residents in the facility are properly screened pursuant to the requirements of this PREA Standard. Additionally, it is important to note that even though this PREA Standard does NOT require volunteers to be screened for disqualifying criminal or child abuse history, the agency exceeds the minimum requirements and ensures this is completed for each volunteer who has contact with residents.

In addition, the auditor randomly selected nine (9) security staff (JSOs) who were hired in the past 12 months to assess the level of compliance in practice with conducting the hiring and promotion process pursuant to the requirements set forth by this PREA Standard. Upon the auditor's review of each of the 9 JSO's personnel verification documents provided by the PC, it was confirmed that each of the 9 JSOs were properly screened as required by the applicable elements of this Standard. Further, the auditor confirmed that each of the 9 JSOs were successfully subscribed to the FACT Clearing House with the Department of Public Safety of Texas, cleared of any history of child abuse and neglect through the DFPS, answered the required PREA questions required by provision (f), and an institutional reference check was completed.

The auditor also randomly selected three (3) volunteers and three (3) contractors who have contact with residents in the facility to assess the level of compliance in practice with the applicable contractor vetting requirements of this PREA Standard. For the 3 volunteers and 3 contractors selected, the PC provided the auditor with each individual's DPS Criminal History Reports, which confirmed the subscription to

the State's FACT Clearing House, and DFPS child abuse clearing emails. Further, it is important to note that even though PREA Standard 115.317 does not require an agency to conduct a criminal history background check or child abuse registry check on volunteers, the VRJJC was found by the auditor to substantially exceed the minimum requirements set forth by this Standard by conducting both background checks and subscribing all volunteers to the DPS FACT Clearing House Subscription Service.

**Conclusion:**

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

**115.318 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- PAQ
- Memo from the Chief of the agency

**Interviews:**

- The auditor discussed the requirements of this PREA Standard with the agency's Assistant Chief, who has 28 years experience working for the VRJJC. The Assistant Chief confirmed that monitoring technology is relied upon as a secondary source of supervision to protect residents from sexual abuse and sexual harassment, as well as retaliation and staff neglect. Further, video surveillance data is reviewed in the event of an incident of alleged sexual abuse or sexual harassment by internal investigators and in some instances, law enforcement and TJJJD OIG. Monitors, which were identified to be present in the facility's control room, are under constant supervision by control room personnel and are used as a second set of eyes in an attempt to prevent sexual abuse/sexual contact. The Assistant Chief also mentioned that camera placement is reviewed annually by facility leadership in an effort to determine if there is a need to install additional cameras or move existing ones.

**Site Review Observations:**

During the onsite, the auditor confirmed through the facility inspection that there is no physical evidence to suspect the facility has recently undergone a new substantial expansion or modification of the building plant. In addition, during the time the auditor spent onsite, there was no evidence to suggest the agency's video

monitoring system was recently upgraded in a substantial way. The only additional piece of equipment identified was the one additional camera added to the facility's kitchen area.

**Explanation of Determination:**

115.318 (a-b):

The agency's Chief Juvenile Probation Officer provided the auditor with a signed memo that confirms there has not been any new substantial expansion or modification to the VRJJC since the agency's last PREA audit. Further, the memo confirms the only addition to the agency's video monitoring system being one camera that was added to the facility's kitchen area in which the residents are not allowed. This information was also included in the PAQ.

In adding the one camera in the kitchen area, the agency indicated that the camera was added to enhance the agency's ability to protect residents from sexual abuse by deterring inappropriate activity in the kitchen area.

**Conclusion:**

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

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- MOU Between VRJJC &amp; Victoria County Sheriff's Office (VCSO)</li> <li>- Protocols for Responding to Sexual Assault Situation</li> <li>- Email Communications Between PC and Mid-Coast Family Services</li> <li>- Mid-Coast Family Services Organization Information</li> <li>- Interagency Agreement Between Hope Child Advocacy Center and VRJJC</li> <li>- Memo Signed by the Chief of the VRJJC</li> <li>- Internal Investigative Report &amp; Supplemental Investigative Documentation</li> </ul> <p><b>Interviews:</b></p>

- The auditor interviewed a representative from the Hope Children's Advocacy Center in Victoria, TX, which is named "Hope South Texas." This representative answered the number provided on the organization's website (361-573-HOPE) and provided the following information as it relates to victim and resident emotional support services:

- All their staff are PREA trained before having contact with residents within the facility, which is provided by the VRJJC.
- A resident survivor of sexual abuse can be referred to Hope South Texas at any time, with the juvenile agency first contacted local law enforcement (VCSD) and then the advocacy center.
- Trauma therapy and victim advocacy are provided by Hope South Texas mental health practitioners and advocacy specialist, with confidentiality as a main priority.
- The advocacy center's normal business hours are Monday-Friday from 8:30 to 5:30; however, if emergency after hours victim services are needed, the Mid-Coast Family Services Center has a 24/7 emergency hotline number (361-573-4357).
- Emotional support services and crisis intervention are available to any resident who calls or is referred.
- A victim advocate is able to accompany the survivor throughout the investigative forensic process.
- SANE/SAFE medical exams would be conducted at either Citizen's Medical Center or DeTar Hospital in Victoria, TX.
- Counselors from the advocacy center go to the Victoria County Juvenile Justice Center twice per month to speak and provide mental health services to residents at the facility.
- All services are provided free of charge.

- The auditor also interviewed a representative from Mid-Coast Family Services in Victoria, TX, and she explained how this organization is a domestic violence and sexual assault shelter. The representative discussed how Mid-Coast Family Services is able to provide the following services to a resident at the VCJJC:

- 24/7 hotline, which can provide victim services related to sexual abuse and emotional support services provided by a specially trained counselor.
- 24/7 victim advocacy accompany and victim advocacy services provided throughout the investigative process.
- All services are provided confidentially and free of charge.

- The auditor interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained to immediately report any suspicion or knowledge of sexual abuse to local law enforcement, TJJD, and their immediate supervisor. All the staff described the protocols associated with responding to a sexual assault or sexual abuse incident, which included the following first responder duties: separating the victim from the perpetrator, preserving and protecting the scene,

advising the victim and perpetrator to not do anything that could destroy or contaminate any usable physical evidence (*examples provided*), documenting the incident of an incident report, requesting assistance from medical and/or mental health professionals as applicable to the level of the abuse, ensuring the victim is transported out of the facility for a forensic medical exam and interview, providing a victim advocate (*Hope Children's Advocacy*) and allowing for local law enforcement to collect and conduct a criminal investigation.

**Explanation of Determination:**

115.321 (a-h):

**(a-b & f):**

Per the information provided in the PAQ, as well as the information included in agency Policy 14.5 and the MOU with the Victoria County Sheriff's Department (VCSD), the VCSD and TJJJ are the agencies responsible for conducting criminal investigations into allegations of sexual abuse at the facility, with the VRJJC responsible for conducting administrative internal investigations into allegations involving sexual abuse and sexual harassment at the facility. Per agency Policy 14.5 on page 15, investigations into allegations of sexual abuse and sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy 14.5 on page 13 also confirms that upon receiving any allegation of sexual abuse, the administrator or designee shall promptly (*within 1 hour of receipt*) report the allegation to VCSD, TJJJ, and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified.

In addition, it is important to note that agency Policy 14.5 on pages 13-16 outline a uniformed evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. For example, the policy highlights the evidence protocols related protecting the victim and preserving and protecting the crime scene, as noted below:

1. Separate the alleged victim and abuser pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, smoking, drinking, washing, brushing teeth, changing clothes, urinating, defecating, or eating. The Facility Administrator/designee will collect all unit documentation, including general unit log, individual room logs, seclusion logs, control log, etc.

4. If the abuse occurred within a time period that still allows for the collection of physical evidence ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
5. If the first responder is not a JSO/JPO, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify the JSO/Supervisor/Administrator/PREA Coordinator/Investigator.
6. The supervisor/designee will contact the Facility Administrator immediately to determine if the youth will be transported by the EMS or in the facility vehicle by a JSO depending upon the medical treatment required.
7. Residents will have access to the SANE nurse at CMC. The SANE nurse will respond to the hospital to provide emotional support services and resources for legal representation.

The auditor was also provided a fully executed MOU between the VRJJC and VCSD, which includes the requirement for the Sheriff's Department to follow uniformed evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per this MOU, the protocol will be developmentally appropriate for youth and shall be adapted from or 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. Furthermore, the following requirements are set forth in the signed MOU:

The parties hereto adopt VRJJC PREA Plan of preventing, detecting, reporting and responding to all allegations of sexual abuse, sexual harassment or retaliation. The PREA Plan, as outlined in the VCJJC Policies and Procedures, integrates the existing services and activities as undertaken by the signatories and the local collaboratives and adds services to create a seamless, comprehensive system of services for youth confined in VCJJC and, as legally allowable, their families. The PREA Plan integrates the resources to be provided by VRJJC, law enforcement, and community resources.

**(c):**

The PC noted in the PAQ that the VRJJC does not employ a SANE/SAFE nurse at the agency, and if a forensic medical examination is necessary, the resident would be transported to a local hospital. The PC indicated that a SANE or SAFE is always available on call through the local hospitals. Further, the agency's PREA Policy 14.5 outlines the following procedures related to provided a such an exam:

All residents who experience sexual abuse shall have access to a forensic medical examination without financial cost through Citizen Medical Center (CMC) by the SANE nurse. Efforts shall be made and documented on the facility incident report,

nurse's notes or shift supervisor's report to provide Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANES). The SANE nurse will respond to the hospital to provide emotional support services and resources for legal representation and determine referrals to services based on their professional training to include but not limited to emotional support for sexual abuse and/or retaliation.

In addition, the executed MOU between the VRJJC and VCSD also includes the requirements pursuant to this PREA Standard provision (c), as noted below:

- Provide qualified staff to provide advocacy services for VRJJC youth who report being sexually abused to provide intervention and related assistance.
- Initially meet the VRJJC youth at the local hospital to provide advocacy services through the forensic medical examination process and investigatory interviews to provide emotional support crisis intervention) information, and referrals.
- Provide victims of abuse will have access to forensic medical examinations without financial cost, where evidentiary or medically appropriate performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), if possible. If not available. The examination can be performed by other qualified medical practitioners. Efforts to provide SAFEs or SANEs shall be documented.

**(d & e):**

According to the agency's PREA Policy 14.5 on page 15, attempts shall be made to make available a victim advocate through the SANE nurse at Citizen Medical Center (CMC). All efforts must be documented. The SANE nurse is a victim advocate who will aid the sheriff department and investigators collect evidence and to provide emotional support during the collection of evidence process using the most up to date National Protocol for Sexual Assault Medical Forensic Examinations. In addition, as requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Additionally, the agency provided the auditor with a fully executed Interagency Agreement between the VCJJC and Hope Child Advocacy Center (HAC) / Hope of South Texas, Inc. This agreement was signed by the VRJJC Chief Juvenile Probation Officer and the Executive Director of the Hope of South Texas, Inc. and outlines the responsibilities of the VCJJC and HAC for providing a multidisciplinary team response to a situation involving sexual abuse of a resident at the juvenile facility. Per this agreement, the two parties have agreed to develop, maintain and support through the Hope Child Advocacy Center, a child friendly environment emphasizing the best interest of the children and providing investigatory and rehabilitative services to the child victim and non-offending family members. The Hope of South Texas is described as a children's advocacy center and provides a safe, child-friendly

environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child. Through the multidisciplinary team approach, the organization is able to provide a coordinated effort to make the experience of the child survivor less traumatic as they journey on their path of healing. This children's advocacy center provides the following victim services, as verified by the auditor upon review of the Interagency Agreement and information packet provided in the OAS:

- Multidisciplinary Case Review and Case Tracking
- Joint Investigation Coordination
- Specialized Forensic Interviews
- Family Advocacy and Victim Services
- Trauma-Focused Therapy
- Volunteer Opportunity and Internships

The auditor was also provided an email communication between the juvenile agency's PC and the CEO of Mid-Coasts Family Services, which confirms the following services are available to residents at the VRJJC:

Mid-Coast remains committed to serving youth and adults who have been impacted by sexual violence and provides a 24-hour hotline, crisis counseling, hospital and court accompaniment, legal advocacy, and limited professional counseling.

In order to ensure Mid-Coast Family Services provides victim services as described above, the auditor visited the organization's website at: <http://www.midcoastfamily.org/>. The organization's website confirms the services are available to any individual who contacts or is referred to the advocacy center and publishes the following information:

- 24 Hour Hotline
  - (361) 573-HELP (4357) or (800) 870-0368: Answered 24 hours a day, seven days a week by a trained Sexual Assault Program staff member. We are equipped to respond to callers who are deaf, hearing impaired or with limited English proficiency. All calls are confidential. You may also email [crisis@midcoastfamily.org](mailto:crisis@midcoastfamily.org) for a quick reply.
- Crisis Intervention
  - This immediate, supportive response is provided to reduce acute distress, begin stabilization, and assist in determining the next steps for a survivor of sexual violence.
  - Crisis Intervention is available during normal business hours on a walk-in basis or 24 hours/day, 7 days/week through the hotline.
- Advocacy
  - Advocacy is providing assistance on behalf of a survivor of sexual violence with third parties. These could be schools, employers, law enforcement agencies, housing authorities, health care providers,

prosecutor offices, Crime Victim's Compensation (CVC), and more. Staff work to orient survivors of sexual violence to their constitutional and statutory rights and assist survivors in securing those rights. Advocacy is available during regular business hours on a walk-in or appointment basis.

- Accompaniments
  - Our trained staff are available to accompany survivors of sexual assault to hospitals, law enforcement offices, prosecutors' offices, and court. This means in-person support, assistance and provision of information about crime victim rights during interaction with each of these arenas. Hospital accompaniments for medical forensic exams are available 24 hours/day, 7 days/week.

In addition, the executed MOU between the VRJJC and VCSD also includes the requirements pursuant to this PREA Standard provision (d), as noted below:

- Provide follow-up services;
- Will include one or more of the following depending upon the recommendation of VICTORIA COUNTY SHERIFF'S OFFICE trained staff:
  - Confidential emotional support services related to sexual abuse;
  - Intervening with media when requested;
  - Providing referrals to meet individual needs;
  - Facilitating safety planning;
  - Helping navigate through the Criminal Justice process;
  - Giving information about the crime victim's Bill of Rights;
  - Assisting with Victim Impact Statements;
  - Working with VRJJC- As needed, helping VRJJC youth with identifying resources for continued medical care; and
  - Work with the VRJJC on any "review process to help improve facility and security, as confidentiality laws allow.

**Auditor's Investigative File Review:**

In order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VCJJC staff member outside the facility. The report was taken serious by agency and immediately reported up the chain of command, to TJJD, and to the Victoria County Sheriff's Department (*within 2 hours of outcry being made*), as documented on the initial TJJD Incident Report and verified by the signed memo from the Chief of the juvenile agency. The first staff member with knowledge of the abuse documented the verbal allegation on an agency Incident Report, and the agency immediately began an internal administrative investigation and placed the alleged perpetrator on administrative leave. The auditor confirmed that the

agency’s uniformed evidence response protocol was followed, as applicable to this particular situation, and after the allegation was reported to TJJJ, the Office of Inspector General with TJJJ advised the agency that an assigned investigator with TJJJ County Investigative Division would be at the facility within 24 hours to conduct the onsite investigation. Per the TJJJ Internal Investigative Report and supplemental investigative documents/emails, a preponderance of evidence obtained during the OIG’s investigation established the allegation as “false,” with a disposition of “unfounded.” The auditor confirmed that the required contacts were made within the required time frames and documented on several of the investigative documents provided to the auditor. Furthermore, it is important to note that the auditor determined the agency was not required to provide the alleged victim a forensic medical examination or a victim advocate due to the nature of the allegation and lack of evidence to suggest sexual abuse occurred. However, as noted above, the agency has the means necessary to provide such services if so required.

Other than the allegation outlined above, which was alleged to have occurred outside the facility, the Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused **within** the facility since the last PREA Audit completed in 2020.

**(g & h):**

Auditor is not required to audit these provisions.

**Conclusion:**

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

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- MOU Between VRJJC &amp; Victoria County Sheriff's Office (VCSO)</li> <li>- Agency Sexual Harassment and Sexual Abuse Investigative Log (2022-current)</li> <li>- Memo Signed by the Chief of the VRJJC</li> <li>- Internal Investigative Report &amp; Supplemental Investigative Documentation</li> </ul>

**Interviews:**

- The agency's Assistant Chief discussed the agency's PREA policies that require allegations of sexual abuse and sexual harassment to be immediately reported to the proper authorities and investigated according to the requirements set forth by this PREA Standard. The Assistant Chief advised that in the event of an allegation of sexual abuse an internal investigation will be initiated immediately along with TJJD and local Law Enforcement being notified of the specific allegation. In the event the allegation is deemed to be non-criminal the agency's PREA Coordinator (PC) will obtain witness statements, interview staff and youth, review camera footage as well as review any incident reports relevant to the allegation. If the investigator (PC) determines the allegation is criminal, the investigation is transferred over to local law enforcement and/or TJJD OIG. Furthermore, this administrator confirmed that the PC will provide full cooperation with any criminal investigation, stay in contact with criminal investigators, and wait for the outcome of the investigation without interference.

- The auditor also interviewed the agency's PC, who is a specially trained internal investigator for the VRJJC. The PC advised that she has completed both an online investigator training course, as well as a recent in-person investigator training that was provided by the Director of Investigations with TJJD. The PC outlined the steps involved in conducting a prompt, thorough, objective, and complete investigation into sexual abuse or sexual harassment, which includes referring out all allegations or incidents of sexual abuse to local law enforcement (Victoria County Sheriff's Department) and TJJD. The PC explained how she has a great working relationship with TJJD and local law enforcement, with providing sufficient documentation, as outlined below, on how she remains in contact with criminal investigators throughout the investigative process.

**Explanation of Determination:**

115.322 (a-e):

**(a-c):**

Per the information provided in the PAQ, as well as what is documented in agency Policy 14.5 and the MOU with the Victoria County Sheriff's Department (VCSD), the VCSD and TJJD are the agencies responsible for conducting criminal investigations into allegations of sexual abuse at the facility. Further, the VRJJC is responsible for conducting administrative internal investigations into allegations involving sexual abuse and sexual harassment at the facility. Per agency Policy 14.5 on page 15, investigations into allegations of sexual abuse and sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Policy 14.5 on page 13 also confirms that upon receiving any allegation of sexual abuse, the administrator or designee shall promptly (*within 1 hour of receipt*) report the allegation to the VCSD, TJJD, and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified.

The auditor was also provided a fully executed MOU between the VRJJC and VCSD, which includes the requirement for the Sheriff's Department to adhere to the following:

- The parties hereto adopt VRJJC PREA Plan of preventing, detecting, reporting and responding to all allegations of sexual abuse, sexual harassment or retaliation. The PREA Plan, as outlined in the VRJJC Policies and Procedures, integrates the existing services and activities as undertaken by the signatories and the local collaboratives and adds services to create a seamless, comprehensive system of services for youth confined in VRJJC and, as legally allowable, their families. The PREA Plan integrates the resources to be provided by VRJJC, law enforcement, and community resources.

