

PREA Facility Audit Report: Final

Name of Facility: Angelina County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/30/2023

Date Final Report Submitted: 02/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Derek Craig Henderson	Date of Signature: 02/11/ 2024

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	11/20/2023
End Date of On-Site Audit:	11/21/2023

FACILITY INFORMATION	
Facility name:	Angelina County Juvenile Detention Center
Facility physical address:	705 Ellen Trout Drive, Lufkin, Texas - 75901
Facility mailing address:	705 Ellen Trout Dr, Lufkin, Texas - 75901

Primary Contact	
Name:	Stephen Pinkney
Email Address:	spinkney@angelinacounty.net
Telephone Number:	9366348689

Superintendent/Director/Administrator	
Name:	Stephen Pinkney
Email Address:	spinkney@angelinacounty.net
Telephone Number:	9366348689

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

Facility Characteristics	
Designed facility capacity:	11
Current population of facility:	9
Average daily population for the past 12 months:	9
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-16
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the	16

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Angelina County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	705 Ellen Trout Drive, Lufkin, Texas - 75901
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Stephen Pinkney	Email Address:	spinkney@angelinacounty.net

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-11-20
2. End date of the onsite portion of the audit:	2023-11-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted the Harold's House East Texas Alliance for Children advocacy center and spoke with a family advocate about the victim services offered by Harold's House to children who have been referred and are victims of sexual abuse. It was confirmed that Harold's House provides a forensic interview, forensic medical examination (conducted by contracted certified SANE/SAFE), victim advocacy services throughout the entire process, and emotional support services relating to sexual abuse. The Family Advocate also explained that Harold's House has a 24/7 phone line, with the regular business hours phone number and the Family Crisis Center Hotline number available for all young people to call. It was further clarified that all the services provided by Harold's House are free of charge for the victims and their families, and crisis intervention, information, and referrals are offered on a case-by-case basis.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	11
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15. Average daily population for the past 12 months:	7
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	9
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
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:	1
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:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Due to the small size of the facility, the auditor interviewed every resident at the facility while the auditor was onsite- total of 9 residents.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>14</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility does not employ or contract for onsite mental or medical healthcare services at the facility, with all such services scheduled offsite. Additionally, no volunteers were available during the onsite phase of the audit.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Due to the small size of the facility, the auditor interviewed every resident at the facility while the auditor was onsite- total of 9 residents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>Due to the small size of the facility, the auditor was able to easily interview every resident at the facility while the auditor was onsite- total of 9 residents.</p>
<p>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):</p>	<p>No barriers of completing the interviews conducted onsite were experienced.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>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>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who had a physical disability. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who was Blind or of having low vision. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who was Deaf or hard-of-hearing. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who was limited English proficient. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

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

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who reported sexual abuse in this facility. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the onsite, the auditor did not observe or learn of any information to suggest the facility had a resident at the facility who was placed in segregated housing/isolation for risk of sexual victimization. Furthermore, the auditor interviewed every resident in the facility during the onsite, which provided additional proof that none of the youth in the facility fell under this targeted category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility only employed a total of 14 staff at the time of the onsite, with the auditor interviewing every staff member working on both days of the onsite. A total of 11 staff were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>4</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No contractors or volunteers were providing services at the facility during the two days the auditor was onsite.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The auditor conducted a comprehensive documentation review of personnel and training files of contractors, volunteers, and staff. In addition, the auditor reviewed the one and only PREA investigation conducted at the facility since the last PREA audit for a sexual harassment allegation between two residents. In order to evaluate compliance with resident files as related to the applicable PREA standards, the auditor reviewed a representative sample of completed Behavioral Screening forms, PREA acknowledgement forms for resident PREA education/information, and other PREA related forms and reports.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>The agency reported that there were no sexual abuse allegations made by a resident at the facility to be investigated during the audit review period. This was also confirmed by the auditor through the documentation review process and the onsite interviews.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Angelina County Juvenile Detention Center's PREA Policy (*will be referred to throughout this report as: "Agency's PREA Policy") - Pre-Audit Questionnaire (PAQ) - PREA Postings in Spanish and English <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the PREA Coordinator (PC) of the agency, who explained adequately how he has enough time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards at the Angelina County Juvenile Detention Center (ACJDC). The PC is also the Facility Administrator (FA) for the ACJDC and supervises all aspects of the facility, including ensuring the safety and security of all residents, supervising staff, monitoring compliance with

standards, developing staff and scheduling, maintaining the physical plant, overseeing operational functions 24/7, etc. The PC mentioned that he reports directly to the Chief Juvenile Probation Officer (JPO) of the agency and collaborates with the Chief JPO in the staff hiring process, staff schedule development, and involvement in staff and resident discipline and grievance processes. The PC expressed how the facility has incorporated the PREA standards in their practices by demonstrating the intake process, guiding the auditor through all areas of the facility, showing privacy arrangements during restroom use, changing, and showering for residents, and providing all requested verification documentation throughout the PREA audit.

Site Review Observations:

- During the onsite visit, the auditor verified that the facility has posted signs throughout the facility and public lobby area. These signs cover various PREA related topics including, the agency's zero tolerance policy, facility rules and program expectations, instructions for residents to request medical or mental health services, reminders for staff announcements, information about residents' rights, the process for handling resident grievances, the address and phone number of Harold's House Children's Advocacy Center, guidance on different methods of reporting for both residents and staff members, the contact number and instructions for the TJJJ reporting hotline, and details about the available services for youth requiring special education assistance or translation services, among others.

Explanation of Determination:

115.311

(a):

The auditor was provided section 115.311 of the agency's PREA Policy, which includes language mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Additionally, upon the auditor's review of the agency's entire PREA Policy, it was confirmed that the Policy sufficiently outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment conduct. The PC also provided the auditor with a picture of the PREA signage that is posted in the facility's dayroom area. The PREA signs include the following information that further demonstrates how the agency has taken a zero tolerance stance to all forms of sexual abuse and sexual harassment:

- Toll-free 24/7 abuse, neglect, and exploitation (ANE) reporting line information to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department (TJJJ);
- Information on how to contact the local children's advocacy center, Harold's House, and make a report and/or speak with an advocate from Harold's House for emotional support services; and
- The agency's zero tolerance policy toward all forms of sexual abuse and sexual harassment.

	<p>(b):</p> <p>According to section 115.311 of the agency's PREA Policy, the facility has designated the Facility Administrator (FA) as the agency's PREA Coordinator. The auditor confirmed through reviewing the agency's PREA Policy and in speaking with the FA and Chief of Angelina County Juvenile Probation Department (ACJPD) that the FA is an upper-level administrator for the agency who has the ability to allocate sufficient time and is provided the necessary authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>(c):</p> <p>The Angelina County Juvenile Detention Center is an eleven bed juvenile detention facility and there are no other facilities or programs affiliated with the agency; therefore, the agency is not required to designate a PREA Compliance Manager.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Placement Contracts - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the Assistant Chief/Placement Coordinator of the agency. She stated that she conducts an inspection of each contracted placement facility at least once a year. Additionally, if any Angelina County Juvenile Probation Department (ACJPD) juveniles are placed at one of these facilities, she will personally visit each juvenile on a monthly basis to check on their well-being and inspect the facility for safety. The Assistant Chief confirmed that the agency currently has contracts with five placement facilities, and at present, there is one juvenile placed in one of these facilities. It was also confirmed that each facility must collect and share data specific to the applicable PREA requirements as well as information concerning allegations of abuse, neglect, and exploitation involving an ACJPD youth. The Assistant Chief explained that there is a Placement Coordinator Team comprising of practitioners from across Texas who regularly convene to review