**Auditor's Investigative File Review:**

- Sexual Abuse Allegation:

In order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VRJJC staff member outside the facility. The report was taken serious by agency and immediately reported up the chain of command, to TJJJ, and to the Victoria County Sheriff's Department (within 2 hours of outcry being made), as documented on the initial TJJJ Incident Report and verified by the signed memo from the Chief of the juvenile agency. The first staff member with knowledge of the abuse documented the verbal allegation on an agency Incident Report, and the agency immediately began an internal administrative investigation and placed the alleged perpetrator on administrative leave. The auditor confirmed that the agency's uniformed evidence response protocol was followed, as applicable to this particular situation, and after the allegation was reported to TJJJ, the Office of Inspector General with TJJJ advised the agency that an assigned investigator with TJJJ County Investigative Division would be at the facility within 24 hours to conduct the onsite investigation. Per the TJJJ Internal Investigative Report and supplemental investigative documents/emails, a preponderance of evidence obtained during the OIG's investigation established the allegation as "false," with a disposition of "unfounded." Lastly, it is important to note that the required contacts were made within the required time frames and documented on several of the investigative documents provided to the auditor.

- Sexual Harassment Allegations (4):

The auditor was provided a list of sexual harassment/sexual abuse allegations/ investigations and selected four (4) sexual harassment investigations to examine

the agency's level of compliance with the applicable sexual harassment PREA Standard requirements. The PC provided the auditor with the associated investigative documents for each of the four selected sexual harassment allegations, and upon the auditor's review, it was clear that the agency has institutionalized the practice of completing a full investigation and reporting to TJJJ and law enforcement any allegations related to not only sexual abuse but also sexual harassment. Furthermore, the investigative documents reviewed by the auditor sufficiently demonstrate how the agency took immediate action in response to the allegations of sexual harassment, which, in some cases, may involve a substantial risk of imminent sexual abuse if not properly acted upon. As confirmed by the auditor, the agency's PC conducted each of the PREA investigations reviewed, and each investigation was thoroughly documented on an agency PREA Internal Investigation Report. Lastly, it is important to note that each of the sexual harassment allegations that were made verbally by a resident to a staff member were promptly documented by the first staff member of knowledge on an agency internal Incident Reports, as well as on the corresponding TJJJ Incident Reports.

**(d & e):**

Auditor is not required to audit these provisions.

**Conclusion:**

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

115.331	Employee training
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- PREA Employee Training PowerPoint Presentation (59 Slides)</li> <li>- PREA Acknowledgement of Understanding</li> <li>- PREA Training Pre and Post Test</li> <li>- JSO Basic Training Curriculum</li> <li>- Juvenile Intake Training Documentation</li> <li>- TJJJ Juvenile Justice Training Academy Lesson Plans (<i>Purpose &amp; Goals of PREA</i>)</li> </ul>

- VRJJC PREA Refresher Curriculum
- Random Sample of Employee PREA Training Files (9)

**Interviews:**

- The auditor interviewed 12 randomly selected JSOs during the onsite, and each staff was able to clearly articulate many of the PREA training topics provided from their most recent PREA training. The auditor asked open ended questions related to the PREA training topics the staff remembered being presented in their most recent PREA training, in which each JSO provided the auditor with examples of the PREA training provided. For example, the staff elaborated on how to respond to PREA related scenarios, how residents and staff can make PREA reports (*including third party and anonymous for residents*), how to communicate and work professionally with residents who identify as LGBTI, the prohibition and zero tolerance towards all forms of sexual abuse and sexual harassment in the facility, search procedures related to PREA, how all PREA related situations are reported and taken seriously even if a resident consents to such activity (no consent), etc. In addition to the open-ended questions described above, the auditor also asked the JSOs scenario-based questions about how they would respond to specific PREA related situations, such as a sexual assault situation, threat of abuse or harassment, who to report to in certain instances, searches, LGBTI situations, etc. In each case, the auditor was provided a response that conformed with the associated requirements of the applicable PREA Standards. The staff also clarified that an in-depth PREA training was provided during their JSO Basic training when they were first hired, and PREA refresher trainings are provided at least every year.

**Explanation of Determination:**

115.331 (a-d):

According to the agency's PREA Policy 14.5 on page 5, prior to having contact with the residents all staff, teachers, counselors, contractors, volunteers and interns who have contact with the residents will be trained on the eleven training topics required by this PREA Standard (a) (1-11). In addition, Policy 14.5 indicates that a PREA refresher training will be conducted every year. The training agenda sheet will be maintained listing topics covered relating to sexual abuse or sexual harassment. A sign in sheet of attendees will be maintained for each training provided including the dates, times and duration of training. A post-test will be given to ensure the staff, volunteers, and contractors understand the training received. Following training, staff, volunteers, and contractors will sign an acknowledgement that they understood the training provided.

The auditor was provided the agency's PREA training curriculum, which is a 59 slide PowerPoint presentation that is provided during JSO Basic (*when first hired*) and during the annual PREA refreshers. The auditor confirmed that this training presentation includes the following training topics, which include, at a minimum, the eleven (1-11) elements required of provision (a) of this PREA Standard:

1. PREA Background and History
2. What is PREA and Who does PREA apply to?
3. Important functions of the Law
4. Examples of criminal justice practitioners and residents from other agencies who have violated PREA and convicted
5. What is Zero-Tolerance
6. Agency Policies 14.5 & 14.6
7. Inability to Consent
8. Duty to Report
9. Hiring and Promotion
10. Relevant Laws/Obligation to Report
11. Confidentiality & Ethics
12. Promotion of Safe Culture
13. Tips for Effective Communication
14. Fair & equal treatment shall be provided to all youth, irrespective of gender identity, gender expression, & sex characteristics
15. PREA related definitions
16. Searches
17. Exigent Circumstances
18. Resident Education
19. Interpreters
20. Dynamics of Sexual Abuse in Juvenile Facilities
21. Reasons Victims did not report Sexual Victimization Results from the BJS Survey on Sexual Victimization
22. Reporting Challenges
23. Detecting Signs of Sexual Abuse (Red Flags)
24. Things to Avoid
25. Inappropriate Relationships
26. Sexual Victimization
27. No Retaliation
28. Key Terms
29. Sexual Abuse in Confinement
30. Reporting & Investigations
31. VRJJC Reporting Requirements
32. Who do I report to?
33. First Responders
34. First Responder Checklist
35. Common Reactions to Sexual Abuse and Sexual Harassment
36. Violations of the Zero Tolerance Policy
37. Questions

The auditor was also provided further proof documentation that the PREA training process is fully institutionalized at the agency, which includes the agency's Juvenile Supervision Officer (JSO) Basic Training documents that include the requirement of providing PREA training for all newly hired JSOs during their initial orientation training period. One important piece of evidence provided is the TJJJ Juvenile

Justice Training Academy Lesson Plan. This document is required to be completed for all certified JSOs in the state of Texas and is submitted to TJJD during the initial JSO application process with the state of Texas. Included on the JSO Lesson Plan is a section dedicated to training on the purpose and goals of PREA, which was developed by a TJJD Curriculum Developer. This course is described on the JSO Lesson Plan document to provide an overview of the federal laws and policies regarding the Prison Rape Elimination Act (PREA). It will also identify what juvenile justice professionals must do to remain in compliance regarding the standards. The auditor reviewed the JSO Basic Lesson Plan curriculum and determined that this PREA training curriculum is compliant with the requirements of this PREA Standard.

Per the notes provided by the PC in the PAQ, PREA refresher training is conducted annually with all staff, teachers, counselors, contractors, volunteers and interns who have contact with the residents, which includes a review of agency Policy 14.5 and 14.6 with examples and details tailoring their level of contact with residents. Further, the PC provided the auditor with the agency's PREA Refresher curriculum, which includes the following training topics:

- Encouraging Juveniles to Report Sexual Abuse
- Reporting Improves Facility Safety
- As staff, your role is NOT to determine the validity of a PREA report.
- False PREA reports happen. But why?
- Consequences for misusing PREA
- Reasonable Privacy Does Not Compromise Security
- Housing Unit Announcements
- Pat and Strip Searches
- Professional Communication
- Intervene and Redirect
- When Staff Fail to Show Professionalism
- Zero Tolerance Policy
- Dynamics of Sexual Abuse in Juvenile Facilities
- Detecting Signs of Sexual Abuse
- Handling Disclosures of Abuse
- Common Reactions to Abuse
- Responding to a Victimized Juvenile
- Multiple Ways Juveniles Can Report
- Third-Party Reporting
- External Reporting
- Duty to Report: Knowledge, Suspicion, or Information
- How Can You Report?
- First Responder Responsibilities
- Securing the Victim and Perpetrator
- Securing the Crime Scene

The agency's PREA Acknowledgement of Understanding form was provided, which sufficiently demonstrates how the agency ensures all the staff, teachers, counselors, contractors, volunteers and interns who have contact with the residents

have been trained and understand the training presented. This document includes the eleven mandatory PREA topics set forth in provision (a) (1-11) of this PREA Standard and the following statement:

- I have reviewed VRJJC Policy 14.5 and 14.6 explaining the PREA requirements. By signing below, I attest that I have attended and understood the training.

To assess whether the staff working in the facility have received and understand the PREA training received, the auditor cross-examined the agency's staff roster (*names of all the current staff*) with the provided PREA training verifications. Upon the auditor's review, it was determined that 100% of the staff working at the facility have been properly trained on their PREA duties, which includes, at a minimum, the eleven (11) training elements of PREA Standard 115.331.

In addition to the training documents reviewed above, the auditor also randomly selected nine (9) security staff (JSOs) who were hired in the past 12 months to assess the level of compliance with providing the required PREA training pursuant to the requirements set forth by this PREA Standard. Upon the auditor's review of the training verifications provided by the PC, it was confirmed that each of the 9 JSOs received and fully understood the required PREA training elements of Standard 115.331 (a) (1-11) when first hired to work at the facility. Further, the PC also provided the auditor with completed PREA Pre and Post Tests for each of the 9 JSOs selected, which further demonstrates how the agency ensures all staff fully understand the PREA training that is presented.

Lastly, the auditor determined that this enhanced level of PREA training and extra steps taken to ensure all individuals who attend the agency's PREA trainings understand the material provided (Pre and Post tests), significantly exceeds the minimum training requirements of this PREA Standard. In addition, the fact the agency provides PREA refresher trainings annually, this also substantially exceeds the minimum training requirements set forth by this PREA Standard.

**Conclusion:**

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

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency PREA Policy 14.4 & 14.5
- PREA Employee Training PowerPoint Presentation (59 Slides)
- PREA Acknowledgement of Understanding
- PREA Training Pre and Post Test
- PAQ

**Interviews:**

- The auditor discussed the training requirements for volunteers and contractors set forth in this PREA Standard with two (2) volunteers and five (5) contractors who all have contact with residents in the facility. Each of the volunteers and contractors confirmed they receive PREA training at least annually, and a pre and post-test is completed to ensure all individuals understand the PREA training received. They also confirmed that they sign an acknowledgement upon completion of the PREA course. The volunteers and contractors also provided examples of the PREA training topics covered, which included, but were not limited to: abuse, neglect, and exploitation reporting requirements; zero tolerance; report all suspected inappropriate behavior immediately to a facility supervisor; their responsibilities to report and how to detect & respond to abuse or harassment; the importance of the PREA Law and what it involves; boundaries; no consent; consequences for individuals who do abuse students; what abuse and harassment include; PREA definitions and terms; how to ensure safety of juveniles; if you hear something- say something; penalties/consequences for not reporting or violating PREA Policies; signs of abuse; etc.

**Explanation of Determination:**

115.332 (a-c):

According to the agency's PREA Policy 14.5 on page 5, prior to having contact with the residents all staff, teachers, counselors, contractors, volunteers and interns who have contact with the residents will be trained on the eleven training topics required by this PREA Standard (a) (1-11). In addition, Policy 14.5 indicates that a PREA refresher training will be conducted every year. The training agenda sheet will be maintained listing topics covered relating to sexual abuse or sexual harassment. A sign in sheet of attendees will be maintained for each training provided including the dates, times and duration of training. A post-test will be given to ensure the staff, volunteers, and contractors understand the training received. Following training, staff, volunteers, and contractors will sign an acknowledgement that they understood the training provided.

The agency's PREA Acknowledgement of Understanding form was provided, which sufficiently demonstrates how the agency ensures all the staff, teachers, counselors, contractors, volunteers and interns who have contact with the residents have been trained and understand the training presented. This document includes the eleven mandatory PREA topics set forth in provision (a) (1-11) of this PREA

Standard and the following statement:

I have reviewed VRJJC Policy 14.5 and 14.6 explaining the PREA requirements. By signing below, I attest that I have attended and understood the training.

Per the comments made by the PC in the PAQ, all volunteers/contractors/staff are trained on agency Policies 14.5 & 14.6 with examples and details tailoring their level of contact with residents. The PC also indicated that all volunteers and contractors also sign the PREA Acknowledgement of Understanding form, which is the same training verification that staff completed as noted in the prior section of this report.

To assess whether the volunteers and contractors who have contact with residents in the facility have received and understand the PREA training received, the auditor cross-examined the agency's volunteer and contractor rosters (*names of all the current volunteers and contractors*) with the provided PREA training verifications. The auditor randomly selected three (3) contractors and three (3) volunteers as a representative sample to evaluate for compliance. Upon the auditor's review, it was determined that 100% of the selected volunteers and contractors have been properly trained on their PREA duties, which includes, at a minimum, the eleven (11) training elements of PREA Standard 115.331. In addition, each of the six PREA verifications reviewed for this sample size included not only the PREA Training Acknowledgement of Understanding form but also the PREA post test, which further demonstrates how each employee, volunteer, and contractor fully understood the PREA material provided.

In addition, the auditor randomly selected three (3) volunteers and three (3) contractors who have contact with residents in the facility to assess the level of compliance in practice pursuant to the requirements set forth by this PREA Standard. Upon the auditor's review of the training verifications provided by the PC, it was confirmed that each of the six (6) individuals received and fully understood the required PREA training elements of Standard 115.331 (a) (1-11) and 115.332.

Further, the PC also provided the auditor with completed PREA Pre and Post Tests for each of the 6 individuals selected, which further demonstrates how the agency ensures all individuals who have contact with residents understand the PREA training that is presented.

Lastly, the auditor determined that this enhanced level of PREA training and extra steps taken to ensure all individuals who attend the agency's PREA trainings understand the material provided, significantly exceeds the minimum training requirements of this PREA Standard.

**Conclusion:**

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

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5
- List of Available Staff & Certified Interpreters
- PREA Resident Brochure (English & Spanish)
- PREA Unit Comprehensive Orientation (English & Spanish)
- PREA Resident Video
- Program Facility Orientation Checklist
- PREA Comprehensive Orientation Form
- PREA Posters
- Resident Handbooks (Pre and Post)

**Interviews:**

- One of the Victoria County's licensed court interpreters was contacted and provided the following information related to interpreting services available to a resident at the Victoria County Juvenile Justice Center. The interpreter works for Victoria County on an as needed basis and by appointment and holds a Texas Licensed Court Interpreter License with a English-Spanish pair. She confirmed it is possible for the juvenile agency to reach out to her for assistance with Spanish translation services for a resident at the facility. The Interpreter advised she does not recall ever interpreting for a juvenile resident, but she has interpreted in Court occasionally for the parents of the juvenile.
- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents adequately explained how they received initial PREA information when they were first admitted into the facility (*during the intake process*) that covered the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The residents also all expressed how they are shown a comprehensive PREA video every Sunday on their assigned housing unit, and they sign an acknowledgement after watching the video. The residents further explained how staff will ask questions and go over the PREA information after the video is played to ensure they fully understand the PREA information that was presented. All the youth sufficiently described the different reporting mechanisms in place at the facility, which included discussing the following methods of reporting: written (*grievance or piece of paper*), verbal (*to an adult they trust*), third-party (*parents/ attorney/TJJD Hotline/etc.*), and anonymous (*TJJD Hotline and grievance without*

*giving their name*). The residents were also very familiar with the PREA signs posted throughout the facility, and how to call the TJJD Hotline either on the unit, in intake, or in the visitation area. Lastly, the residents interviewed confirmed they are able to have their intake papers, including Resident Handbook and PREA pamphlets, on their housing unit, with some residents confirming they still have these documents and others said they through the papers away.

- The auditor also interviewed two staff members who work the intake unit, and each officer was able to sufficiently describe the intake process as it related to PREA. The staff confirmed that all residents are provided multiple documents that include PREA information, such as the Resident Handbook and PREA and TJJD pamphlets, and intake staff go over these documents with each admitted resident. Furthermore, the intake staff advised that the intake officer and resident sign an acknowledgement of understanding after the PREA information is reviewed with the resident. The officers expressed how all residents are provided the comprehensive PREA video every Sunday, with officers on the unit also going over the information and having youth sign an acknowledgement.

- The auditor discussed with the agency's administrative team the steps in place at the facility to ensure that residents with disabilities and those who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PC and FA sufficiently explained how all staff members receive specialized training on how to effectively communicate and work with residents who have a disability. Additionally, there are bilingual staff members who work for the VRJJC who can provide translation services to residents whose primary language is Spanish. It was also confirmed during the onsite that the facility utilizes TX certified teachers within the facility during the week, who are specially trained with working with juveniles who receive special education services (SPED) or who are identified as having English as a second language. The PC and FA also expressed how the therapist working at the facility provide all residents, especially those with a diagnosed mental health or intellectual disability, are provided the necessary care and attention to ensure their safety and well-being while in the facility.

- The auditor interviewed two residents who were identified as receiving SPED services while in the facility, and each resident was able to successfully articulate how they were provided PREA information during the intake process and throughout their stay in the facility (weekly video and staff review). There were no issues or concerns expressed by the residents in regard to their safety or understanding PREA, and each resident identified to the auditor the different ways to report a PREA incident.

- The auditor also interviewed two residents who were identified as having English as their second language; however, the auditor confirmed through each interview that both residents were able to clearly understand and speak fluent English. The residents were also able to clearly articulate how PREA information was provided to them, with having no communication barrier to note.

**Site Review Observations:**

The auditor examined the intake area during the facility inspection, which provides newly admitted residents with sufficient privacy, confidentiality, and safety during the intake process. While the auditor was inspecting the intake area, the Intake Officer was able to adequately describe the entire intake process. The Intake Officer described how all residents admitted into the facility, regardless of the situation, are provided the initial PREA information within a few hours of being transported to the facility. The facility's JSO's Intake Checklist sheet was provided to the auditor at this time, which includes the step-by-step process of conducting an intake. The Intake Officer explained how the checklist includes the steps for completing the Facility Orientation Checklist, which includes:

- verbally explaining the packet of material to the resident (includes PREA education);
- having the juvenile document his/her initials on each line of the checklist;
- providing the newly admitted resident Program Handbook, TJJJ ANE Pamphlet, & PREA Pamphlet;
- documenting the intake staff member's initials on each line;
- requesting the juvenile sign confirming acknowledgement of the above; and
- staff member's signature and date/time process was completed.

During the onsite inspection, the auditor confirmed that residents were able to keep the intake PREA documents on their housing units by locating some of the intake documents in resident cubbies on the housing units. Furthermore, the auditor also took note of PREA signage in Spanish and English on each housing unit, as well as posted throughout common areas within the facility and in the public lobby. Lastly, the auditor made a successful test call to the Texas Juvenile Justice Department (TJJJ) Incident Response Center (IRC) using the TJJJ Hotline process utilized for residents and staff at the facility. This 24/7 Hotline is operated by TJJJ and in connection with the TJJJ Office of Inspector General (OIG), and the auditor has confirmed that TJJJ provides interpreting services for all languages through their hotline. Furthermore, the auditor also took note of the PREA and TJJJ signage in Spanish in English that is posted on each housing unit, in the intake area, and throughout the other areas of the facility.