	<p>and discuss any serious incidents to ensure that the contracted placement facilities comply with the relevant standards and maintain a safe environment.</p> <p>Explanation of Determination:</p> <p>115.312 (a-b):</p> <p>The auditor received contracts from the agency that outlined their agreements with other detention centers and residential treatment centers (placements). After reviewing the contracts, it became evident that each contract included the obligation of the contracted entity to adopt and follow the PREA standards. Additionally, each contract mandates the agency to monitor the contractor's adherence to the PREA standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (215.313) - Pre-Audit Questionnaire (PAQ) - Texas Administrative Code (TAC) Chapter §343 - Staffing Plan Annual Review Report (2023) - Sample of Shift Schedules - Sample of 5am Detention Rosters <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency's FA/PC, who adequately explained the agency's Staffing Plan, the process of conducting the annual Staffing Plan Review, how the staff weekly schedule is developed and maintained, and the overall layout of the facility's physical plant and surveillance video system. The FA was knowledgeable in all areas of the Staffing Plan and provided detailed information on how the Staffing Plan is reviewed annually with the Chief JPO. He confirmed that the agency's policy requires scheduling at least one male and one female juvenile

Supervision Officer (JSO) on each of the three shifts, with the overnight shift requiring at least two JSOs (one male and one female) and the day shifts requiring at least three JSOs. The FA described how he creates the schedule for the facility and has always ensured that there is at least one female and one male JSO on each of the three shifts. Additionally, he mentioned that it is agency policy for staff to remain at their post until relieved by the next shift. For instance, if a staff member fails to show up for their shift due to an exigent circumstance, the same gender staff member is required, as per agency policy, to remain at their post for at least 8 additional hours. This allows the FA enough time to arrange coverage, even if it means calling in a JPO or an administrator to assist in an urgent situation. The FA confirmed that he has never encountered a situation in which the agency's Staffing Plan was not followed, even during exigent circumstances like the Texas Deep Freeze event in 2021, during which the facility consistently adhered to their Staffing Plan.

- The auditor also interviewed eleven (11) certified JSO staff during the onsite, and each of the staff confirmed they have never worked a shift at the facility in which there was not at least one male and one female staff on duty.

Site Review Observations:

- During the on-site visit, the auditor inspected all areas of the facility and observed each of the three shifts (7-3, 3-11, and 11-7). It is important to note that the facility has a maximum capacity of 11 residents, with 11 single occupancy secure rooms. During the on-site visit, there were 9 residents present, including one female resident and 8 males. The auditor confirmed that during each shift there was at least one male and one female Juvenile Supervision Officer (JSO) on duty at all times. The 11-7 shift had two JSOs (one male and one female), while the 7-3 and 3-11 shifts were staffed with two males and one female JSO each. The Facility Administrator and Administrative Assistant, both certified JSOs, were also present and assisted as needed during the onsite visit. Therefore, the facility exceeded the required PREA ratios during the on-site phase of the audit. The 11-7 shift had a ratio of 3 JSOs to 9 residents, while the 7-3 and 3-11 shifts had a ratio of 5 JSOs to 9 residents. The auditor was provided with the staff schedule for the week of the visit, which confirmed the presence of two staff members during the 11-7 overnight shifts and at least three staff members during the waking hours shifts of 7-3 and 3-11.

- The auditor also noted the presence of surveillance cameras throughout the facility, providing adequate coverage of all areas for video surveillance. However, the bathroom/shower rooms and resident rooms were not within the camera view, as confirmed by the auditor. Nonetheless, no significant blind spots were identified. Additionally, the facility had cameras positioned outside each private room without a camera inside, to capture individuals entering and exiting these areas.

Explanation of Determination:

115.313

(a-e):

The auditor was provided section 215.313 of the agency's PREA Policy, which adequately explains how the facility complies with the 1:8 and 1:16 PREA staff to resident supervision ratios. For instance, because the facility is small with a maximum of 11 beds, the agency's PREA Policy describes how the facility is required to have at least two juvenile supervision officers (JSOs) to be on duty whenever there is a resident in the facility. The auditor confirmed that TAC §343.430 explicitly states this requirement, and it's important to note that the Monitoring and Inspection Division of the Texas Juvenile Justice Department (TJJD) audits for this requirement annually. Additionally, the PC noted in the PAQ that during the 12-month audit review period prior to the onsite visit, the facility's average resident population was nine (9) residents, further supporting the idea that two staff members were enough to meet and exceed the PREA and TAC minimum supervision requirements.

To assess whether the facility actually complies with the 1:8 and 1:16 PREA supervision ratios in practice, the PC provided the auditor with samples of Shift Schedules and the corresponding 5am Detention Resident Rosters for a three-week period in September 2023. After reviewing this evidence, the auditor found that the facility significantly exceeded the minimum supervision ratios. For example, during the reviewed time period, each of the three shifts (7a-3p, 3p-11p, & 11p-7a) had an average of 7.6 students, with the two day shifts scheduled with two JSOs and a JSO assigned to the control room (at least one of each gender). Additionally, the overnight shifts had at least two staff members, one male and one female, which greatly surpassed the minimum PREA overnight ratio of 1:16.

Furthermore, section 215.313 of the policy also explains that the facility has 25 operational surveillance cameras throughout the premises to ensure the safety and protection of the residents from sexual abuse and harassment. However, to maintain privacy for the residents, there are no cameras in their rooms or bathrooms (as stated in section 215.313). It is also specified that staff members are prohibited from entering a resident's room without another staff member present, unless it's necessary to provide life-saving measures where time is crucial.

Section 215.313 of the agency's PREA Policy states that if there is a deviation from the coverage and monitoring requirements found in Section 200.01, then documentation will be made to explain the deviation. However, as noted in the PAQ by the PC the facility did not deviate from the Staffing Plan in any way in the past 12 month audit review period.

Section 215.313 also includes the Staffing Plan review requirements pursuant to provision d (1-4). Furthermore, the Policy states that the FA and Chief of Juvenile Services meet no less frequently than once a year to assess, determine, and document the annual Staffing Plan Review, pursuant to all the requirements of this PREA standard.

The auditor was provided the agency's most recent Staffing Plan Review Report, which demonstrates how the agency complies with the staffing plan review elements of this PREA standard, with the goal of the annual review described as to

not only ensure full PREA compliance with standard 115.313 (b), but to also ensure all juveniles affiliated with the Department are placed and housed in a safe and secure environment. The Staffing Plan Review Report is comprehensive and outlines how the facility recently made significant enhancements to facility safety practices, such as:

- Updated the video monitoring system to include 25 new cameras in full operation at the facility.
- Two large monitors were added to the control room for additional screens to view facility cameras.
- The Chief of Juvenile Services added six permanent JSO 2 positions in Detention and increased the JSO 2 pay in the budget for FY 2024.
- The Chief of Juvenile Services is currently reviewing upgrading the facility's beds from metal frames to concrete.

Additionally, the agency's review of its staffing plan emphasizes that the Department's main priority is to guarantee the safety, security, and well-being of all residents and staff in the facility by following all applicable Federal (PREA) and State (Texas Administrative Code/TAC) standards, as well as associated best practices. The agency has developed and continues to improve a comprehensive Policy and Procedure Manual that offers detailed procedures specific to the agency and its operation of a secure juvenile detention facility that operates 24/7. The Angelina County Juvenile Board inspects and certifies the ACJDC's ongoing operation on an annual basis, including a thorough assessment and approval of the agency's Policy and Procedure Manual. Additionally, the facility undergoes annual audits and inspections by the Inspection and Monitoring Division of TJJJ, as well as audits every three years to ensure compliance with the Federal Standard of PREA.

Section 215.313 outlines the facility's practice of conducting unannounced PREA rounds, as outlined below:

- A minimum of three (3) times per month, either the FA, Administrative Assistant, DFA or the Chief of Juvenile Services will conduct and document unannounced rounds to deter staff sexual abuse or harassment. Staff will not alert other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The auditor was provided the facility's Unannounced Rounds Log for the months of January 2023 to August 2023, and upon the auditor's review, it was determined that the entries do not sufficiently demonstrate how the facility complies with the unannounced round documentation requirement of provision (e). For example, the entries do not include at least one unannounced round per shift, with several months of entries focused only on the overnight shift.