**Explanation of Determination:**

115.333 (a-f):

According to agency Policy 14.5 on page 8:

- Residents shall receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:
  - Pre - by the officer conducting the intake process (upon arrival) verbally and will be provided the zero tolerance pamphlet.

- Post - by the case manager assigned to the youth verbally and provided the zero tolerance pamphlet within 12 hours of arrival.
- Additional comprehensive age appropriate education shall be provided within 10 days of intake in the unit as scheduled every weekend. The JSO assigned the unit will ensure that the youth watch the comprehensive video. The comprehensive education will be in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas they will report to the supervisor the need for additional resources. The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this facility will not rely on resident interpreters.
- The education will include the youth's rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
- Upon conclusion of the video the JSO assigned the unit will ensure the resident signs the PREA unit orientation form acknowledging participation in this education. The form will be turned in to the supervisor on duty to be maintained in the resident's individual file in the supervisor's office or to the case manager for the post residents.
- PREA information will be continuously and readily available in the unit, the resident handbook and posted in the unit.

In addition, the agency provided the auditor with the agency's Resident Handbooks (*English & Spanish versions*) for the pre and post adjudication programs, which includes information regarding PREA and the elements required to be provided to residents upon admission pursuant to PREA Standard 115.333. The PC noted in the comments section in the PAQ that all residents are provided a PREA Brochure and Resident Handbook upon entering the facility, during the intake process. The PC provided the auditor with the PREA Brochure in both English and Spanish, which includes the following information:

- TJJD Abuse Reporting Hotline Number and Process for Calling
- Resident Rights (*zero tolerance*)
- Prevention & Intervention Strategies
- What is Sexual Abuse
- No Consent
- Minimizing Risk
- Reporting Sexual Abuse
- Treatment & Counseling

The Spanish Resident Handbook and PREA Brochure ensure residents who are limited English proficient (LEP) are provided the PREA information in a format they can understand. In addition, the agency also provided the auditor with a list of available staff and certified interpreters. This list includes a total of nine (9) available interpreters who are able to read, write, and interpret Spanish to English and English to Spanish. There is also a certified medical staff who reads, writes, and speaks both Spanish and English. In addition to the total of ten (10) agency staff available to translate for a Spanish speaking resident, the agency also can utilize certified court interpreters that can provide professional services related to translating Spanish and providing sign language services for a resident who is Deaf or hard of hearing. If there is a situation in which a resident who is disabled is in need of specialized services beyond the scope of what the agency staff can provide, the agency is able to refer the youth to a specialist with the Victoria Independent School District (VISD) Special Education Department. The services the VISD Special Education Department can provide include (*but are not limited to*): English as a second language (includes all translation services for all languages), sign-language services, and interpreters for the visually impaired.

To ensure all staff working in the facility are able to provide PREA information to all residents, including residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), the agency trains all staff on how to provide such information during JSO Basic and during the annual PREA refresher trainings. The auditor was provided the agency's PREA training curriculum, which is a PowerPoint presentation that includes the following training topics on slides 28 and 29:

- Standards require any youth who is detained in a facility must receive information on the PREA's Zero Tolerance policy within 12 hours of intake.
- Federal Government (PREA) requires information provided to youth during orientation.
- Additional age-appropriate comprehensive education in a format accessible to all residents will be provided within 10 days of intake. A video is scheduled on weekends in each unit.
- The JSO assigned to the unit will ensure all youth watch the comprehensive video and understand zero tolerance and how to report.
- If the youth reports limited English proficiency, is disabled, blind, deaf, etc. or the staff are aware of any deficiency in any area that prevents the youth from understanding the information, the staff will report to the supervisor the need for additional resources.
- The supervisor will notify the facility administrator who will contact the appropriate community resource services.
- Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary.
- In all circumstances this facility will not rely on resident interpreters.

To assess whether the staff working in the facility have received and understand the PREA training received, specifically the training on provided PREA orientation and comprehensive PREA education to residents, the auditor cross-examined the agency's staff roster (*names of all the current staff*) with the provided PREA training verifications. Upon the auditor's review, it was determined that 100% of the staff working at the facility have been properly trained on their PREA duties, which includes how to ensure effective communication of the PREA information to all residents who enter the facility, regardless of their cognitive abilities. Additionally, the PREA training received includes how residents who are disabled or have a language barrier are referred to the most appropriate professional to ensure all residents 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.

Additionally, the PC reported in the PAQ that a comprehensive education video is scheduled in each unit every weekend for the residents to watch, posters are throughout the facility, and handbooks/brochures are provided upon intake as well as available in the units. The PC also documented in the PAQ that in the past 12 months, 446 residents have been admitted into the facility and all 446 have received the required PREA orientation within 72 hours of being detained. Further, out of the 446 residents admitted in the past 12 months, 241 were in the facility for at least 10 days and were provided the comprehensive PREA education via the PREA video that is played every week.

The auditor was also provided the agency's PREA Comprehensive Orientation resident verification form, which includes the following information:

- I {resident} have received and reviewed the VRJJC brochure understanding the Prison Rape Elimination Act upon intake into this facility.
- I {resident} understand the following:
  1. This facility does not allow any form of consensual sexual activities between youth and staff, contractors, volunteers, and interns. This includes youth on youth sexual abuse. Sexual activity between residents is strictly prohibited.
  2. Within this secure facility there is no consensual sex - no person regardless of age can "agree" to have sex or sexual contact with staff/contractor/volunteer or another resident.
  3. VRJJC has a zero tolerance policy regarding sexual abuse and sexual harassment.
  4. If I have been a victim of or witness to sexual abuse, or I have knowledge of any incident of sexual abuse or sexual harassment, I must report these incidents by:
    - a. Asking to speak to a supervisor,
    - b. Requesting to use the toll free phone line to TJJJ as posted,
    - c. Filing a grievance form,
    - d. Telling a Case Manager, Medical or Mental Health staff, JSO, Supervisor, Administrator, PREA Compliance Officer, Parent or

Guardian, volunteer, or any adult I trust.

5. A report made in "good faith" based on a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying.
6. A resident may be disciplined for filing a grievance related to alleged sexual abuse only when determined the resident filed the grievance in "bad faith."
7. Charges may be filed for making a false allegation against either residents or staff or disciplinary consequences assigned.

- I {resident} watched the unit video explaining PREA. I understand if I have questions, I should ask the JSO or supervisor on duty.
- Signature of resident and staff and the date completed.

The auditor selected a total of twelve (12) residents to review their applicable PREA orientation and education verification forms completed at the facility. PREA Comprehensive Orientation forms for five (5) pre-adjudication residents and seven (7) post- adjudication residents were provided during the pre-onsite phase of the audit. Upon the auditor review of the verification forms provided, each form sufficiently demonstrates how the comprehensive PREA education was provided to each resident in both programs at the facility within 10 days of being admitted into the facility. Further, each form was signed and dated by the resident and staff completing the form, with each date indicating the PREA comprehensive education (*video and orientation document*) was provided within 10 days of each residents detained date that was identified on the agency's admitted resident spreadsheet. Additionally, the auditor was provided the agency's Detention Program Facility Orientation Checklist for each of the 12 selected residents selected, which provided sufficient proof that the initial PREA orientation material was provided to each of the 12 residents within 72 hours of being admitted into the facility.

The auditor determined that the agency substantially exceeds the minimum requirements set forth by this PREA Standard by ensuring all residents fully understand the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This is ensured by the facility not only providing the minimum requirements of providing this information during the initial intake process but with also instituting a practice of providing the comprehensive PREA education on a weekly basis throughout each resident's stay in the facility.

**Conclusion:**

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

**115.334 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

## **Auditor Discussion**

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

- Agency PREA Policy 14.5
- Office of Inspector General (OIG) Specialized Investigator Training Curriculum
- Department of Justice Certificate of Completion: PREA Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections)
- Email Communications Regarding Training Provided by OIG
- Training Notes and Handouts

### **Interviews:**

- The auditor interviewed the agency's PREA Coordinator, who is a specially trained internal investigator for the VRJJC. The PC advised that she has completed both an online investigator training course, as well as a recent in-person investigator training that was provided by the Director of Investigations with TJJD. The PC was able to sufficiently articulate the training topics that were presented during each training, which included the required elements of this PREA Standard. Additionally, the PC outlined the steps involved in conducting a prompt, thorough, and complete investigation into sexual abuse or sexual harassment, which includes referring out all allegations or incidents of sexual abuse to local law enforcement (Victoria County Sheriff's Department) and TJJD. The PC explained how she has a great working relationship with TJJD and local law enforcement, with providing sufficient documentation, as outlined below, on how she remains in contact with criminal investigators throughout the investigative process. She also confirmed the burden of proof required to substantiate an allegation of sexual abuse or sexual harassment administratively, which was identified by the PC as a preponderance of evidence.

### **Explanation of Determination:**

115.334 (a-d):

According to the agency's PREA Policy 14.5 on page 15, employees assigned to conduct sexual abuse investigations shall receive training in conducting such investigations in confinement settings. If the person conducting the investigation is not an employee, the administrator will insure that the investigating agency has the appropriate training to conduct the investigation. Documentation will be maintained in the employee's file on the completed specialized training. Specialized training shall include:

- Techniques for interviewing juvenile sexual abuse victims,
- Proper use of Miranda and Garrity warnings (*Garrity - only in the event that criminal charges may ensue against the employee*),
- Sexual abuse evidence collection in confinement settings, and

- The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Furthermore, the PC indicated in the PAQ that the agency has three (3) administrative investigators within the agency that are able to conduct internal administrative investigations, with the PC being one of the main administrative investigators who is specially trained in how to conduct an internal investigation in a confinement setting. The PC provided the auditor with the training verifications and curriculum covered during the specialized training presented by the Office of Inspector General with the TJJJ, which includes, at a minimum, the required specialized training elements pursuant to this PREA Standard. Additionally, an email communication between the PC and the training staff from TJJJ who presented the specialized investigator training was provided, which further proves the specialized investigator training was provided. The PC also provided the auditor with a certificate of completion from the National Institute of Corrections (NIC). This training was another specialized investigator training course that the PC attended to enhance her skills as a PREA investigator for the agency.

**Conclusion:**

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

115.335	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Department of Justice (DOJ) Certificate of Completion: PREA 201 for Medical and Mental Health Professionals (NIC)</li> <li>- DOJ Certificate of Completion: PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed on MHP and one medical professional while onsite at the facility, and each professional was able to sufficiently explain their understanding of PREA and the requirements for reporting, how to detect and assess signs of sexual abuse and sexual harassment, the importance of preserving and protecting evidence, &amp; how to provide assistance within the scope of their applicable practice.</li> </ul>

The MHP and nursing staff advised that they receive PREA training annually, just as the JSOs, and have completed PREA specific training that corresponds to their facility duties.

**Explanation of Determination:**

115.335 (a-d):

Agency Policy 14.5 highlights the requirements of this PREA Standard on page 6, which states in addition to the facility Zero Tolerance Policy, all full and part time medical and mental health care practitioners will be trained in the following:

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse to the local Sheriff Department, Texas Family and Protective Services, Texas Juvenile Justice Department and the Facility Administrator.
- Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.
- All training will be maintained in the individual's personnel/training file.
- VRJJC medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency in conducting the investigation.

Additionally, the PC indicated in the PAQ that the agency has a total of six (6) medical and mental health care practitioners who work regularly at this facility, and auditor was provided PREA training verification documents for each of the 6 professionals. The training proof documentation indicate that the specialized training was presented by the National Institute of Corrections (NIC) with the Department of Justice, as well as agency specific PREA training. The NIC trainings were titled as: "PREA: 201 for Medical and Mental Health Practitioners" and "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting."

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5
- Intake Behavioral Screening Form
- Intake Behavioral Screening Follow-up Questionnaire
- VRJJC PREA Counseling Session Documentation
- Behavioral Reassessment Screening Form
- Completed Samples of the Screenings Listed Above

**Interviews:**

- The auditor conducted an interview with two officers who are familiar with the intake process and the agency's Intake Behavioral Screening form (risk screening). The officers successfully articulated to the auditor how the risk screening process is conducted in a confidential manner, with the information for the screening ascertained through conversations with the resident during the intake process and by reviewing medical and mental health screenings, classification assessments, court records/police reports, case files, facility behavioral records, and other relevant documentation from the resident's files. The officers provided the auditor with examples of some of the questions from the screening and clarified that the risk screening provides a risk score that helps to ensure the resident is placed in a safe environment, with the on-shift supervisor approving the housing assignment and programming for each resident off what is learned from this assessment.

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents confirmed that the questions from the agency's Intake Behavioral Screening form were asked during the intake process, and no issues related to confidentiality or feeling uncomfortable with the intake process were expressed. Furthermore, one of the targeted residents interviewed by the auditor was identified by the facility as a resident who disclosed prior sexual victimization on the risk screening, and this resident confirmed that a follow-up meeting with a therapist was provided within 2 weeks of being admitted into the facility. This resident also confirmed that a therapist is assigned and provides weekly individual counseling sessions.

**Site Review Observations:**

During the onsite inspection, the auditor confirmed that the resident files were kept in a secure location, which is in a locked filing cabinet in a double locked room. The PC and FA advised that only mental health, medical, and administrative/intake staff

have access to the file room. Furthermore, during the walk through of the facility's intake area, the auditor confirmed that this area provides for a confidential setting for conducting the intake process.

**Explanation of Determination:**

115.341 (a-e):

According to the agency's PREA Policy 14.5 on pages 6 and 7, immediately upon intake (*within 2 hours*) and periodically throughout a resident's confinement, information will be obtained and used about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident through the following forms:

- Pre - the facility objective risk assessment (*Intake Behavioral Screening*), intake behavioral screening follow-up questionnaire, and medical health screening forms.
- Post - in addition to the above forms: the interagency common application, social history report, court orders or the referral information form.

Additionally, Policy 14.5 explains further the following required procedures for conducting the agency's Intake Behavioral Screening form:

- residents will be screened by the intake officer for the risk of sexual victimization and abusiveness using the facility objective behavioral screening and medical health screening forms.
- Information will be obtained through conversations with the resident, medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records and other relevant documentation from the resident's files.
- The intake staff will provide this information to the supervisor on duty for review to determine if the information indicates a heightened need for supervision, additional safety precautions, or separation from certain other residents. Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents.
- All staff will follow appropriate confidentiality when dealing with sensitive information.
- Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.
- Periodically throughout the resident's confinement information will be obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The intake officer will conduct the Behavioral Reassessment Screening for the Pre-adjudication residents every 30 days.
- The case managers will conduct the Behavioral Screening on the Post-adjudicated residents every 90 days. This information will be placed in the

resident's file and relayed to the supervisor on duty. If warranted, the supervisor will notify the Facility Administrator to determine if further action is necessary.

- Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding information gathered.

The auditor was also provided the agency's Intake Behavioral Screening tool, and upon the auditor's review, this tool was determined to be a screening tool that includes all the elements required by this PREA Standard (c) (1-11) and can be used objectively to reduce the risk of sexual abuse by or upon a resident. The screening tool indicates at the bottom of the second page that it was adapted from the "Prison Youth Vulnerability Scale," New Zealand Department of Corrections, as well as used by the Florida Department of Juvenile Justice, and the Colorado Department of Human Services Division of Youth Corrections.

The PC indicated in the PAQ that the agency's Intake Behavioral Screening is conducting during the intake process for all admitted youth into the facility, and 321 out of 321 residents who entered the facility (*either through intake of transfer*) within the past 12 months whose length of stay in the facility was for 72 hours or more were screened with using the agency's Intake Behavioral Screening tool within 72 hours of their entry into the facility. The PC explained further how the information used on this screening is obtained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Additionally, the PC confirmed the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The PC uploaded the examples of the agency's "Intake Behavioral Screening Follow-Up Questionnaire" documents for two residents, as well as a example of a completed PREA Counseling Session document. Each form demonstrates how the agency ensures all residents who have experienced prior sexual victimization or abusiveness are provided the opportunity to meet with a mental health practitioner within 14 days, as required by PREA Standard 115.381.

As noted above, the agency conducts periodic reassessments pursuant to the requirements of this PREA Standard for all residents in both the pre and post adjudication programs, with post residents being re-evaluated for risk every 90 days and 30 days for pre residents. The PC uploaded the agency's "Behavioral Reassessment Screening" document in the OAS, which is screening tool that adequately reassesses resident's risk of being involved in a sexual abuse situation in the facility, either as a victim or perpetrator.

In order to assess the level of compliance with the requirements of this PREA

	<p>Standard in practice at the facility, the auditor selected a representative sample of twelve (12) residents from the pre and post adjudication programs who were in the facility in the past 12 months and requested each resident's Intake Behavioral Screening forms. The auditor was subsequently provided each of the 12 requested completed Intake Behavioral Screenings during the pre-onsite phase of the audit and confirmed that the risk screenings were completed during the intake process on the same day each resident was admitted into the facility. Further, for each of the selected residents whose length of stay exceeded 90 days for post and 30 days for pre-adjudication program, the PC provided the auditor with the completed Behavioral Re-assessment Screenings for each applicable resident. Upon the auditor's review, it was determined that the agency has successfully institutionalized a compliant system to periodically obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Intake Behavioral Screening Form</li> <li>- Intake Behavioral Screening Follow-up Questionnaire</li> <li>- VRJJC PREA Counseling Session Documentation</li> <li>- Completed Samples of the Screenings Listed Above</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor conducted an interview with two officers who are familiar with the intake process and the agency's Intake Behavioral Screening form (risk screening). The officers successfully articulated to the auditor how the risk screening process is conducted in a confidential manner, with the information for the screening ascertained through conversations with the resident during the intake process and by reviewing medical and mental health screenings, classification assessments, court records/police reports, case files, facility behavioral records, and other</li> </ul>

relevant documentation from the resident's files. The officers provided the auditor with examples of some of the questions from the screening and clarified that the risk screening provides a risk score that helps to ensure the resident is placed in a safe environment, with the on-shift supervisor approving the housing assignment and programming for each resident off what is learned from this assessment.

- The officer also interviewed the agency's FA, who confirmed that protective isolations are available to be used; however, no such isolation has been used related to a PREA related situation since the last PREA audit. Furthermore, if such a situation were to occur, it would be as a very last resort, justified through extensive documentation, and end as soon as a less restrictive form of intervention can be implemented. For instances involving a transgender or intersex resident being admitted into the facility, the FA advised all the applicable PREA requirements would be adhered to, as well as the Intake Officer would notify the Shift Supervisor. The Shift Supervisor would then determine housing after reviewing the transgender/intersex resident's risk screening, which is completed during the initial intake process. The FA advised that input from residents, especially transgender or intersex residents, is always taken into serious consideration, with the decision for housing and programming being based on what is the safest option for each resident.

- The auditor interviewed one MHP and one medical professional while onsite at the facility, and each professional confirmed they are able to visit with all residents in the facility at any time, regardless of the situation. It was explained that if a resident was secured in his/her room and being actively aggressive or assaultive, the professional can speak with the resident at his/her door or wait until the youth calms down and then have him/her escorted to the designated area for the meeting.

**Site Review Observations:**

During the onsite, the auditor did not observe any residents who were being isolated due to a PREA related situation or observed any residents who may identify as LGBTI. The auditor also did not observe any specialized housing for resident who identify as LGBTI.

**Explanation of Determination:**

115.342 (a-i):

According to the agency's PREA Policy 14.5 on pages 7 and 8, all information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse. Further, a resident may be isolated only as a last resort when less restrictive measure are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. If a resident is isolated the facility shall clearly document:

- The basis for the facility's concern for the resident's safety.
- The reason why no alternative means of separation can be arranged.