As soon as the issue of non-compliance with the unannounced round documentation was brought to the attention of the PC during the pre-onsite phase of the audit,

	<p>immediate corrective action was taken by the PC and Chief JPO to address and resolve the problem. For instance, logs detailing the unannounced rounds were provided to the auditor during the onsite visit, documenting how the PC and the designated Assistant Facility Administrator (AFA) conducted unannounced rounds in line with the PREA standard for each of the three shifts from September to November 2023. After analyzing the provided verification documentation, it was evident that the facility has established a compliant practice of conducting more than one unannounced PREA round per shift per month. Additionally, the PC demonstrated to the auditor how the unannounced rounds are carried out at the facility, with guiding the auditor through the entire facility and explaining the inspection process of the unannounced rounds during the facility onsite inspection process.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Section 215.315) - Pre-Audit Questionnaire (PAQ) - Signed Memo from the Chief and PREA Coordinator (PC) - PREA Training Curriculum - PREA Training Verification Documents - Staff Signs Posted in the Facility for Making Announcement <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor conducted interviews with all the residents at the facility, including one female and eight males. Each resident confirmed that they feel completely comfortable with the level of privacy they have when changing clothes, using the restroom, and showering. They also explained that showers are taken one at a time and the door is shut to ensure full privacy during these activities. Furthermore, the residents stated that they have only been searched by staff members of the same biological gender, with no issues concerning the search process expressed. The

auditor was informed that staff members would announce their presence in the hallway areas by stating whether they are male or female.

- The auditor interviewed a total of 11 certified Juvenile Supervision Officers (JSOs) during the onsite visit. This represented all the JSOs working on each of the three shifts during the onsite, out of the 14 employed at the facility. All the JSOs confirmed that they had never encountered a situation where there was not both a male and a female JSO on shift since they started working at the facility. Each staff member explained how they had been trained to conduct resident searches in a respectful and professional manner. They described how they explain the search process to the resident before starting, to ensure they understand and feel comfortable and safe. The JSOs mentioned that they are only allowed to conduct pat-down searches and observe strip searches for youth of the same biological gender. However, if a transgender or intersex individual is involved, the agency allows the juvenile to decide on their preference. The staff also explained that they have received training on how to search transgender or intersex residents. If such a situation were to occur, a supervisor or the facility administrator would be contacted to ensure correct handling according to policy and procedure. Although it is rare for a transgender or intersex individual to be admitted to the facility, if it were to happen, the JSOs felt confident that administration and supervisors would staff the situation on a case-by-case basis to ensure the safety of the youth and compliance with the relevant PREA standards would be practiced. Lastly, the JSOs mentioned that they are strictly prohibited from determining a resident's biological sex through a search. This, instead, would be obtained by contacting a supervisor or the facility administrator, reviewing intake paperwork, contacting the parent/guardian/JPO, or having a conversation with the youth.

- During the onsite, the auditor inspected all areas of the facility and confirmed that residents have the ability to change their clothes, use the restroom, and shower privately, without being seen by individuals of the opposite gender. It should be noted that the facility has two shower rooms on each of the two hallways, each equipped with a toilet and sink. The doors to the shower/restroom areas lock from the inside, ensuring one resident at a time can enter, close the door, and exit at their convenience. However, in case of an emergency, only staff with keys can unlock the door from the outside. The auditor also reviewed the facility's surveillance video system and confirmed that the camera views provide sufficient privacy for residents, with no vulnerable areas observed. Additionally, the intake area, which includes a shower/restroom area not captured by cameras, was inspected by the auditor. Each of the three shower/restroom areas is monitored by a camera that records ONLY the outside of each door, ensuring the movements of individuals near the rooms and those entering or exiting can be easily identified on video.

- During the onsite, there were no incidents involving residents being admitted into the facility, which prevented the auditor from observing the full intake process. However, to provide insight into the intake process, the Facility Administrator demonstrated how it is conducted, including the initial search of a new intake. For instance, the initial pat-down search is conducted within the camera view, with staff

of the same biological gender performing the entire intake process, including the search. The intake paperwork is completed either in the intake area or in a specific classroom, ensuring complete confidentiality during the screening process. The shower and strip search for minors are supervised by staff of the same biological gender within the designated intake shower room. The auditor also noticed signs throughout the facility reminding staff to announce their presence and gender before entering any housing area.

Explanation of Determination:

115.315

(a-f):

According to the agency's PREA Policy Section 214.315, all resident searches are to be conducted by the same biological gender staff as the biological gender of the resident being searched. This includes pat-down, strip, and body cavity searches. Furthermore, all searches, per this Policy, are required to be documented in the daily observation log along with the reason justifying a search. The agency's Policy also prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident is admitted into the facility that admits to being transgender or intersex before a search, the youth will be asked what gendered officer they prefer to perform the search. Lastly, Section 214.315 notes that the facility is required to train all 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.

The PC noted in the PAQ that they facility has not had a situation involving a cross-gender search or search of a transgender or intersex resident in the past 12 month audit review period. Furthermore, the facility ensures that a cross-gender search of a resident would never be required due to the unique situation of being a small facility, only able to house up to 11 residents (average population of 9), and due to the state standards required by the Texas Administrative Code (TAC), as noted below:

- §343.430: At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.
- §343.432: If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.

The State of Texas does not allow for any exceptions to the requirements above, and the PC confirmed that no such deviations to these requirements have been experienced at the facility since prior to the last PREA audit. Furthermore, the PC provided the auditor with a signed memo from the Chief and PC that states there have been zero cross-gender resident searches of any kind since the last PREA

	<p>audit.</p> <p>The auditor was provided with proof of PREA training for the current security staff (known as JSOs) at the facility. Approximately two weeks before the on-site audit, records of training were provided to the auditor, which adequately demonstrated how the agency ensures that all JSOs receive the necessary PREA training, as required by this PREA standard. Examples of initial PREA training acknowledgements were included as evidence, verifying that all JSOs are adequately trained in the search requirements outlined by this PREA standard during their initial JSO Basic Training.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy Section 215.316 - Staff Training Curriculum - Pre-Audit Questionnaire (PAQ) - PREA Signs in Spanish and English - Spanish Sign Posted Related to Special Need Services and Translation Services <p>Interviews:</p> <p>- Out of the nine residents who were interviewed on-site, three were identified as having some type of disability. These three residents were asked specific questions about PREA, including how they were given the information and their level of understanding. The questions followed the protocols for targeted resident PREA interviews for residents with disabilities and limited English proficiency. Each resident confirmed that they were able to understand the information given about PREA during the intake process. This was evident to the auditor through the interview process and the responses provided by all the residents who were interviewed. For example, the residents were asked open-ended questions about their understanding of PREA, their rights, how to report issues, and how to stay safe</p>

while at the facility. Each resident was able to answer these questions adequately and share their knowledge of PREA. Furthermore, the residents mentioned that a staff member responsible for intake went over the PREA information with them verbally and individually. They also indicated that they signed a form to confirm that they received and understood the PREA information presented to them. Additionally, the residents expressed their confidence in a teacher and multiple staff members at the facility, whom they trust and believe can help them if they have any difficulties understanding the PREA information.

- The auditor interviewed eleven JSOs onsite, and each staff member confirmed that they are not allowed to use one resident to translate for another resident in a PREA related situation. The staff mentioned that there are bilingual staff, including JSOs and JPOs, who work for the agency and can be called in to help with translations on a case-by-case basis. Furthermore, staff members pointed out that the facility has posted PREA information in both Spanish and English. If a resident ever has trouble understanding their rights and how to report (PREA information), it will be immediately reported to their supervisor or the FA to ensure proper handling of the situation.

Site Review Observations:

During the onsite, the auditor interviewed the entire population of residents at the facility (total of 9), and all nine were able to effectively communicate with the auditor. No language barriers experienced, and all the residents primary language was English. The auditor also confirmed that the agency had posted several PREA related signs in Spanish and English, such signs with the following information:

- the agency's zero tolerance policy;
- multiple ways to report (including the TJJD ANE Hotline and Harold's House);
- special education services available to residents who are limited English proficient and have a disability; and
- resident rights.

The auditor also made two successful test calls while at the location. The calls were made from a phone in the common area of the facility to the TJJD Abuse, Neglect, and Exploitation Reporting Line (a state reporting hotline that operates 24/7 and is provided by a third-party) and Harold's House (a local children's advocacy center). These calls were made without any problems, which demonstrated that the reporting process for residents to make confidential calls to an external reporting agency was fully functional. Additionally, the auditor confirmed that each of the external agencies had interpreter services available as needed and anonymous reports from residents are accepted and forwarded to the proper authorities, as well as to the FA at the facility.