Continued in Policy 14.5, the following applicable procedures related to this PREA Standard are therein, as confirmed by the auditor:

- During any period of isolation residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents in isolation shall receive daily visits from a medical or mental health care clinician.
- Lesbian, gay, bisexual, transgender, or intersex (*LGBTI*) residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider LGBTI identification or status as an indicator of likelihood of being sexually abusive.
- In deciding to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident.
- A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration.
- Transgender or intersex residents shall be given the opportunity to shower separately from other residents.
- A review will be held every 30 days by the administrator and supervisor to determine whether there is a continuing need for separation from the general population.

As noted in the previous section of this report (*115.341*), the auditor determined that the agency's Intake Behavioral Screening is an effective screening tool that if used properly can objectively evaluate a resident's risk of being a victim or perpetrator of sexual abuse while in the facility. Further, the PC indicated in the PAQ that the agency has not utilized any type of protective isolation due to a PREA related matter in the past 12 months, and this was proven through the auditor's review of the agency's Protective Isolation Log. Upon the auditor's review, there was not an entry logged pertaining to a PREA related matter.

In order to assess the level of compliance with the requirements of this PREA Standard in practice at the facility, the auditor selected a representative sample of twelve (12) residents from the pre and post adjudication programs who were in the facility in the past 12 months and requested each resident's Intake Behavioral Screening forms. The auditor was subsequently provided each of the 12 requested

completed Intake Behavioral Screenings during the pre-onsite phase of the audit and confirmed that the risk screenings were completed during the intake process on the same day each resident was admitted into the facility. Further, each provided Intake Behavioral Screening forms sufficiently demonstrated to the auditor how the agency has successfully institutionalized a system for obtaining information from the risk assessment tool to make housing, bed, program, & education assignments for residents with the goal of keeping all residents safe and free from sexual abuse (Note: *residents do not work at the facility*).

It is important to note that the PC advised the auditor in an email communication that the facility has not admitted a youth into the facility who identified as transgender or intersex in the past 12 months. The last time the facility admitted such a resident was when a transgender female was detained at the facility prior to September 2018. In this case, agency leadership was provided notice before the youth was transported to the facility and advised of the transgender status of the youth. This helped so that agency leadership could discuss options (*such as showering alone status, pat-search protocols, and the safest placement possible*) before the youth arrived at the facility. The PC confirmed that the Intake Behavioral Screen was completed upon the youth's arrival at the facility, and the leadership team met afterwards to ensure all applicable agency procedures were followed in accordance with the applicable PREA Standards.

**Conclusion:**

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

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Resident Handbooks (Pre and Post)</li> <li>- PREA Brochure</li> <li>- Resident Grievance Form</li> <li>- Random Sample of Grievances (8)</li> <li>- VRJJC Witness Statement Form</li> </ul>

- Incident Reporting Form
- Employee PREA Training Curriculum & Acknowledgement Forms
- PAQ

**Interviews:**

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents adequately explained how they received initial PREA information when they were first admitted into the facility (during the intake process) that covered the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The residents also all expressed how they are shown a comprehensive PREA video every Sunday on their assigned housing unit, and they sign an acknowledgement after watching the video. The residents further explained how staff will ask questions and go over the PREA information after the video is played to ensure they fully understand the PREA information that was presented.

All the youth sufficiently described the different reporting mechanisms in place at the facility, which included discussing the following methods of reporting: written (grievance or piece of paper), verbal (to an adult they trust), third-party (parents/ attorney/TJJD Hotline/etc.), and anonymous (TJJD Hotline and grievance without giving their name). The residents were also very familiar with the PREA signs posted throughout the facility, and how to call the TJJD Hotline either on the unit, in intake, or in the visitation area. Additionally, the residents interviewed confirmed they are able to have their intake papers, including Resident Handbook and PREA pamphlets, on their housing unit, with some residents confirming they still have these documents and others said they through the papers away. Furthermore, all the residents confirmed they are provided writing materials during the school day and as requested throughout the day, with being able to write and submit a grievance at any time. The residents were all aware of the where the grievance forms are located on the housing units and where the grievances boxes are located throughout the facility.

- The auditor also interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained to immediately report any suspicion or knowledge of sexual abuse to local law enforcement, TJJD, and their immediate supervisor. All the staff described the how any suspicion or knowledge of sexual harassment is required to be immediately reported to the on-shift supervisor and/or administrative staff to ensure an internal investigation is promptly conducted. The JSOs were able to articulate the multiple internal methods residents and staff are able to report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. For example, staff interviewed explained how all residents and staff can utilize the TJJD Hotline to make a report, and how residents can report using the facility's grievance process, telling a staff member or other adult in the facility they trust, making a third-party report to their family/attorney/JPO/etc., and making an anonymous report using the TJJD Hotline or the grievance process. All the JSOs

confirmed they are required to accept reports made verbally, in writing, anonymously, and from third parties and it is required to promptly document any verbal reports on an incident report. The staff members interviewed all expressed how the agency's middle and upper management administrators have an open-door policy when it comes to reporting, and staff are able to privately report any concerns directly up the chain of command, with skipping a level if necessary to ensure the allegation is reported and investigated promptly.

**Site Review Observations:**

During the onsite inspection, the auditor confirmed that residents were able to keep the intake PREA documents, which include multiple ways a resident can make a PREA report, on their housing units by locating some of the intake documents in randomly selected resident cubbies on the housing units. Furthermore, the auditor also took note of PREA signage in Spanish and English on each housing unit, as well as posted throughout common areas within the facility and in the public lobby. These posters include instructions for residents to make a confidential call to the TJJD Hotline, as well as the toll-free number to a 24/7 domestic violence & sexual assault hotline with Mid-Coast Family Services in Victoria, TX. Lastly, the auditor made a successful test call to the Texas Juvenile Justice Department (TJJD) Incident Response Center (IRC) using the TJJD Hotline process utilized for residents and staff at the facility. This 24/7 Hotline is operated by TJJD and in connection with the TJJD Office of Inspector General (OIG), and the auditor has confirmed that TJJD provides interpreting services for all languages through their hotline. Furthermore, the auditor also took note of the PREA and TJJD signage in Spanish in English that is posted on each housing unit, in the intake area, and throughout the other areas of the facility.

**Explanation of Determination:**

115.351 (a-e):

**(a-b):**

The agency's PREA Policy 14.5 on pages 8 and 9 highlight the multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, as outlined below:

- Residents have the right to privately report sexual assault, abuse, harassment or 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 in any of the following ways:
  - Juvenile Probation Officer, Juvenile Supervision Officer, Counselor, Volunteer, Intern, Shift Supervisor, Case Manager, Compliance

Officer/PREA Coordinator, Facility Administrator, or by using the facility's grievance process. JSO's will ensure copies of blank grievances are available in the unit at all times. Residents shall have access to a grievance copy at all times. Upon completion, the resident may turn the grievance in to the supervisor on duty.

- Resident's may also privately and anonymously report sexual assault, abuse, or harassment directly to the Texas Juvenile Justice Department (TJJD) at 1-877-STOP Abuse Neglect & Exploitation (ANE) at 1-877-786-7263 or the Victoria County Sheriff Department 361-575-0651.

- Youth may request to be taken to the phone to make the report confidentially; or
- Youth may use the phone in the unit to make a report.

In addition, the agency provided the auditor with the agency's Resident Handbooks (*English & Spanish versions*) for the pre and post adjudication programs, which includes information regarding PREA and the elements required to be provided to residents upon admission pursuant to PREA Standard 115.333. The PC noted in the comments section in the PAQ that all residents are provided a PREA Brochure and Resident Handbook upon entering the facility, during the intake process. The PC provided the auditor with the PREA Brochure in both English and Spanish, which includes the following information:

- TJJD Abuse Reporting Hotline Number and Process for Calling (1-877-786-7263)
- Third Party Reporting
- Resident Rights (zero tolerance)
- Prevention & Intervention Strategies
- What is Sexual Abuse
- No Consent
- Minimizing Risk
- Reporting Sexual Abuse

The auditor was also provided the agency's PREA Comprehensive Orientation resident verification form, which includes the following information:

- I {resident} have received and reviewed the VRJJC brochure understanding the Prison Rape Elimination Act upon intake into this facility.
- I {resident} understand the following:
  - This facility does not allow any form of consensual sexual activities between youth and staff, contractors, volunteers, and interns. This includes youth on youth sexual abuse. Sexual activity between residents is strictly prohibited.
  - Within this secure facility there is no consensual sex - no person regardless of age can "agree" to have sex or sexual contact with

staff/contractor/volunteer or another resident.

- VRJF has a zero-tolerance policy regarding sexual abuse and sexual harassment.
- If I have been a victim of or witness to sexual abuse, or I have knowledge of any incident of sexual abuse or sexual harassment, I must report these incidents by:
  - a. Asking to speak to a supervisor,
  - b. Requesting to use the toll-free phone line to TJJJ as posted,
  - c. Filing a grievance form,
  - d. Telling a Case Manager, Medical or Mental Health staff, JSO, Supervisor, Administrator, PREA Compliance Officer, Parent or Guardian, volunteer, or any adult I trust.

The auditor selected a total of twelve (12) residents to review their applicable PREA orientation and education verification forms completed at the facility. PREA Comprehensive Orientation forms for five (5) pre-adjudication residents and seven (7) post- adjudication residents were provided during the pre-onsite phase of the audit. Upon the auditor review of the verification forms provided, each form sufficiently demonstrates how the comprehensive PREA education was provided to each resident in both programs at the facility within 10 days of being admitted into the facility. Further, each form was signed and dated by the resident and staff completing the form, with each date indicating the PREA comprehensive education (*video and orientation document*) was provided within 10 days of each residents detained date that was identified on the agency's admitted resident spreadsheet.

Additionally, the auditor was provided the agency's Detention Program Facility Orientation Checklist for each of the 12 selected residents selected, which provided sufficient proof that the initial PREA orientation material was provided to each of the 12 residents within 72 hours of being admitted into the facility.

Furthermore, in order to assess the effectiveness of the agency's grievance reporting system, the auditor randomly selected ten (10) resident grievances that were provided during the pre-onsite phase of the audit. The auditor reviewed the ten grievances for any PREA related allegations or situations, and it was clear that the selected grievances did NOT involve any PREA related allegations of sexual abuse or sexual harassment. In addition, the auditor determined through this grievance review that residents in the pre and post adjudication programs at the facility are able to write and submit grievances directly and confidentially to staff who are designated as Grievance Officers, which includes being able to submit a report of sexual abuse or sexual harassment.

The PC confirmed in the PAQ that residents can make a report to any staff member, volunteer, supervisor or PREA Compliance Officer. It was also explained that grievances are available at all times in the unit that they can use to make a report, and residents may also use the TJJJ hotline to make a report. A blank copy of the agency's Resident Grievance form was uploaded in the PAQ to demonstrate one aspect of the resident grievance process. The PC indicated that residents are not detained solely for civil immigration purposes, and the facility does not detain for

civil immigration purposes. This was also confirmed in the agency's PREA Policy on page 8.

In order to demonstrate how the agency's grievance system works in practice at the facility, the PC uploaded a completed resident grievance form that alleged possible resident-on-resident grooming type behavior. The grievance was immediately addressed, and a resident was moved away from another resident to ensure maximum protection and to immediately prevent the situation from possibly escalating to a sexual harassment or sexual abuse type incident.

**(c):**

According to the agency's PREA Policy on page 9, staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports on a witness statement. Staff will then follow the mandatory reporting duties. The witness statement will be turned in to the supervisor on duty to follow the mandatory reporting duties. Further, the PC explained that a verbal PREA report made to staff is required to be promptly documented on a witness statement or on an incident report. This required practice was sufficiently demonstrated by the PC uploading two examples of staff documenting a possible allegation of resident-on-resident sexual harassment (*indecent exposure situation*) on two agency Incident Reports.

**(d):**

The PC confirmed in the PAQ that residents can make a report to any staff member, volunteer, supervisor or PREA Compliance Officer. It was also explained that grievances are available at all times in the unit that they can use to make a report, and residents may also use the TJJD hotline to make a report. A blank copy of the agency's Resident Grievance form was uploaded in the PAQ to demonstrate one aspect of the resident grievance process.

**(e):**

Per agency Policy 14.5, staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, TJJD, direct supervisor, facility administrator or the PREA coordinator. Staff must report sexual abuse and sexual harassment immediately to the Administrator. Further, any report of sexual assault, abuse, or harassment alleged to have occurred within the facility will be investigated to the fullest extent by the PREA Coordinator or Intake Officer and will be reported to the Victoria County Sheriff's Department for possible criminal investigation and prosecution. The PREA coordinator/Intake Officer will follow up on all investigations with the sheriff office and/or TJJD until completion of the investigation.

**Conclusion:**

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

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1053 734" style="list-style-type: none"> <li>- Agency PREA Policy 14.2</li> <li>- Resident Grievance Form</li> <li>- Resident Grievance Log</li> <li>- Random Sample of Completed Grievance Forms (10)</li> <li>- Memo Signed by the Chief</li> </ul> <p data-bbox="280 770 459 806"><b>Interviews:</b></p> <ul data-bbox="280 842 1477 1603" style="list-style-type: none"> <li>- The auditor interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained to immediately report any suspicion or knowledge of sexual abuse to local law enforcement, TJJD, and their immediate supervisor.</li> <li>- The auditor discussed with the agency's Assistant Chief the VRJJC policies to ensure allegations of sexual abuse are reported to the proper authorities and investigated according to the requirements set forth by this PREA Standard. The Assistant Chief advised that in the event of an allegation of sexual abuse an internal investigation will be initiated immediately along with TJJD and local Law Enforcement being notified of the specific allegation. It was also confirmed that any grievance alleging sexual abuse will follow the same procedures as noted above, with a report to Victoria County Sheriff's Department and TJJD made immediately.</li> <li>- The PC explained to the auditor the steps involved in conducting a prompt, thorough, and complete investigation into sexual abuse or sexual harassment, which includes referring out all allegations or incidents of sexual abuse to local law enforcement (Victoria County Sheriff's Department) and TJJD. This includes any sexual abuse allegation received from any source, such as a written grievance, letter, verbal report, third-party, anonymous, etc.</li> </ul> <p data-bbox="280 1639 762 1675"><b>Explanation of Determination:</b></p> <p data-bbox="280 1711 485 1747">115.352 (a-g):</p> <p data-bbox="280 1783 1468 2069">The auditor confirmed that the elements of this PREA Standard are included in the agency's PREA Policy 14.5; however, it is important to note that per this Policy and per the memo provided that was signed by the agency's Chief Juvenile Probation Officer, grievances related to sexual abuse or allegations of sexual abuse (<i>i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse</i>) are immediately converted to investigations that are outside of the facility's administrative remedies process, and are not considered by</p>

	<p>the facility to be grievances. In taking into consideration the fact that all grievances that allege sexual abuse are required, per agency Policy 14.5, to be immediately reported to local law enforcement and TJJJ and converted to a criminal investigation with the Victoria County Sheriff's Department, the requirements of this PREA Standard do not apply to the agency. Furthermore, in order to assess whether this practice is fully institutionalized at the facility, the auditor randomly selected ten (10) resident grievances that were provided during the pre-onsite phase of the audit. The auditor reviewed the ten grievances for any PREA related allegations or situations, and it was clear that the selected grievances did NOT involve any PREA related allegations of sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- PREA Posters</li> <li>- PREA Resident Brochure (English &amp; Spanish)</li> <li>- Email Communications Between PC &amp; CEO of Mid-Coast Family Services</li> <li>- Interagency Agreement Between VRJJC &amp; Mid-Coast Family Services</li> <li>- Mid-Coast Family Services Informational Packet</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed a representative from the Hope Children's Advocacy Center in Victoria, TX, which is named "Hope South Texas." This representative answered the number provided on the organization's website (361-573-HOPE) and provided the following information as it relates to victim and resident emotional support services: <ul style="list-style-type: none"> <li>• All their staff are PREA trained before having contact with residents within the facility, which is provided by the VRJJC.</li> </ul> </li> </ul>

- A resident survivor of sexual abuse can be referred to Hope South Texas at any time, with the juvenile agency first contacted local law enforcement (VCSD) and then the advocacy center.
- Trauma therapy and victim advocacy are provided by Hope South Texas mental health practitioners and advocacy specialist, with confidentiality as a main priority.
- The advocacy center's normal business hours are Monday-Friday from 8:30 to 5:30; however, if emergency after hours victim services are needed, the Mid-Coast Family Services Center has a 24/7 emergency hotline number (361-573-4357).
- Emotional support services and crisis intervention are available to any resident who calls or is referred.
- A victim advocate is able to accompany the survivor throughout the investigative forensic process.
- SANE/SAFE medical exams would be conducted at either Citizen's Medical Center or DeTar Hospital in Victoria, TX.
- Counselors from the advocacy center go to the Victoria County Juvenile Justice Center twice per month to speak and provide mental health services to residents at the facility.
- All services are provided free of charge.

- The auditor also interviewed a representative from Mid-Coast Family Services in Victoria, TX, and she explained how this organization is a domestic violence and sexual assault shelter. The representative discussed how Mid-Coast Family Services is able to provide the following services to a resident at the VCJJC:

- 24/7 hotline, which can provide victim services related to sexual abuse and emotional support services provided by a specially trained counselor.
- 24/7 victim advocacy accompany and victim advocacy services provided throughout the investigative process.
- All services are provided confidentially and free of charge.

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents adequately explained how they are familiar with the PREA signs posted throughout the facility, and how to call the TJJD Hotline. The posters on each housing unit also include a green sign that all the residents confirmed they are familiar with (*only green sign on the pod and the residents express knowing that a green sign is on their unit*). The auditor confirmed that this poster includes multiple phone numbers, including a 24/7 reporting hotline number, that are operated by Mid-Coast Family Services in Victoria, TX. The posters include how the 24-hotline numbers are available to all residents, and upon request, Mid-Coast can provide outside confidential victim advocates for emotional support services related to sexual abuse to any resident in the facility.

- The facility's FA and PC confirmed during the onsite that Mid-Coast Family Services

posters are each housing unit, and residents are able to make a call to this agency upon request. The call can be made either on the housing unit, or if the resident requests a more private setting, the youth can be escorted either to intake or visitation for a private and confidential call with a Mid-Coast advocate. Furthermore, it was confirmed by the FA that a resident can request to speak to their attorney at any time, and upon such a request, a call will be made to the attorney requesting that he/she speak with his/her client at his/her earliest convenience. An attorney call and/or visit is conducted in private, in the visitation area. Parent/guardian phone calls are provided at least once per week to all residents, and family visits are conducted on the weekend for all residents. Per the FA, residents are also able to send out fully sealed, confidential letters to anyone they choose.

**Site Review Observations:**

During the onsite, the auditor confirmed that the Mid-Coast Family Services posters includes multiple phone numbers, including a 24/7 reporting hotline number that can be used by a resident to contact a specially trained victim advocate from Mid-Coast who can provide advocacy emotional support services related to sexual abuse. Furthermore, the auditor confirmed that residents can utilize the phone on the unit or go to the intake or visitation area to make the call in a private and confidential setting. The auditor also confirmed that the facility phones on the units can be used to call the resident's approved contacts, and the facility has a visitation area that allows for reasonable access to parents or legal guardians.

**Explanation of Determination:**

115.353 (a-d):

According to the procedures documented in the agency's PREA Policy on pages 14 and 15, outside victim advocates for emotional support services related to sexual abuse (*e.g., emotional support services, advocacy, crisis counseling, sexual assault recovery services*) will be provided through:

- The Hope Center as agreed within the memorandum of understanding; and/or
- Mid-Coast Family Services, a community based Certified Sexual Assault Center.

Policy 14.5 also indicates that reasonable communication between the resident and organization/agency will be held in a confidential manner as possible. Residents will be informed prior to access the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. In addition, reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents/legal guardians will be provided.

The auditor was also provided an email communication between the juvenile agency's PC and the CEO of Mid-Coast Family Services, which confirms the following

services are available to residents at the VRJJC:

- Mid-Coast remains committed to serving youth and adults who have been impacted by sexual violence and provides a 24-hour hotline, crisis counseling, hospital and court accompaniment, legal advocacy, and limited professional counseling.

Per the information in the PAQ added by the PC, posters are located throughout the facility and pamphlets provided upon intake. Youth are not detained in this facility for civil immigration purposes, and all residents have telephone numbers provided in the posters and pamphlets for the Local Community Resource Center- Mid-Coast Family Services. Per the PC, telephones and phone numbers are also located in the units. For a more confidential call, the youth may request to be taken to a phone outside the unit- in the intake or visitation areas.

Additionally, the agency provided the auditor with a fully executed Interagency Agreement between the VRJJC and Hope Child Advocacy Center (HAC) / Hope of South Texas, Inc. This agreement was signed by the VCJJC Chief Juvenile Probation Officer and the Executive Director of the Hope of South Texas, Inc. and outlines the responsibilities of the VCJJC and HAC for providing a multidisciplinary team response to a situation involving sexual abuse of a resident at the juvenile facility. Per this agreement, the two parties have agreed to develop, maintain and support through the Hope Child Advocacy Center, a child friendly environment emphasizing the best interest of the children and providing investigatory and rehabilitative services to the child victim and non-offending family members. This children's advocacy center provides the following victim and emotional support services, as verified by the auditor upon review of the Interagency Agreement and information packet provided in the OAS:

- Family Advocacy and Victim Services
- Trauma-Focused Therapy

In order to properly assess whether Mid-Coast Family Services provides services as described above, including confidential emotional support services pursuant to the requirements of PREA Standard 115.353, the auditor visited the organization's website at: <http://www.midcoastfamily.org/>. The organization's website confirms the emotional support services are available to any individual who contacts or is referred to the advocacy center and publishes the following information:

- 24 Hour Hotline
  - (361) 573-HELP (4357) or (800) 870-0368: Answered 24 hours a day, seven days a week by a trained Sexual Assault Program staff member. We are equipped to respond to callers who are deaf, hearing impaired or with limited English proficiency. All calls are confidential. You may also email [crisis@midcoastfamily.org](mailto:crisis@midcoastfamily.org) for a quick reply.

- Crisis Intervention
  - This immediate, supportive response is provided to reduce acute distress, begin stabilization, and assist in determining the next steps for a survivor of sexual violence.
  - Crisis Intervention is available during normal business hours on a walk-in basis or 24 hours/day, 7 days/week through the hotline.

The auditor called the hotline number in order to ensure the availability of emotional support services to residents confined in the facility, and the representative the auditor spoke with confirmed the services are available, as noted in the interview section above. In addition, the auditor reached out to the Hope Child Advocacy Center (*Hope of South Texas*) to seek information on the services this organization provides to residents at the VRJJC, and the representative from Hope of South Texas confirmed that counselors and volunteers from her organization are available over the phone Monday-Friday to provide emotional support services and mental health services. In addition to being available via phone, the representative interviewed advised that counselors and volunteers from her advocacy organization go to the juvenile facility twice per month to meet with residents to provide emotional support services, as well as specialized trauma therapy and other mental health related services within the scope of their professional ability.

**Conclusion:**

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

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency Policy 1.13 (Grievances- Juvenile, Parent, &amp; Community)</li> <li>- Agency PREA Policy 14.5</li> <li>- VRJJC Witness Statement</li> <li>- Incident Reporting Form</li> <li>- Resident Grievance Form</li> <li>- VRJJC Juvenile, Parent, &amp; Third-Party Grievance Report</li> </ul>

**Interviews:**

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents adequately explained how they received initial PREA information when they were first admitted into the facility (during the intake process), as well as shown a PREA video that is played every Sunday on each housing unit. The residents further explained how staff will ask questions and go over the PREA information after the video is played to ensure they fully understand the PREA information that was presented. All the youth sufficiently described the different reporting mechanisms in place at the facility, which included written, verbal, **third-party**, and anonymous. The residents were also very familiar with the PREA signs posted throughout the facility, and how to call the TJJJ Hotline.
- The auditor discussed the process the agency has in place for receiving third-party reports of sexual abuse and sexual harassment, which includes instructions on the agency's website for making such a report on behalf of a resident and the TJJJ Hotline. Both methods allow for any individual on behalf of a resident to make a report either verbally or in writing to facility leadership directly, to local law enforcement, or directly to TJJJ through the TJJJ 24/7 Hotline. The PC advised that all third-party reports of sexual abuse are immediately reported to law enforcement, TJJJ, and an administrative investigation is promptly initiated for all sexual abuse and sexual harassment allegations.

**Site Review Observations:**

During the onsite inspection, the auditor confirmed that the PREA signage is posted in Spanish and English on each housing unit, as well as posted throughout common areas within the facility and in the **public lobby**. This signage includes instructions for any individual to report sexual abuse or sexual harassment of a resident, and how to make such a report on behalf of a resident to TJJJ, law enforcement, and/or the facility. In order to test the facility's third-party reporting hotline, the auditor made a successful test call to the Texas Juvenile Justice Department (TJJJ) Incident Response Center (IRC) using the TJJJ Hotline process utilized for residents and staff at the facility. This 24/7 Hotline is operated by TJJJ and in connection with the TJJJ Office of Inspector General (OIG), and the auditor received an email communication from the TJJJ IRC to the agency's FA that confirmed the test call was a success. The email also confirmed that the test call was shared with the FA of the facility within 7 minutes of the call being completed. This adequately demonstrated to the auditor that the agency's TJJJ Hotline process is an effective and compliant method for residents to make confidential third-party reports to TJJJ, including anonymous reports if so desired.

**Explanation of Determination:**

115.354 (a):

According to agency Policy 14.5, staff are required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any

verbal reports on a witness statement. Staff will then follow the mandatory reporting duties. The witness statement will be turned in to the supervisor on duty to follow the mandatory reporting duties.

Additionally, Policy 1.13 outlines the agency's procedures that are in place for juveniles, juvenile's parents/guardians, and the community to submit a grievance. For example, this policy outlines on page 1 that it is the policy of VRJJC to respond quickly to all complaints and/or grievances from juveniles, parents, or members of the community against the department or an employee of the department. All grievances from other persons will be addressed promptly without alteration, interference or delay. Corrective action will be taken whenever the situation requires. Policy 1.13 also includes the steps for filing such a grievance, which includes the name, mailing address, and telephone number of the Chief Juvenile Probation Officer, the Chairman of the Victoria County Juvenile Board, and the Texas Department of Juvenile Justice (TJJD) Legal Division.

The agency's PC explained in the PAQ that third parties may report verbally, in writing, or anonymously. Verbal reports will be documented on a witness statement by the person taking the report. Reports may be documented on an incident report or witness statement. Third parties may use the grievance form located on the VRJJC website and mandatory reporting duties will then be followed. The PC uploaded the agency's Witness Statement and Incident Report forms, which would be used to document any third-party report received by a staff member at the facility.

Furthermore, the auditor verified that the third-party reporting process is available on the agency's website, at: Victoria County, Texas (vctx.org). This page includes the following PREA related reporting documents:

- Agency PREA Policy 14.5 (English & Spanish);
- Agency PREA Policy 14.6 (English & Spanish);
- Pre/Post Resident Handbook;
- Understanding PREA Brochure (English & Spanish); and
- Juvenile, Parent, Community Grievance Form.

Lastly, upon the auditor's review of the agency's Juvenile, Parent, Community Grievance Form, it is important to note that this document includes instructions for filing the grievance with the appropriate party and their name, address, and telephone number.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5

- Investigative Files

**Interviews:**

- The auditor interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained and required to immediately and according to agency policy report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Furthermore, the staff interviewed also understood the importance of confidentiality when reporting on sexual abuse and ensuring nothing is shared to anyone other than to the extent necessary to make the initial report and provide treatment, investigation, and other security and management decisions.

- The auditor interviewed one MHP and one medical professional while onsite at the facility, and each professional was able to sufficiently explain their understanding of PREA and the requirements for reporting, how to detect and assess signs of sexual abuse and sexual harassment, the importance of preserving and protecting evidence, & how to provide assistance within the scope of their applicable practice. The MHP and nursing staff advised that they receive PREA training annually, just as the JSOs, and have completed PREA specific training that corresponds to their facility duties. Additionally, the professionals confirmed their mandatory reporting protocols, which include the requirement 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It was expressed that if a resident makes a report of sexual abuse or sexual harassment, this would be immediately reported to their immediate supervisor, a detention supervisor, and the PREA Coordinator- with local law enforcement, DFPS, and TJJJD also notified if sexual abuse is alleged. Both the professionals confirmed during their individual interviews that they have never been aware of a resident in the facility who was involved, or alleged to be involved, in any type of sexual abuse incident or allegation. Lastly, the MHP and nursing staff interviewed both explained their own process of informing residents at the initiation of services of their duty to report and the limitations of confidentiality.

- The auditor also interviewed the agency's FA, who confirmed that the notification requirements of this PREA Standard are included in the agency's PREA Policy and

adhered to as applicable to the situation. The FA confirmed that in the event of an alleged sexual assault, law enforcement, TJJD, the victim's parents/guardians, and the assigned JPO (*for notification of attorney/legal guardian*) are immediately notified of the initial allegation (*no longer than one hour after the initial allegation is received*). If a youth from VRJJC makes an outcry of sexual abuse from another facility, the FA advised that it is in the contract that an administrator from the other facility notify the VRJJC within 72 hours (*and vice versa for a juvenile making a report of being abuse at another facility while in the VRJJC*). The FA also confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are immediately forwarded to all the facility administrators and to the facility's designated PREA investigator, the PC.

**Explanation of Determination:**

115.361 (a-f):

**(a-b):**

According to the agency's PREA Policy 14.5 on page 10, all staff (*including medical and mental health practitioners*) are required to report sexual abuse to the FA, PREA Coordinator, Sheriff's department and TJJD and also shall comply with all mandatory child abuse reporting laws. Further, staff are required, per Policy 14.5, to report immediately to the Administrator, Supervisor on duty, PREA Coordinator and Sheriff Department of any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to the above, staff shall keep confidential any information related to the sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions.

**(c-f):**

Per Policy 14.5 on pages 13 and 14, upon receiving any allegation of sexual abuse, the administrator or designee shall promptly (*within 1 hour of receipt*) report the allegation to the Sheriff's Department, TJJD, and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DFPS the report, per Policy 14.5, is required to be made to the alleged victim's caseworker instead of the parents or legal guardians. In addition, if a juvenile court retains jurisdiction over the alleged victim, the allegation will also be reported to the victim's attorney, the youth's Juvenile Probation Officer, or other legal representative of record within 14 days of receiving the allegation. The PREA Coordinator for the facility (*facility's designated investigator*), will also be notified of all reports of sexual abuse and sexual harassment including third-party and anonymous reports to begin the internal investigation process.

Upon the auditor's analysis of the five (5) investigative documents reviewed and as

	<p>documented in sections 115.321 and 115.322 of this report, the agency has sufficiently demonstrated how the agency has institutionalized the agency's Policy on requiring all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Each of the investigations reviewed by the auditor prove that allegations related to sexual abuse and sexual harassment are immediately reported to agency administration, TJJJ, and local law enforcement, which comply with the applicable mandatory child abuse reporting laws of Texas. Furthermore, for the one sexual abuse allegation, as well as for the four sexual harassment allegations, the agency documented that the required notifications were made, as required by this PREA Standard.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- VRJJC Sexual Harassment/Sexual Abuse Allegations/Investigations Log for 2022</li> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- All the JSOs interviewed, as well as the FA, PC, and Chief, confirmed that the agency requires all adults who have contact with residents in the facility to take immediate action to protect a resident when it is learned that a resident is subject to a substantial risk of imminent sexual abuse. The auditor asked each staff interviewed a scenario-based question that related to a resident who was scared and alleging that another resident/staff made a sexual threat to them. In this scenario, each staff responded adequately and provided examples of how they would each take immediate action to remove the threat, report this to their supervisor, investigate the allegation being made to ensure all the pertinent information is ascertained, document the allegation and safety plan, move the threat to another unit if another resident (<i>if staff, ensure it is reported to a supervisor so the staff is removed</i>), communicate the situation with other staff working the unit to ensure the situation is closely monitored, hold the individual</li> </ul>

making the threat accountable with appropriate disciplinary action if found to be true, and ensure the safety of the victim during his/her stay in the facility.

**Explanation of Determination:**

115.362 (a):

According to the agency's PREA Policy 14.5 on page 1, if the facility learns a resident is subject to a substantial risk of imminent sexual abuse, the facility shall take immediate action to protect the resident. Further, it is stated in this Policy that all references to sexual abuse will also include sexual harassment, as appropriate, which was confirmed through the auditor reviewing the agency's Sexual Harassment/Sexual Abuse Allegations/Investigations Log for calendar year 2022. This log includes eleven (11) sexual harassment allegations that were promptly investigated by the agency, in the same manner as required for a sexual abuse allegation. This level of immediate action in response to sexual harassment allegations sufficiently demonstrates how the agency responds to protect residents from sexual abuse.

The PC noted in the PAQ that no report of imminent sexual abuse has occurred in the facility in the past 12 months. Further, in order to assess the agency's level of response to allegations or incidents related to sexual harassment, which may lead to a substantial risk of imminent sexual abuse, the auditor reviewed four (4) sexual harassment investigations conducted in the facility in the past 12 months. The PC provided the auditor with the associated investigative documents for each of the four selected sexual harassment allegations, and upon the auditor's review, it was clear that the agency has institutionalized the practice of completing a full investigation and reporting to TJJ and law enforcement any allegations related to not only sexual abuse but also sexual harassment. Furthermore, the investigative documents reviewed by the auditor sufficiently demonstrate how the agency took immediate action in response to the allegations of sexual harassment, which, in some cases, may involve a substantial risk of imminent sexual abuse if not properly acted upon.

**Conclusion:**

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

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency PREA Policy 14.5

- PAQ

**Interviews:**

- The agency's Assistant Chief and FA both advised that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation is required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Both administrators further explained how this situation has not occurred since the last PREA audit, and if such a situation were to occur, the required notifications would be made within 24 hours. Additionally, if the allegation involved a juvenile who was alleged to be a victim of sexual abuse or sexual harassment at the VRJJC, the reporting protocols required by the agency's PREA Policy would be adhered to and local law enforcement and TJJD would be notified for any type of sexual abuse alleged.

**Explanation of Determination:**

115.363 (a-d):

Per the agency's PREA Policy 14.5 on page 14:

- Any allegation that a resident was sexually abused while in another confinement facility; the Facility Administrator is required to notify the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.
- Notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.
- The Facility Administrator will document the notification and also notify TJJD.
- The facility that receives such notification shall ensure the allegation is investigated in accordance with PREA standards.

The PC noted in the PAQ that no reports were received alleging that a resident was sexually abused while confined at another facility; therefore, no such documentation was provided to review. Furthermore, this was confirmed through the auditor's analysis of all the proof documentation provided, in which there was no evidence to suggest a resident in the Victoria County Juvenile Justice Center made an allegation of being sexually abuse while confined at another facility in the past 12 months.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5
- Sexual Abuse First Responder Checklist
- Sexual Abuse Response Team (SART) Coordinated Response Plan
- PREA Staff Training PowerPoint Presentation

**Interviews:**

- The auditor interviewed one MHP and one medical professional while onsite at the facility, and each professional was able to sufficiently explain their understanding of PREA and the requirements for reporting (*to a facility supervisor and/or administrator immediately*), how to detect and assess signs of sexual abuse and sexual harassment, first responder duties, the importance of preserving and protecting evidence, & how to provide assistance within the scope of their applicable practice. The MHP and nursing staff advised that they receive PREA training annually, just as the JSOs, and have completed PREA specific training that corresponds to their facility duties and professional services provided. The medical and mental health professionals interviewed also were knowledgeable of the protocols for ensuring the victim is safe and separated from the alleged perpetrator, the requirement to request that the alleged victim and perpetrator to not take any actions that could destroy physical evidence, and the importance of ensuring a forensic medical exam and forensic interview is scheduled as soon as possible.

- The auditor also interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained to immediately report any suspicion or knowledge of sexual abuse to local law enforcement, TJJ, and their immediate supervisor. All the staff described the protocols associated with responding to a sexual assault or sexual abuse incident, which included the following first responder duties:

- separating the victim from the perpetrator;
- preserving and protecting the scene;
- advising the victim and perpetrator to not do anything that could destroy or contaminate any usable physical evidence (examples provided of no shower, no washing, no changing, no eating or drinking, no restroom, turning off room water, escorting victim to intake, etc.);
- documenting the incident of an incident report;
- requesting assistance from medical and/or mental health professionals as applicable to the level of the abuse;
- ensuring the victim is transported out of the facility for a forensic medical exam and interview; and

- allowing for local law enforcement in the facility to collect and conduct the criminal investigation.

It is important to add that each of the staff interviewed confirmed that they have never been involved in any type of resident sexual abuse situation or allegation while working at the VRJJC; however, if a sexual assault or sexual abuse incident were to occur, as noted above, all the staff interviewed sufficiently described how they would use their first responder training to protect the victim and ensure the scene is protected and preserved.

**Explanation of Determination:**

115.364 (a-b):

According to the agency's PREA Policy 14.5 on page 14, the following first responder duties are included therein, which includes, at a minimum, the PREA language from each required element of this PREA Standard:

- The first staff to learn of an allegation that a resident was sexually abused shall: (see First Responder Checklist and the Coordinated Response checklist)
- Separate the alleged victim and abuser pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, smoking, drinking, washing, brushing teeth, changing clothes, urinating, defecating, or eating. The Facility Administrator/designee will collect all unit documentation, including general unit log, individual room logs, seclusion logs, control log, etc.
- If the abuse occurred within a time period that still allows for the collection of physical evidence ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a JSO/JPO, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify the JSO/Supervisor/Administrator/PREA Coordinator/Investigator.
- The supervisor/designee will contact the Facility Administrator immediately to determine if the youth will be transported by the EMS or in the facility vehicle by a JSO depending upon the medical treatment required.

Furthermore, the PC commented in the PAQ that there has not been a situation in

which the above first responder duties were implemented due to no allegations or incidents of alleged sexual abuse within the facility.

In order to demonstrate how the agency ensures all staff are properly trained in their first responder expectations, the PC provided the auditor with the agency's Sexual Abuse First Responder Checklist and first responder training slides that are provided during all staff's initial PREA trainings, as well as during annual refresher trainings. The First Responder Checklist includes the steps required to be taken to ensure all the first responder duties associated with PREA Standard 115.364 are adhered to, and it also includes a checklist of agency specific procedures that are required in response to a sexual abuse incident or allegation. As far as the first responder training presented during PREA trainings for all staff, the auditor confirmed this training included two slides dedicated to staff first responder duties pursuant to the requirements of this PREA Standard (*refer to the "Explanation of Determination" section 115.331 of this report for more information related to staff trainings*).