Explanation of Determination:

115.316

(a-c):

According to the agency's PREA Policy in Section 215.316:

- 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), or that are not fluent in either English or Spanish will be referred to the facility administrator who shall ensure that arrangements are made within (48) hours of the resident's admission to have an orientation provided in their primary language. The orientation will include an explanation of the PREA guidelines and the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interpreter will not be another resident. An interpreter will be obtained during the investigation of the resident's allegations of sexual abuse or harassment or if their safety is compromised.

As noted by the PC in the PAQ, the facility has not experienced a situation in the past 12 month audit review period that involved the need of utilizing the procedures documented above.

Conclusion:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency's PREA Policy Section 215.317- Pre-Audit Questionnaire (PAQ)- Texas Department of Public Safety (DPS) FACT Clearinghouse Reports- Department of Family & Child Protective Services (DFPS) Child Abuse Registry Check Clearance Emails- Past Employment and Reference Checks- Disclosure of PREA Employment Standards Violations <p>Interviews:</p>

- The auditor interviewed the Facility Administrator (FA) of the agency during the site visit. The FA has experience with the hiring process and is knowledgeable about the requirements of this particular standard. The FA explained that all staff members undergo criminal history background checks through the Texas Department of Public Safety (DPS), which includes both an FBI national check and a state of Texas check. Additionally, all staff members are subscribed to the TX DPS FACT Clearinghouse Subscription Service, as required by the applicable Texas Administrative Code standard. This subscription service notifies the juvenile agency whenever a staff member is arrested or taken into custody for a criminal offense.

The FA informed that the agency's Chief reviews the criminal history reports of all employees to ensure that there are no disqualifying criminal behaviors before the hiring process can continue. However, during the pre-site visit documentation review, it was discovered that the agency did not conduct the required child abuse registry checks on the seven staff members hired in 2023. All staff members hired before 2023 had undergone proper screening through the TX Department of Family & Protective Services (DFPS), per the FA. It was determined that the agency failed to continue conducting child abuse registry checks when the transition from the previous FA to the current one occurred. This issue was discussed with the FA during the site visit, and the FA clarified that the child abuse registry check process has now begun for the staff hired in 2023, and will be completed for all future staff during the hiring process. The FA will email the auditor the confirmation emails received from the TX DFPS once they are received, as part of the corrective action process.

The FA further explained that all staff members are required to answer PREA questions when hired, and an agency form is used to ensure compliance with this requirement. The FA provided examples of completed PREA questionnaires to demonstrate compliance. The FA also mentioned that they believe it would improve the process to add the PREA questionnaire to the agency's application and that they were working on implementing this change during the site visit.

The FA described the agency's institutional reference check process, which includes a form to ensure that a reference check is completed for every employee with prior institutional experience. Samples of completed forms were provided to the auditor to demonstrate compliance. The FA advised that if there are indications of an applicant's involvement in incidents of sexual harassment during the hiring process, the decision to continue with their application will be assessed on a case-by-case basis by the Chief. In most cases, the applicant will not be eligible for hire.

The FA clarified that the facility does not contract with any agencies for medical or mental health services provided at the facility. All such services are provided through appointments and off-site. However, there is one mental health agency that provides crisis mental health services on a case-by-case basis. The agency sends a rotation of crisis mental health professionals to assess youth experiencing a mental health crisis situation (i.e., suicide ideation or suicidal behavior). The FA confirmed that the mental health agency conducts their own background criminal history check for their counselors. It was determined that these mental health

counselors do not have regular contact with the residents and are not required to undergo screening by the juvenile agency. However, as a best practice, it was recommended that the FA reach out to the mental health agency to ensure that all crisis counselors on rotation have undergone criminal history background checks and child abuse registry checks. The auditor also requested verification documentation to demonstrate that each crisis counselor has been properly vetted.