Finally, the auditor was provided the agency's SART Coordinated Response Plan, which includes first responder duties for responding to incidents of alleged sexual abuse. This plan is another document that demonstrates how the agency's first responder protocols are fully institutionalized in practice at the facility.

**Conclusion:**

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

115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Agency PREA Policy 14.5</li><li>- Sexual Abuse Response Team (SART) Coordinated Response Plan</li><li>- Sexual Abuse First Responder Checklist</li><li>- MOU between VCJJC and the VCSD</li><li>- Interagency Agreement between VRJJC and Hope Child Advocacy Center/Hope of South Texas, Inc.</li><li>- Memo Signed by the Chief Juvenile Probation Officer of VRJJC</li></ul>

**Interviews:**

- The auditor discussed the agency's Coordinated Response Plan with the agency's FA, who outlined the procedures included therein. The FA sufficiently explained how a coordinated response to an incident of sexual abuse would involve the staff first responders (*ensuring the first responder duties as outlined in the previous section (115.364) are adhered to*), medical and mental health practitioners (*crisis services available onsite*), investigators, facility leadership, the Hope Child Advocacy Center (*forensic interview and advocacy and victim services*), and Citizens Hospital for a forensic medical examination if medically appropriate for the criminal investigation. It was described as an all-hands-on deck type situation, in which immediate action would be taken to ensure the victim is safe and provided the necessary victim services to ensure all the requirements of the PREA Standard are provided. The FA also explained how the administrators involved in the coordinated response would utilize the Sexual Abuse Response Team (SART) Response form, which outlines individual responsibilities, timelines, specific contact telephone numbers, and a checklist to ensure coordination with local authorities (Victoria County Sheriff's Department), first responders, administration, SANE nurse, PREA investigator, and mental health counselors is implemented in a timely manner.

**Explanation of Determination:**

115.365 (a):

The auditor was provided the agency's (SART) Coordinated Response Plan, which is a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is a comprehensive four-page document that includes how the agency and its partners should respond to a sexual abuse situation at the facility. For example, the following sections are included, as verified by the auditor:

- First responder duties;
- Supervisor duties;
- Required notifications (e.g., 911 emergency services, medical staff, Facility Administrator, VCSD (*immediately*), Mid-Coast Family Services (*coordinate a victim advocate*), Citizens Medical Center (*request for SANE nurse*), DFPS (*immediately*), & TJJJ (*within four hours*));
- Secure the scene (*tape off the area and do not allow access*), take photos of injuries and scene, protect physical evidence, do not launder clothes, do not allow the victim/abuse to shower, wash, brush teeth, change clothes, urinate, defecate, eat or drink, smoke, or comb hair;
- Assign staff member to remain with victim and supervisor is required to stay with the perpetrator;
- Medical and mental health services; and
- Complete incident reports and applicable witness statements.

Additionally, the agency's First Responder Checklist is another document that was

provided to demonstrate how the agency coordinates with first responders, medical and mental health professionals, investigators, and facility leadership in response to a sexual abuse allegation or incident to ensure maximum safety of the residents and staff and to provide the appropriate and necessary victim services.

The auditor was also provided a fully executed MOU between the VRJJC and VCSD, which includes the requirement for the Sheriff's Department to follow uniformed evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per this MOU:

- The parties hereto adopt VRJJC PREA Plan of preventing, detecting, reporting and responding to all allegations of sexual abuse, sexual harassment or retaliation. The PREA Plan, as outlined in the VRJJC Policies and Procedures, integrates the existing services and activities as undertaken by the signatories and the local collaboratives and adds services to create a seamless, comprehensive system of services for youth confined in VRJJC and, as legally allowable, their families. The PREA Plan integrates the resources to be provided by VRJJC, law enforcement, and community resources.
- Provide qualified staff to provide advocacy services for VRJJC youth who report being sexually abused to provide intervention and related assistance.
- Initially meet the VRJJC youth at the local hospital to provide advocacy services through the forensic medical examination process and investigatory interviews to provide emotional support crisis intervention) information, and referrals.
- Provide victims of abuse will have access to forensic medical examinations without financial cost, where evidentiary or medically appropriate performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), if possible. If not available. The examination can be performed by other qualified medical practitioners. Efforts to provide SAFEs or SANEs shall be documented.

The agency provided the auditor with a fully executed Interagency Agreement between the VRJJC and Hope Child Advocacy Center (HAC) / Hope of South Texas, Inc. This agreement was signed by the VRJJC Chief Juvenile Probation Officer and the Executive Director of the Hope of South Texas, Inc. and outlines the responsibilities of the VRJJC and HAC for providing a multidisciplinary team response to a situation involving sexual abuse of a resident at the juvenile facility. Per this agreement, the two parties have agreed to develop, maintain and support through the Hope Child Advocacy Center, a child friendly environment emphasizing the best interest of the children and providing investigatory and rehabilitative services to the child victim and non-offending family members. The Hope of South Texas is described as a children's advocacy center and provides a safe, child-friendly environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child. Through the multidisciplinary team approach, the organization is able to provide a

	<p>coordinated effort to make the experience of the child survivor less traumatic as they journey on their path of healing.</p> <p>Lastly, the Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Memo from the Assistant Chief</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- As noted below, the agency's Chief Juvenile Probation Officer confirmed that the VRJJC does not allow for the any type of collecting bargaining agreement for the staff employed by the agency.</li> </ul> <p><b>Explanation of Determination:</b></p> <p>115.366 (a-b):</p> <p>The auditor was provided a signed memo from the Assistant Chief of the agency, which states, "This memorandum is designed to serve as notice that the VRJJC is compliant with Prison Rape Elimination Act standard 115.366 (a) - 1. The collective Bargaining aspect of this standard is not applicable as this agency is an at will employee as is the State of Texas."</p> <p>Upon the auditor's review of agency Policy and the memo provided by the Assistant Chief, as well as through observations made onsite, it was clear the agency does not allow for any union membership for their employees and no collective bargaining aspects of this PREA Standard are practiced.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the</b></p>

**auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

**115.367 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5
- Memo Signed by the Chief of the VRJJC

**Interviews:**

- The agency's Assistant Chief and PC were interviewed and asked questions related to how the agency ensures residents and staff are protected against retaliation. The Chief confirmed that staff and resident who report sexual abuse or sexual harassment are protected by ensuring the alleged victim is separated sight and sound away from the alleged perpetrator. If the alleged perpetrator is a staff member, the PC and Assistant Chief confirmed that the staff will be placed on administrative leave and have no contact with residents until the investigation is complete. If the alleged perpetrator is another resident, the resident alleged perpetrator will be placed in a separate unit from the alleged perpetrator. Furthermore, the Assistant Chief advised that direct care staff are required to be notified that the resident alleged perpetrator is to have no contact with other residents until the conclusion of the investigation. At the conclusion of the investigation, the Assistant Chief explained that the resident who reported the alleged sexual abuse will be monitored for 90 days by reviewing incident reports, any change in unit or program assignment, and any level changes for the resident. Retaliation against staff is monitored by the PC by reviewing any negative performance reviews or reassignments, review video surveillance, making periodic check-ins, and speaking with the residents and staff to assess for any indicators of retaliation.

- During the PC's interview, it was clear the PC understood her responsibilities associated with agency protection duties and providing retaliation monitoring (*periodic status checks- if not daily at least weekly*) upon the initial allegation being received and up to 90 days thereafter. The PC explained her own process of monitoring for retaliation, which falls in line with the Assistant Chiefs expectation documented above, and provided an example of how she has conducted the retaliation monitoring in the past for an allegation of sexual abuse. The PC indicated that the 90-day retaliation monitoring mark would be surpassed if necessary to ensure the victims safety.

**Explanation of Determination:**

115.367 (a-f):

The auditor confirmed that each of the retaliation monitoring requirements of this PREA Standard are included in agency Policy 14.5 on pages 12 and 13, as highlighted below:

- All residents and staff who report sexual abuse or harassment or cooperate with sexual abuse or harassment investigations will be protected from retaliation by other residents or staff which will be monitored by the PREA coordinator/investigator and Shift Supervisor.
- The alleged staff or resident abusers will not have contact with the victim. Staff will be placed on leave until the conclusion of the investigation with possible disciplinary or criminal action as warranted. Residents may be placed in another unit until the conclusion of the investigation.
- Emotional support services will be provided to staff and residents related to sexual abuse or who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations. Emotional support may include crisis intervention and counseling services. Emotional support services will be provided as follows:
  - Staff through the employee assistance program.
  - Residents alleging sexual abuse will be referred to the Sexual Abuse Nurse Examiner (SANE) at Citizens Medical Center (CMC). The SANE
  - Nurse will determine referrals to services based on their professional training to include but not limited to emotional support for sexual abuse and/or retaliation.
  - Residents alleging sexual harassment or retaliation within the facility or previous sexual abuse will be referred to the facility mental health professional (MHP) to determine if further services are warranted. The facility MHP may refer for additional community services based on their professional judgment.
  - Reasonable communication between residents and the emotional support service will be provided in as confidential a manner as possible.
  - Residents shall be informed, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- For at least 90 days following a report of sexual abuse, the Facility Administrator/designee shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. The following shall be monitored:
  - Resident disciplinary reports,

- Unit housing,
- Program changes, or
- Negative performance reviews or reassignments of staff will be monitored by the Facility Administrator.

- Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.
- For residents, such monitoring shall also include periodic status checks to be conducted by the Shift Supervisors. Status checks will be conducted randomly twice weekly and documented on a status check form. The status check form will be maintained in the Compliance officer/PREA Coordinator's office.
- If an individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measure, to include contacting the Sheriff's Department, to protect the individual against retaliation. The obligation to monitor shall terminate if the allegation is unfounded.

The Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused **within** the facility since the last PREA Audit completed in 2020. However, as noted in other sections of this report, the agency did have a situation involving alleged staff on resident sexual abuse that alleged to have occurred **outside** the facility. In this case, the alleged victim was released within 72 hours after the initial allegation was received by the agency, and the allegation was determined to be false, with a disposition of unfounded. Even though the investigation determined the allegation as unfounded, the agency immediately placed the alleged perpetrator on administrative leave and ensured the alleged victim was safe and free from retaliation. The PC advised that retaliation monitoring was enacted at the onset of the allegation and continued until the alleged victim was released from the facility. Further, the agency's Chief advised that staff who were assigned to the unit with the alleged victim in this case was instructed to notify the Compliance Officer (PC) of suspicions of retaliation. The Chief elaborated further that in all cases of reported sexual abuse of a resident in the facility, the youth involved are interviewed and the agency's zero tolerance policy on retaliation is explained at this time. Youth are also questioned if they have experienced retaliation, and the agency's retaliation monitoring responsibilities continue throughout an investigation and followed up for at least 90 days.

**Conclusion:**

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

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

- Agency PREA Policy 14.5
- Disciplinary Seclusion Logs & Reports
- Protective Isolation Logs & Reports

**Interviews:**

- The auditor interviewed a total of 12 randomly selected Juvenile Supervision Officers (JSOs) while onsite, and each of the 12 JSOs advised that they have never been aware of a situation involving a resident being placed on any type of segregated housing plan to protect a resident who was alleged to have suffered sexual abuse since the last PREA audit; however, the JSOs confirmed that all residents confined to a room on a disciplinary measure or for protection are required to have large muscle exercise, education, visits from medical and mental health professionals as needed, and all the required rights afforded to them from the PREA Standards and agency Policy.
- The officer also interviewed the agency's FA, who confirmed that protective isolations are available to be used for a short period of time (maximum 24 hours); however, no such isolation or segregation of an alleged resident victim of sexual abuse has been initiated. Furthermore, if such a situation were to occur, it would be as a very last resort, justified through extensive documentation, and end as soon as a less restrictive form of intervention can be implemented. The FA explained how the facility is able to use multiple housing units to move residents to ensure safety and to significantly reduce the likelihood of retaliation without disrupting or modifying the resident's programming requirements.
- The auditor interviewed on MHP and one medical professional while onsite at the facility, and each professional confirmed they are able to visit with all residents in the facility at any time, regardless of the situation. It was explained that if a resident was secured in his/her room or segregated from other residents, mental health and medical services would have unimpeded access to the resident at any time.

**Explanation of Determination:**

115.368 (a):

According to the agency's PREA Policy 14.5 on page 13, segregation to protect a resident who is alleged to have suffered sexual abuse shall follow requirements of the VRJJC's isolation policy to protect the resident in the least restrictive manner.

This will occur only as a "last resort." Residents in isolation will be provided with a daily large-muscle exercise, educational programming or special education service, daily visits from medical or mental health care clinician and access to regular program opportunity to the extent possible. If a resident is placed in isolation, a

	<p>review will be held every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Furthermore, as noted in section 115.342 of this report, the PC indicated in the PAQ that the agency has not utilized any type of protective isolation due to a PREA related matter in the past 12 months, and this was proven through the auditor's review of the agency's Protective Isolation Log. Upon the auditor's review, there was not an entry logged pertaining to a PREA related matter.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Memo Signed by the Chief of the VRJJC</li> <li>- Internal Investigative Report &amp; Supplemental Investigative Documentation</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PREA Coordinator, who is a specially trained internal investigator for the VRJJC. The PC advised that she has completed both an online investigator training course, as well as a recent in-person investigator training that was provided by the Director of Investigations with TJJD. The PC was able to sufficiently articulate the training topics that were presented during each training, which included the required elements of this PREA Standard. Additionally, the PC outlined the steps involved in conducting a prompt, thorough, objective, and complete investigation into sexual abuse or sexual harassment, which includes referring out all allegations or incidents of sexual abuse to local law enforcement (Victoria County Sheriff's Department) and TJJD. The PC explained how she has a great working relationship with TJJD and local law enforcement, with providing sufficient documentation on how she remains in contact with criminal investigators throughout the investigative process to ensure the progress and outcome of the investigation is shared with the agency. She also confirmed the burden of proof required to substantiate an allegation of sexual abuse or sexual harassment administratively, which was identified by the PC as a preponderance of evidence. The PC explained further how an administrative investigation into sexual abuse and</li> </ul>

sexual harassment will never be prematurely terminated and will continue until the disposition is determined through a comprehensive review of the evidence examined. The PC was also aware of the PREA requirement of assessing the credibility of an alleged victim, suspect, and witness on a case-by-case basis and will not be determined by the person's status as resident or staff. It was further elaborated that at no time is the agency able to require a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The PC confirmed that her PREA investigative responsibilities also include assessing whether staff actions or failures to act contributed to the abuse and documenting the entirety of the investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

- The FA was also interviewed and asked questions related to sexual abuse and sexual harassment criminal and administrative investigations. The FA confirmed that the agency's PC is immediately notified of any PREA related allegation, and an internal administrative investigation is initiated by the PC as soon as possible (*if not at work, will come in to conduct the investigation*). In addition, the Victoria County Sheriff's Department and TJJD is immediately notified of any allegations involving sexual abuse, and the PC is the primary point of contact during any PREA related investigation.

- The auditor discussed with the agency's Assistant Chief the VRJJC policies to ensure allegations of sexual abuse and sexual harassment are reported to the proper authorities and investigated according to the requirements set forth by this PREA Standard. The Assistant Chief advised that in the event of an allegation of sexual abuse an internal investigation will be initiated immediately along with TJJD and local Law Enforcement being notified of the specific allegation. In the event the allegation is deemed to be non-criminal the PREA coordinator will obtain witness statements, interview staff and youth, review camera footage as well as review any incident reports relevant to the allegation. If the investigator determines the allegation is criminal, the investigation is transferred over to local law enforcement and/or TJJD OIG. Furthermore, this administrator confirmed that the PREA Coordinator will stay in contact with criminal investigators and wait for the outcome of the investigation without interference.

**Explanation of Determination:**

115.371 (a-m):

The auditor confirmed that each element of this PREA Standard is included in the agency's PREA Policy 14.5 on pages 16 and 17, as outlined below:

- Investigations into allegations of sexual abuse and sexual harassment are required to be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- The investigator is required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any

available electronic monitoring data; the investigator shall interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. An investigation cannot terminate solely because the source of the allegation recants the allegation.

- If the evidence appears to support criminal prosecution, all following interviews will be conducted by the prosecutors to avoid compromising the criminal investigation. If the investigation appears criminal, the investigation will be turned over to the Victoria County Sherriff's Department to complete for prosecution.
- The credibility of an alleged victim, suspect, or witness is required to be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No resident will submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of an allegation.

Furthermore, Policy 14.5 includes agency specific administrative and criminal investigative procedures pursuant to this PREA Standard, such as:

- Administrative internal investigations:
  - Investigations shall include an effort to determine if staff actions or failure to act contributed to the abuse.
  - Investigations shall be documented per TJJD incident form requirements and investigation requirements including:
    - Description of the physical and testimonial evidence;
    - The reasoning behind credibility assessments; and
    - Investigative facts and findings.
  - Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
  - Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
  - Written reports of administrative and criminal investigations shall be retained 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.
  - If outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
- Criminal investigations:
  - All staff, contractors, and volunteers shall fully cooperate in the investigation.
  - The Victoria Sheriff's Department or TJJD will take the lead in all criminal investigations.

- The investigating entity will have access to all records and files as legally permissible, to include video records and space will be provided for the investigating entity to conduct interviews and/or to review records and files.
- The investigating entity will be responsible for completing the criminal investigation consistent with their policies governing the conduct of such investigations and for referring any individual or individuals for criminal prosecution.
- The concluded report will be provided to VRJJC.

As noted in section 115.334 of this report, the agency's PC is the designated PREA internal investigator, and per Policy 14.5 on page 15:

- Employees assigned to conduct sexual abuse investigations shall receive training in conducting such investigations in confinement settings. If the person conducting the investigation is not an employee, the administrator will insure that the investigating agency has the appropriate training to conduct the investigation. Documentation will be maintained in the employee's file on the completed specialized training.

Furthermore, the auditor confirmed that the PC has completed the required specialized training for investigators pursuant to the requirements set forth in PREA Standard 115.334, as noted in section 115.334 of this report.

**Auditor's Investigative File Review:**

- Sexual Abuse Allegation

In order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VRJJC staff member outside the facility. The report was taken serious by agency and immediately reported up the chain of command, to TJJD, and to the Victoria County Sheriff's Department (*within 2 hours of outcry being made*), as documented on the initial TJJD Incident Report and verified by the signed memo from the Chief of the juvenile agency. The first staff member with knowledge of the abuse documented the verbal allegation on an agency Incident Report, and the agency immediately began an internal administrative investigation and placed the alleged perpetrator on administrative leave. The auditor confirmed that the agency's uniformed evidence response protocol was followed, as applicable to this particular situation, and after the allegation was reported to TJJD, the Office of Inspector General with TJJD advised the agency that an assigned investigator with TJJD County Investigative Division would be at the facility within 24 hours to conduct the onsite investigation. Further, the auditor determined that the investigative

documents reviewed sufficiently demonstrate how the agency's PC and the TJJJ investigator promptly, thoroughly, and objectively conducted their own independent investigations into the allegation. The investigative evidence collected and reviewed by the PC and TJJJ investigator was clearly documented in the reports, and even though the alleged victim was released from the facility prior to the completion of the investigations, both agency investigators continued the investigation to the end. Per the TJJJ Internal Investigative Report and supplemental investigative documents/emails, a preponderance of evidence obtained during the OIG's investigation established the allegation as "false," with a disposition of "unfounded." Lastly, it is important to note that the required contacts were made within the required time frames and documented on several of the investigative documents provided to the auditor.

Other than the allegation outlined above, which was alleged to have occurred outside the facility, the Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.

- Sexual Harassment Allegations

The auditor was provided a list of sexual harassment/sexual abuse allegations/ investigations and selected four (4) sexual harassment investigations to examine the agency's level of compliance with the applicable sexual harassment PREA Standard requirements. The PC provided the auditor with the associated investigative documents for each of the four selected sexual harassment allegations, and upon the auditor's review, it was clear that the agency has institutionalized the practice of completing a full investigation and reporting to TJJJ and law enforcement any allegations related to not only sexual abuse but also sexual harassment. Furthermore, the investigative documents reviewed by the auditor sufficiently demonstrate how the agency took immediate action in response to the allegations of sexual harassment, which, in some cases, may involve a substantial risk of imminent sexual abuse if not properly acted upon. As confirmed by the auditor, the agency's PC conducted each of the PREA investigations reviewed, and each investigation was thoroughly documented on an agency PREA Internal Investigation Report.

**Conclusion:**

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

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Agency PREA Policy 14.5
- Administrative Investigative Documents

**Interviews:**

- The auditor interviewed the agency's PREA Coordinator, who is a specially trained internal investigator for the VRJJC. The PC advised that she has completed both an online investigator training course, as well as a recent in-person investigator training that was provided by the Director of Investigations with TJJD. The PC was able to sufficiently articulate the training topics that were presented during each training, which included the required elements of this PREA Standard, and she also confirmed the burden of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated administratively as no standard higher than a preponderance of the evidence. This level of proof was apparent in the administrative investigative report provided to the auditor, as explained in detail below.

**Explanation of Determination:**

115.372 (a):

According to the agency's PREA Policy on page 16, "no standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated." This was proven to be the burden of proof utilized in the alleged sexual abuse investigation, as noted below:

**Auditor's Investigative File Review:**

- Sexual Abuse Allegation

In order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VCJJC staff member outside the facility. The auditor determined that the investigative documents reviewed sufficiently demonstrate how the agency's PC and the TJJD investigator promptly, thoroughly, and objectively conducted their own independent investigations into the allegation. The investigative evidence collected and reviewed by the PC and TJJD investigator was clearly documented in the reports, and even though the alleged victim was released from the facility prior to the completion of the investigations, both agency investigators continued the investigation to the end. Per the TJJD Internal Investigative Report and supplemental investigative documents/emails, a **preponderance of evidence** obtained during the OIG's investigation established the allegation as "false," with a disposition of "unfounded."

	<p>Other than the allegation outlined above, which was alleged to have occurred outside the facility, the Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- PREA Internal Investigation Report</li> <li>- TJJD Incident Report</li> <li>- TJJD IRC Email</li> <li>- Victoria Facility Deviation Report</li> <li>- VRJJC Population Roster</li> <li>- VRJJC Shift Supervisor Report</li> <li>- VRJJC Unit C Log Sheet</li> <li>- VRJJC Juvenile Physical Description Sheets</li> <li>- Facility Incident Report</li> <li>- PREA Investigation Notification Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who is the agency's designated internal investigator for PREA related allegations, and the facility's FA, who both shared in their individual interviews the requirements of reporting to residents following an investigation into a resident's allegation of sexual abuse suffered in an agency facility. The PC and FA both explained how the required notifications are verbally provided to the alleged victim, as well as documented on a notification form.</li> </ul>

**Explanation of Determination:**

115.373 (a-f):

**(a-b):**

According to the agency's PREA Policy 14.5 on pages 16 and 17, following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the resident will be informed of the outcome of the investigation whether or not it has been determined to be substantiated (determined to have occurred, based on a preponderance of the evidence), unsubstantiated (evidence was insufficient to determine whether or not the event occurred), or unfounded (the event did not occur). Further, as required by provision (b) of this PREA Standard, Policy 14.5 states, if the investigation was not conducted by the facility, the PREA coordinator will request the relevant information from the investigative agency to inform the resident.

**(c) (1-4):**

Agency Policy 14.5 includes the resident notification requirements of provision (c), as stated below:

- Unless determined unfounded, the resident shall be whenever:
  - the staff member is no longer posted in the resident's unit;
  - the staff is no longer employed at the facility;
  - the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

**(d-f):**

Per Policy 14.5, allegations involving sexual abuse by another resident - the victim will be informed whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Further, all notifications or attempted notifications shall be documented, and the facility's obligation to report can be terminated, per Policy 14.5, if the resident is released from VRJJC custody.

In order to demonstrate how the agency has institutionalized the requirements of this PREA Standard in practice at the facility, the PC uploaded an investigative packet for an allegation involving resident-on-resident physical contact ("*touching*") situation that occurred in the facility within the past 12 months. Upon the auditor's review of the investigative documents provided, it was proven that the agency exceeded the requirements of this PREA Standard by fully investigating the allegation and reporting to the proper authorities, as required for a sexual abuse incident or allegation, even though this was, at the most, potentially a sexual harassment allegation. For example, the VCSD and TJJD were of the allegation, which per the investigative report, appeared to be a situation involving several

residents who were displaying overly playful, horseplay type behavior. The documentation does NOT identify the incident as sexual abuse or sexual harassment, and the incident of physical contact was confirmed and classified as "sexual misconduct." It is important to clarify that the physical contact was not confirmed to take place in a private area of a resident's body, as indicated in the PREA Internal Investigation Report. Furthermore, the notification to the alleged victim's parent/guardian was completed, as noted on the TJJD Incident Report, and the agency notified the alleged victim of the outcome of the substantiated investigation of sexual misconduct (*physical contact*) by the PC meeting with the alleged victim and going over her investigative findings on the agency's "PREA Investigation Notification" form. This completed notification form was provided to the auditor, which proved the resident was notified of the outcome of the investigation on the same day the internal administrative investigation concluded.

Furthermore, as previously noted in this PREA Audit Report, the Chief of VCJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020. However, the agency did report a situation involving alleged sexual abuse of a resident that alleged to involve a facility staff member having a relationship with a resident outside the facility. In this case, the investigative documents provided proved that the alleged victim was released prior to the conclusion of the internal and TJJD investigations. Furthermore, the allegation was determined to be false, and the investigations concluded the disposition as unfounded. In this case, the initial TJJD Incident Report and Internal Investigation Report Form documents that the alleged resident victim's parent was notified of the allegation on the same day the allegation was first received; however, the notification of the outcome of the investigation was not required due to the alleged victim being released from the facility before the conclusion of the investigation.

**Conclusion:**

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

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Agency Policy 1.9 (Treatment &amp; Safety- Monitoring &amp; Reporting Abuse, Neglect, Exploitation, Death, &amp; PREA</li> </ul>

- Memo Signed by the Chief
- Sexual Abuse Investigation Documentation Review

**Explanation of Determination:**

115.376 (a-d):

According to agency Policy 14.5 on pages 17 and 18, disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (*other than actually engaging in sexual abuse*) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally per Policy 14.5, at the conclusion of the internal investigation, the administrator shall take appropriate measures to provide for the safety of the residents. The subject of investigation will be informed of the outcome of the investigation and the measures to be taken. Measures may include:

- Review of the policies, procedures and practices, and if appropriate, modifications to the policies, procedures and practices to help ensure the safety of residents and staff and to prevent subsequent incidents;
- Additional training of staff specifically involved in the incident or of all staff;
- Suspension or termination of staff involved in the incident; and
- Possible criminal prosecution.

As required by this PREA Standard, the agency includes in Policy 14.5 that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. All terminations for violations of facility sexual abused or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, and to TJJJ.

In addition to the agency including in agency Policy 14.5 the required elements of this PREA Standard as highlighted above, it is important to add that the agency also includes more procedures related to disciplinary sanctions for staff in Policy 1.9, as outlined below:

- Corrective measures must be taken at the conclusion of the internal investigation to provide for the safety of the juveniles, if warranted, that may include;
  - A review of the policies and procedures pertinent to the alleged incident;
  - Revision of any policies or procedures as needed to help ensure the safety of juveniles and staff and to prevent subsequent incidents;
  - Administrative disciplinary action or appropriate personnel actions (may include suspension or termination) against all persons found to have abused, neglected, or exploited a juvenile; and
  - The provision of additional training for all appropriate persons to

ensure the safety of the juveniles, employees, and others.

- Additionally:
  - If during the course of conducting the investigation:
    - It is determined that the alleged perpetrator acted outside the scope of his or her assigned duties or did not adhere to the facility's policies and procedures in which they were trained, the alleged perpetrator will be held responsible. However, if it is determined that the facility administrator failed to ensure the person received proper training or instructions regarding standards and the facility's policies and procedures, the facility may be determined to be in non compliance with TJJD standards.
  - If a violation of the Code of Ethics is discovered a separate internal investigation may be conducted regarding the Code of Ethics violation (*see policy 3.6*). If the investigation substantiates that a violation occurred, the violation shall be reported to TJJD. In this situation the chief or the juvenile board has two options:
    - the information regarding the Code of Ethics violation may be included in the abuse, neglect and exploitation investigation report; or a separate internal investigation report that addresses only the violation of the Code of Ethics may be submitted.

Furthermore, the Chief of VRJJC confirmed in a signed memo that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.

Lastly, in order to assess the level of compliance of the requirements of this PREA Standard in practice at the facility, the auditor requested the investigative documents for the one (1), and only, agency sexual abuse investigation in the past 12 months involving a resident in the facility. This allegation was reported verbally by a resident not involved in the allegation, who heard the alleged victim express having a relationship with a VRJJC staff member outside the facility. The report was taken serious by agency and immediately reported up the chain of command, to TJJD, and to the Victoria County Sheriff's Department (*within 2 hours of outcry being made*), as documented on the initial TJJD Incident Report and verified by the signed memo from the Chief of the juvenile agency. The first staff member with knowledge of the abuse documented the verbal allegation on an agency Incident Report, and the agency immediately began an internal administrative investigation and **placed the alleged perpetrator on administrative leave**. The auditor confirmed that the agency's uniformed evidence response protocol was followed, as applicable to this particular situation, and after the allegation was reported to TJJD, the Office of Inspector General with TJJD advised the agency that an assigned investigator with TJJD County Investigative Division would be at the facility within 24 hours to conduct the onsite investigation. Per the TJJD Internal Investigative Report and supplemental investigative documents/emails, a preponderance of evidence obtained during the OIG's investigation established the allegation as "false," with a disposition of

	<p>“unfounded.”</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Signed Memo from the Chief</li> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The FA of the facility was interviewed by the auditor during the onsite and explained how if a volunteer or contractor was alleged to have engaged or attempted to engage in any type of sexual abuse or sexual harassment against a resident in the facility, the alleged perpetrator in this scenario would be held to the same expectations as staff and not allowed in the facility until the outcome of the investigation. The FA confirmed that no such situation has occurred to her knowledge since the last PREA audit, but if an allegation of sexual abuse or sexual harassment were to be alleged against a volunteer or contractor, the allegation of sexual abuse would be immediately reported to TJJJ and law enforcement and any allegations of sexual harassment would also be reported to TJJJ and investigated internally. If such an investigation were to occur and the investigation determined the allegation as unfounded, the individual would likely return to his/her normal duties in the facility. However, if the investigation confirmed the allegation as true (founded), additional steps would be taken according to the severity of the incident- the individual would be permanently restricted and local law enforcement and/or TJJJ OIG may pursue criminal charges.</li> </ul> <p><b>Explanation of Determination:</b></p> <p>115.377 (a-b):</p> <p>The auditor confirmed that the agency includes the requirements of this PREA Standard in their PREA Policy 14.5 on page 18, as highlighted below:</p>

	<ul style="list-style-type: none"> <li>• Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</li> <li>• The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</li> <li>• This will also be reported to the licensing entity, if appropriate.</li> </ul> <p>Furthermore, as confirmed by the PC in the PAQ and the Chief Juvenile Probation Officer of the VRJJC (<i>signed memo</i>), there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- VRJJC Sexual Abuse/Sexual Harassment Log Sheet</li> <li>- Review of Sexual Abuse/Sexual Harassment Investigative Files</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The officer interviewed the agency's FA, who confirmed that disciplinary seclusions are available to be used for major behavioral violations (<i>including resident PREA violations</i>); however, no such disciplinary sanction has been used related to a PREA related situation since the last PREA audit. Furthermore, if such a situation were to occur, it would be justified through extensive documentation, with the maximum amount of time allowed by the Texas Administrative Code being 48 hours for a disciplinary seclusion. It was clarified that during a disciplinary seclusion, a resident is required to have at least one hour of large muscle exercise, required educational programming, and visits from medical and mental health professionals on an as needed basis. The FA explained further how she would</li> </ul>

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. The participation of mental health services or other interventions to address and correct underlying reasons or motivations for the abuse would be provided without restriction. Lastly, the FA confirmed that all forms of sexual abuse and sexual harassment are included under the agency's zero tolerance policy, and the agency prohibits and holds residents accountable to all situations of sexual activity between residents.

- The auditor interviewed one MHP and one medical professional while onsite at the facility, and each professional confirmed they are able to visit with all residents in the facility at any time, regardless of the situation. It was explained that if a resident was secured in his/her room due to a disciplinary situation and being actively aggressive or assaultive, the professional can speak with the resident at his/her door or wait until the youth calms down and then have him/her escorted to the designated area for the meeting. Furthermore, the MHP interviewed advised that the facility does not have a MHP who specializes in sex offender treatment; however, if such a therapist is needed by a resident in the facility, this could be provided via referral to an outside LSOTP.

**Explanation of Determination:**

115.378 (a-g):

Per agency Policy 14.5 on page 13, the following procedures are included therein pursuant to the requirements set forth by this PREA Standard:

- A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process as outlined in the VRJJC policies and procedures following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident on resident sexual abuse.
- Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories.
- If a resident is isolated, the rules following isolation requirements will be followed.
- Residents in isolation shall receive daily large-muscle exercise, access to educational programming or special education services and daily visits from a medical or mental health care clinician. Residents shall also have access to other programs to the extent possible.
- The disciplinary process shall consider if the resident's mental disabilities or mental illness contributed to the behavior when determining what sanction, if any, is imposed.
- The facility will determine if the resident will receive counseling or other interventions to address and correct underlying reasons or motivations for

the abuse. The facility shall consider whether to offer the offending resident participation in such interventions. The facility may require participation in interventions as a condition of access to privileges within the program but not as a condition to access to general programming or education.

- A resident may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact.
- A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- Sexual activity between residents is strictly prohibited and residents may be disciplined for such activity. The facility however, may not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.
- A resident may be disciplined for filing a grievance related to alleged sexual abuse only when determined the resident filed the grievance in bad faith.
- False allegations against either residents or staff will receive disciplinary measures. Charges may be filed for making a false allegation.

Furthermore, as previously stated in this report, the auditor randomly selected four (4) sexual harassment investigations and the one sexual abuse investigation conducted at the facility in the past 12 months in order to assess the level of compliance with each of the applicable PREA Standards. Upon the auditor's review, it was clear that the none of the investigations conducted in the facility in the past 12 months included implementing interventions or disciplinary sanctions on residents for involvement in a sexual abuse situation at the facility. This was further evident in reviewing the signed memo provided by the Chief of the agency, which states that there have been no reported incidents or allegations that a resident has been sexually abused within the facility since the last PREA Audit completed in 2020.

**Conclusion:**

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

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> </ul>

- Intake Behavioral Screening Form
- Intake Behavioral Screening Follow-up Questionnaire Log
- Log Sheet for Follow-ups Provided
- VRJJC PREA Counseling Session Documentation
- Behavioral Reassessment Screening Form
- Nurse Notes
- VRJJC Pre/Post Medical Review & Health Assessment
- MAYSI Detention Cover Sheet
- Completed Samples of the Screenings Listed Above
- MHP Notes, Emails, and Follow-Up Proof Documentation

**Interviews:**

- The auditor interviewed a total of 13 residents during the onsite phase of the audit, in which 9 were selected at random and 4 were selected as targeted residents. All the residents confirmed that the questions from the agency's Intake Behavioral Screening form were asked during the intake process, and no issues related to confidentiality or feeling uncomfortable with the intake process were expressed. Furthermore, one of the targeted residents interviewed by the auditor was identified by the facility as a resident who disclosed prior sexual victimization on the risk screening, and this resident confirmed that a follow-up meeting with a therapist was provided within 2 weeks of being admitted into the facility. The resident also explained how an assigned therapist meets with the youth at least every week, as well provides group and family counseling often.

- The auditor also interviewed one of the agency's full-time therapists, who confirmed that residents who are screened and are found to have experienced sexual abuse, either as a perpetrator or victim, are referred to the mental health unit from Intake. The mental health unit then is required to meet with the referred residents within 7 days of being admitted into the facility. The auditor also interviewed the facility's medical professional, LVN, who confirmed the mental health referral process explained by the MHP above, and further clarified that the medical unit meets with all admitted residents within 14 days of being admitted into the facility. The LVN also advised for any resident admitted into the facility who discloses prior sexual abuse that has never been reported to the proper authorities (DFPS or law enforcement), the medical unit ensures a medical follow-up is provided immediately.

- The auditor conducted an interview with two officers who are familiar with the intake process and the agency's Intake Behavioral Screening form (risk screening). The officers successfully articulated to the auditor how the risk screening process is conducted in a confidential manner, with the information for the screening

ascertained through conversations with the resident during the intake process and by reviewing medical and mental health screenings, classification assessments, court records/police reports, case files, facility behavioral records, and other relevant documentation from the resident's files. The officers provided the auditor with examples of some of the questions from the screening and clarified that the risk screening provides a risk score that helps to ensure the resident is placed in a safe environment, with the on-shift supervisor approving the housing assignment and programming for each resident off what is learned from this assessment. The intake officers also confirmed the process of offering any resident admitted into the facility whose risk screening indicates prior sexual victimization or previous perpetration of sexual abuse, whether in the community or at a facility, a follow-up with a mental health professional within 14 days. This process was explained to be documented on an Intake Follow-up Questionnaire, and the agency's mental health unit is notified in order to ensure the follow-up is provided within 14 days.

Furthermore, it was also confirmed that all residents are seen by a nurse for a medical assessment within a week of being in the facility, and a MHP meets with the referred residents within one business day.

**Site Review Observations:**

During the onsite inspection, the auditor confirmed that the resident files were kept in a secure location, which is in a locked filing cabinet in a double locked room. The PC and FA advised that only mental health, medical, and administrative/intake staff have access to the file room. Furthermore, during the walk through of the facility's intake area, the auditor confirmed that this area provides for a confidential setting for conducting the intake process.

**Explanation of Determination:**

115.381 (a-d):

According to agency Policy 14.5 on page 9:

- If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the intake officer shall document the information on the behavior health screening or medical health screening form and provide a copy of the form(s) to the following:
  - Pre - mental health care practitioner
  - Post - the case manager
- If required, a follow up meeting with the mental health care practitioner will be held within 14 days of the intake screening.
- If the behavior screening indicates the resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening

following the above steps:

- If the mental health practitioner determines through the follow-up that treatment is not warranted, the facility need not provide services.
- Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

The PC uploaded the examples of the agency's "Intake Behavioral Screening Follow-Up Questionnaire" documents for two residents, as well as an example of a completed PREA Counseling Session document. Each form demonstrates how the agency ensures all residents who have experienced prior sexual victimization or abusiveness are provided the opportunity to meet with a mental health practitioner within 14 days, as required by PREA Standard 115.381. Further, it is important to note that the agency's Intake Behavioral Screening form includes the following section related to ensuring a follow-up with a MHP is provided when applicable:

- If Yes, Complete Follow-up Questionnaire {"yes" for history of sexual victimization or abusiveness}.

In addition, the auditor was provided the agency's log used for documenting the residents whose Intake Behavioral Screening indicated prior sexual victimization or previously perpetrated sexual abuse. Upon the auditor's review of this log sheet, it was determined that the agency sufficiently records each resident who is offered the required follow-up with a mental health professional pursuant to the requirements of this PREA Standard. Further, the auditor used this log sheet to randomly select seven (7) residents (3 from post and 4 from pre) who were identified as either a victim or perpetrator of prior sexual abuse in order to allow the agency the opportunity to prove that the follow-ups were provided within the 14-day required time frame. Upon the auditor's review of the proof documentation provided, it was determined all the residents selected were provided the follow-up with a MHP within 14 days of being admitted into the facility.

In addition to the above documentation review to assess for compliance with this Standard, the auditor also reviewed the Intake Behavioral Screening forms provided to demonstrate compliance with PREA Standards 115.341 and 115.342. Through this review, the auditor determined that the resident's whose risk screenings indicated he/she experienced prior sexual victimization or previously perpetrated sexual abuse were offered and provided a follow-up meeting with a MHP. However, it is important to note that all but one of the applicable residents were seen by a MHP within the 14 day time frame. The one outlier was screened as a previous perpetrator of sexual abuse, and the PC explained that the agency erred in not

	<p>providing the MHP follow-up within 14 days but did provide the follow-up as soon as the mistake was discovered.</p> <p>Lastly, it is important to note that the agency does not house residents over the age of 18, as noted by the PC in the PAQ and confirmed by the auditor onsite; however, the agency's medical and mental health practitioners do explain to each resident at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. This statement is included on the agency's Pre/Post Medical Review &amp; Health Assessment and on the agency's mental health risk assessment cover sheet, as verified by the auditor.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- SART Coordinated Response Plan</li> <li>- Sexual Abuse First Responder Checklist</li> <li>- Nurse Notes</li> <li>- Memo Signed by the Chief</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor also interviewed 12 randomly selected JSOs, who all sufficiently explained how they have been trained to immediately report any suspicion or knowledge of sexual abuse to local law enforcement, TJJ, and their immediate supervisor. All the staff described the protocols associated with responding to a sexual assault or sexual abuse incident, which included the following first responder duties: separating the victim from the perpetrator, preserving and protecting the scene, advising the victim and perpetrator to not do anything that could destroy or contaminate any usable physical evidence (examples provided), documenting the incident of an incident report, <b>requesting assistance from medical and/or mental health professionals as applicable to the level of the abuse, ensuring the victim is transported out of the facility for a forensic medical</b></li> </ul>

**exam and interview**, and allowing for local law enforcement to collect and conduct a criminal investigation. The staff interviewed expressed how the in-house medical and mental health care services can be called upon, with emergency services being initiated through calling 911 and/or by transporting the resident to the local emergency room.

- The auditor interviewed a LVN and licensed therapist who work full-time at the facility, and each professional advised that all residents are provided timely, unimpeded access to emergency medical treatment and crisis intervention services at the facility and/or through calling in emergency services (911), with the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Furthermore, the facility contracts with psychiatrist, psychologist, and physician; who all are able to provide their professional services on an as needed basis. The agency's LVN shared with the auditor how resident victims of sexual abuse while in the facility will 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. Such information and victim services would be provided by Hope Children's Advocacy and the local hospital (SANE/SAFE), with the facility following the medical orders provided by the hospital upon the victim's return to the facility. All victim services would be provided at absolutely no cost to the victim or victim's family; however, it is important to note that the MHP and LVN both confirmed that they have never been made aware of a resident who was a victim of sexual abuse from within the facility.

**Explanation of Determination:**

115.382 (a-d):

Agency Policy 14.5 on page 14 outlines the following agency specific procedures, which include the requirements set forth by this PREA Standard:

- Resident victims of sexual abuse shall 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.
- If a medical or mental health practitioner is not on duty at the time of the report, the first responder shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
- Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to pregnancy test, emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. The required information/care will be provided by Citizen Medical Center (CMC).
- Treatment services shall be provided to the victim without financial cost and

regardless if the victim names the abuser or cooperates with any investigation arising from the incident.

In addition, the PC uploaded the agency's SART Coordinated Response Plan, First Responder Checklist, and a Nurse Notes sheet; which are all used to ensure the access to emergency medical and mental health services are provided to a sexual abuse victim promptly and according to the appropriate level of care and service.

Lastly, according to the agency's Chief Juvenile Probation Officer (*signed memo*) and the PC, there has not been an instance in which such services were necessary due to no reports from the facility of a resident who has been sexually abused within the facility since the last PREA audit. However, the auditor was able to confirm through the pre-onsite documentation review that if the agency were to encounter a situation involving a resident being sexually abused at the facility in the future, the agency has a comprehensive plan for responding to such an incident and ensuring all the required victim services are provided. This plan would include the agency's SART Coordinated Response Plan and First Responder Checklist, which were both reviewed by the auditor and explained further in section 115.365 of this PREA report.

**Conclusion:**

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

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Agency PREA Policy 14.5</li><li>- SART Coordinated Response Plan</li><li>- First Responder Checklist</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>- The auditor interviewed one MHP and one medical professional (LVN) while onsite at the facility, and each professional explained how they are able to provide ongoing medical and mental health care within the scope of their applicable practice and upon receiving any medical or mental health orders from a licensed physician,</li></ul>

psychologist, or psychiatrist. Follow-up care and treatment beyond the scope of services available from within the facility would be referred out, and the youth would be transported to these appointments on an as needed basis. Furthermore, both the LVN and MHP interviewed explained how the level of services provided at the facility is consistent with the community level of care, and all the victim services required by the PREA Standards would be made available without cost to the victim or victim's family. Any required or recommended treatment to a known resident-on-resident abuse would be provided by a licensed professional who specializes in sex offender treatment (LSOTP), which would be provided outside the facility on an as needed basis. Lastly, it is important to note that both the LVN and MHP interviewed confirmed in their individual interviews that they have never been aware of a situation involving a resident at the facility who was involved in a sexual abuse allegation or incident that alleged to have occurred in the facility; however, as detailed above, both professionals understand how to respond to such a situation and ensure the most appropriate follow-up care is provided.

**Explanation of Determination:**

115.383 (a-h):

Agency Policy 14.5 on pages 10-11 outline the following agency specific procedures, which include the requirements set forth by this PREA Standard:

- The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all resident's who have been victimized or have been a perpetrator of sexual abuse in a juvenile facility (substantiated investigations).
- The evaluation and treatment shall 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.
- Medical and mental health services shall be provided to the victims consistent with the community level of care.
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation of the incident.
- The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

	<ul style="list-style-type: none"> <li>• The facility mental health practitioners will determine the length of treatment needed.</li> </ul> <p>Lastly, according to the agency's Chief Juvenile Probation Officer and the PC, there has not been an instance in which such services were necessary due to no reports from the facility of a resident who has been sexually abused within the facility since the last PREA audit. However, the auditor was able to confirm through the pre-on-site documentation review that if the agency were to encounter a situation involving a resident being sexually abused at the facility in the future, the agency has a comprehensive plan for responding to such an incident and ensuring all the required victim services are provided. This plan would include the agency's SART Coordinated Response Plan and First Responder Checklist, which were both reviewed by the auditor and explained further in section 115.365 of this PREA report.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Sexual Abuse Review Board (SARB) Report</li> <li>- Email Communications from PC</li> <li>- PREA Investigation Report</li> <li>- PREA Investigation Notification</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC and FA, who are both administrators who are designated as members of the agency's Sexual Abuse Incident Review (SAIR) Team. Both administrators sufficiently explained the situations in which a SAIR is required- within 30 days of the conclusion of a sexual abuse investigation as substantiated or unsubstantiated. The administrators outlined the steps involved in conducting a SAIR, which includes taking into consideration input from detention</li> </ul>

supervisors, investigators, and medical or mental health practitioners. The SAIR was explained to take into account and examine whether allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Furthermore, the administrators indicated that the SAIR also considers the motivation of the perpetrator and examines the area where the incident allegedly occurred to assess for vulnerabilities. Staffing levels during the incident are also assessed and an analysis of the video monitoring system is conducted to determine if camera modifications or the installation of additional cameras are needed to improve safety and security. Lastly, the FA and PC confirmed that the SAIR is documented on a SAIR Report, with the Report provided to agency leadership (Chief and Assistant Chief) for review and possibly approval of the recommendations made.

**Explanation of Determination:**

115.386 (a-e):

According to the agency's PREA Policy 14.5 on pages 18 and 19, the facility shall conduct a sexual abuse incident review (SARB) 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. Furthermore, this Policy also outlines the following procedures as they relate to the requirements of this PREA Standard in practice at the facility:

- Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- The review team shall include the Chief Probation Officer, Administrator, and Compliance Officer, with input from line supervisors, investigators, and medical or mental health practitioners.
- The review team shall:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse (camera placement, blind spots, training curriculum, and program);
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to determinations made, and any recommendations for improvement

and submit such report to the Chief Probation Officer, Facility Administrator and PREA Compliance Manager.

- The facility administrator shall implement the recommendations for improvement or shall document the reasons for not doing so.

In addition, the PC noted in the PAQ that the agency has not had any sexual abuse allegations or investigations since the last PREA audit; however, the PC did point out that the agency will conduct a SARB at the conclusion of sexual harassment investigations if substantiated or unsubstantiated. This was also confirmed by the Chief Juvenile Probation Officer of the agency in a signed memo that was provided to the auditor. Further, the PC uploaded a completed SARB Report for an incident involving alleged resident-on-resident indecent exposure, which, per what the agency documented on the SARB Report, was an allegation of voyeurism and, therefore, alleged sexual abuse per the PREA definition. However, the auditor determined that this allegation did not meet the definition of sexual abuse; instead, this would fall within the realm of resident-on-resident sexual harassment (*per the PREA definition*) or resident sexual misconduct (*depending on the circumstances involved and frequency of events*). This allegation could not be categorized as "voyeurism" or "sexual abuse" due to the simple fact that the alleged perpetrator was a resident and not an adult in the facility. Per the Juvenile PREA Standard definition of voyeurism, this action only falls under the definition of sexual abuse IF performed by a staff member, contractor, or volunteer. Therefore, the SARB for this particular allegation was not required and the agency exceeded their obligation to conduct the full SARB review for this situation. It is recommended by the auditor that the agency's SARB team carefully reviews and studies the definitions for sexual abuse and sexual harassment in order to ensure there is a full understanding of the intricate differences between sexual abuse and sexual harassment.

**Conclusion:**

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

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Agency Policy 1.9 (Treatment &amp; Safety: Monitoring &amp; Reporting Abuse, Neglect, Exploitation, Death, and PREA)</li> </ul>

- 2022 PREA Annual Report (CY 2021)
- VRJJC PREA Year-Over-Year Analysis
- 2022 PREA Annual Report for Contracted Placements
- DOJ Survey of Sexual Victimization (2022 and 2021)
- Placement Contracts

**Explanation of Determination:**

115.387 (a-f):

According to the agency's PREA Policy 14.5 on page 19, the facility is required to collect accurate, uniform data for every allegation of sexual abuse at the facility using the annual PREA report form developed by the facility. Definitions are provided in 1.9 Treatment & Safety (as verified by the auditor). Furthermore, agency Policy 14.5 includes the following agency specific procedures related to the requirements of this PREA Standard:

- The facility shall aggregate the incident-based sexual abuse data at least annually.
- The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- The facility shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

In addition, the auditor was provided the agency's "2022 PREA Annual Report (CY 2021)," which includes the data collection and administrative review requirements set forth by this PREA Standard. Further, the agency includes their 2021 and 2021 PREA Annual Reports on the agency's website, at: Victoria County, Texas (vctx.org), as verified by the auditor. Each report is signed by the agency's Chief Juvenile Probation Officer, Assistant Chief Juvenile Probation Officer, Facility Administrator, Assistant Facility Administrator, and the PC.

Finally, the PC indicated in the PAQ that they agency contracts with two (2) entities for residential treatment services of juveniles who are court ordered to attend by the Victoria County Juvenile Court. The two entities are the Pegasus Schools, Inc. and Right of Passage, Inc. The PC uploaded the executed contracts for both contracted entities into the Online Audit System (OAS), and upon the auditor review, it was determined that each contract includes the required PREA requirements set forth by this PREA Standard, as highlighted below:

- Per the contract between VCJJC and Pegasus School, Inc.:
  - {XI.} Under the provisions of the Prison Rape Elimination Act of 2003, Pegasus Schools, Inc. shall provide to the placing county all incident-based aggregate date reports for every allegation of sexual abuse or sexual harassment and all such data that may be requested by the Department of Justice from the previous calendar year no later than June 30 (SSI 15.387 (f)) and the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. Pegasus Schools, Inc. shall report to the placing county in writing within 15 days any positive findings by a court or governmental agency that Pegasus Schools, Inc. has violated a relevant federal statute or rule.
  
- Per the contract between VCJJC and Right of Passage, Inc.:
  - {G. and H.} Under the provisions of the Prison Rape Elimination Act of 2003, the Service Provider shall provide to the placing county all incident-based aggregate date reports for every allegation of sexual abuse or sexual harassment and all such data that may be requested by the Department of Justice from the previous calendar year no later than June 30 (SS115.387 (I)) and the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. The Service Provider shall report to the placing county in writing within 15 days any positive findings by a court or governmental agency that the Service Provider has violated a relevant federal statute or rule. Service Provider shall assist fully with any and all audits.

**Conclusion:**

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

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> <li>- Agency Policy 1.9 (Treatment &amp; Safety: Monitoring &amp; Reporting Abuse, Neglect, Exploitation, Death, and PREA)</li> </ul>

- Agency Policy 14.6 (PREA Data Review/File Retention/Audits)
- 2022 PREA Annual Report (CY 2021)
- VRJJC PREA Year-Over-Year Analysis
- 2022 PREA Annual Report for Contracted Placements
- DOJ Survey of Sexual Victimization (2022 and 2021)
- Vulnerability Assessment Reports

**Interviews:**

- The auditor interviewed the agency's PC and Assistant Chief, and both administrators confirmed that agency leadership reviews PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of the findings and corrective actions for the facility. After the review is completed, the administrators advised an annual report is developed and approved by the agency's Chief. This report is then posted on the agency's website, as confirmed by the auditor. The Assistant Chief described how the data is reviewed a minimum of once a year and on an as needed basis to determine if adjustments need to be made within the facility to provide for the safety of the residents. In addition, the PC also elaborated further on how data is collected on each allegation of sexual abuse and sexual harassment and aggregated annually on not only agency specific reports but also on the Department of Justice's SSV reporting form. During the annual review of PREA data, agency leadership also includes a review of the agency's Staffing Plan, staffing patterns, deviations to the Staffing Plan, staff schedules, investigations, and SARB's are reviewed. Per the PC, problem areas are identified, and a corrective action plan is developed on an as needed basis. Additionally, a report is prepared annually that includes a comparison of the current year's data and corrective actions from prior years data, along with the progress in addressing sexual abuse. The PC also confirmed that the PREA Aggregate Data Report is available on the agency's website, with all personal identifiers removed. All PREA related investigative reports and data is stored in the PC's office, which is within the secure facility.

**Explanation of Determination:**

115.388 (a-d):

According to agency Policy 14.6 on page 1, the facility is required to review data collected and aggregated pursuant to PREA Standard §115.387 to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. Data collected pursuant to 115.387 will be securely retained. Policy 14.6 also explains the procedures required for conducting the data review for corrective action, which includes the following procedures:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of the findings and corrective actions.
- The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facilities progress in addressing sexual abuse.
- The report shall be approved by the Chief JPO and made readily available to the public through the facility website ([www.victoriacountytx.org](http://www.victoriacountytx.org)).
- The facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Furthermore, as noted in section 115.387 of this report, the facility is required, per agency Policy 14.5, to collect accurate, uniform data for every allegation of sexual abuse at the facility using the annual PREA report form developed by the facility. In addition, the auditor was provided the agency's "2022 PREA Annual Report (CY 2021)," which includes the data collection and administrative review requirements set forth by this PREA Standard and Standard 115.387. Further, the agency includes their 2021 and 2021 PREA Annual Reports on the agency's website, at: Victoria County, Texas ([vctx.org](http://vctx.org)), as verified by the auditor. Each report is signed by the agency's Chief Juvenile Probation Officer, Assistant Chief Juvenile Probation Officer, Facility Administrator, Assistant Facility Administrator, and the PC, and the reports include documentation of the required review of PREA related data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The auditor was able to sufficiently prove that each annual report identified problem areas (*including conducting vulnerability assessments annually*) and explained the process of taking corrective action on an ongoing basis. Lastly, the PC indicated in the PAQ that the annual reports do not include youth names or specific materials for publication, and this was verified by the auditor upon review.

**Conclusion:**

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

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy 14.5</li> </ul>

- Agency Policy 1.9 (Treatment & Safety: Monitoring & Reporting Abuse, Neglect, Exploitation, Death, and PREA)
- Agency Policy 14.6 (PREA Data Review/File Retention/Audits)
- 2022 PREA Annual Report (CY 2021)
- VRJJC PREA Year-Over-Year Analysis
- 2022 PREA Annual Report for Contracted Placements
- DOJ Survey of Sexual Victimization (2022 and 2021)

**Interviews:**

- The auditor interviewed the agency's PC and Assistant Chief, and both administrators confirmed that agency leadership reviews PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of the findings and corrective actions for the facility. After the review is completed, the administrators advised an annual report is developed and approved by the agency's Chief. This report is then posted on the agency's website, as confirmed by the auditor. The Assistant Chief described how the data is reviewed a minimum of once a year and on an as needed basis to determine if adjustments need to be made within the facility to provide for the safety of the residents. In addition, the PC also elaborated further on how data is collected on each allegation of sexual abuse and sexual harassment and aggregated annually on not only agency specific reports but also on the Department of Justice's SSV reporting form. During the annual review of PREA data, agency leadership also includes a review of the agency's Staffing Plan, staffing patterns, deviations to the Staffing Plan, staff schedules, investigations, and SARB's are reviewed. Per the PC, problem areas are identified, and a corrective action plan is developed on an as needed basis. Additionally, a report is prepared annually that includes a comparison of the current year's data and corrective actions from prior years data, along with the progress in addressing sexual abuse. The PC also confirmed that the PREA Aggregate Data Report is available on the agency's website, with all personal identifiers removed. All PREA related investigative reports and data is stored in the PC's office, which is within the secure facility. Lastly, the PC was interviewed by the auditor from her office within the secure facility, and the PC advised all PREA data is maintained by her in her office. The auditor confirmed that the PC's office is a secure location within the facility and the outside door is on camera view.

**Explanation of Determination:**

115.389 (a-d):

Per agency Policy 14.6 on page 1, the facility will ensure that data collected pursuant to § 115.387 are securely retained. In addition, Policy 14.6 also outlines the following procedures related to PREA data storage, publication, and destruction:

- The facility shall make all aggregated sexual abuse data, readily available to the public at least annually through the county website.
- Before making aggregated sexual abuse data publicly available, the facility shall remove all personal identifiers.
- The facility shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise.

In order to assess the level of compliance with the requirements of this PREA Standard in practice, the auditor reviewed the PREA related documents that are available on the agency's website (Victoria County, Texas (vctx.org)). Upon the auditor's review, it was determined that the agency makes all the 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. Additionally, it was confirmed by the auditor that all personal identifiers were removed from the published documents, as required by this PREA Standard.

**Conclusion:**

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

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

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

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

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

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

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

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

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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident’s confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	na

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

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

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

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

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

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

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

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

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

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

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

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

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

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