The auditor inquired about the educational staff at the facility, and it was explained that there is one teacher from the Lufkin Independent School District (LISD) who is employed at the facility. The FA indicated that the LISD conducts the required criminal history check and subscription services, as per the requirements of the Texas Education Agency (TEA). However, it was unknown whether a child abuse registry check had been completed for this teacher. The auditor advised that the teacher will need to be added to the list of individuals who require a check from the DFPS. The FA assured that they would ensure this is done.

The FA confirmed that it is agency policy, which is trained to all staff during JSO Basic, that any involvement with law enforcement must be immediately reported. The FA mentioned that, unless prohibited by law, the agency's Chief is able to share information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested by a potential employer for whom the former employee has applied to work.

Site Review Observations:

During the onsite, the auditor reviewed employee personnel hiring verification documents, which helped to demonstrate compliance with the applicable elements of this PREA standard, as outlined below.

Explanation of Determination:

115.317

(a-h):

The auditor confirmed that the agency's PREA Policy in Section 215.317 includes the requirements set forth by this PREA standard. This Policy section includes procedures for adhering to not only the applicable PREA standard requirements of 115.317 but also the Texas Administrative Code (TAC) standards of hiring and conducting background checks, as outlined below:

- Before an individual at the Angelina County Juvenile Probation Department (ACJPD) begins employment or service provision (TAC 344.300 & 344.302):
 - the ACJPD must ensure the individual has electronically submitted fingerprints using Fingerprint Applicant Services of Texas (FAST) and verify that the department is able to subscribe to the individual's Fingerprint-Based Applicant Clearinghouse of Texas (FACT) record;
 - the ACJPD must subscribe to that individual's record in FACT;

- the department must ensure the criminal history is reviewed as specified in this chapter and must ensure the reviewing entity has determined the person is not ineligible for certification, employment, or providing services based on the person's criminal history, in accordance with this chapter; and
- if an individual who is subject to a criminal history check has prior military experience, the department or facility must review the applicant's most recent separation or discharge documents.
- As per TAC 344.350:
 - Before making an offer of employment for a position eligible for certification under this chapter, a department or facility must verify that the applicant:
 - (1) has not been designated as ineligible for certification by TJJD;
 - (2) has not had his/her certification revoked;
 - (3) is not currently under an order of active suspension issued by TJJD; and
 - (4) is not currently ineligible to take the certification exam due to repeated failures to pass the exam as described in §344.700 of this title.
 - (b) The verification must be completed using TJJD's certification system.

The auditor was also provided the facility's "Past Employment and Reference Check" and "Disclosure of PREA Employment Standards Violation" forms, which further demonstrated how the agency complies with the requirements of this PREA standard in practice. For example, the Past Employment & Reference Check form is used to 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. Furthermore, the auditor confirmed that the agency's Disclosure PREA form includes not only the PREA questions required by provision (f) of this PREA standard but also the following additional information that is required to be read, signed, and dated by each employee prior to hiring:

- "In compliance with the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decisions for juvenile facilities, the questions on this form must be asked by Angelina County Juvenile Detention (ACJD) applicants in written applications or during the interview process and of current ACJD employees during the performance evaluation process."
- Definition of Institution
- "If you a yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment with Angelina County Juvenile Services."
- "If you are hired or if you are current ACJD employee, you have a continuing affirmative duty to immediately disclose to ACJD Facility Administrator any misconduct that would result in a "yes" answer to any of the above three

questions."

- "Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process."

Furthermore, the PC noted in the PAQ that each element required by this PREA standard are currently being practiced during the hiring and promotion process and when enlisting the services of any contactor who may have contact with residents at the facility. However, it was further explained that the PC was recently promoted to the Facility Administrator (FA) position over the Angelina County Juvenile Detention Center, and due to this recent transition process, the FA was unable to provide 100% of the background verification documentation requested for the last 7 JSO staff hired at the facility, as detailed in the next section below.

The PC noted in the PAQ that in the past 12 month audit review period, the facility hired a total of seven (7) staff members to work as Texas Juvenile Justice Department certified Juvenile Supervision Officers (JSOs). The background verification documents for these JSO's were provided to demonstrate compliance with the requirements of this PREA standard, as outlined below.

- The Texas DPS Clearinghouse Reports were provided for each of the last 7 JSO's hired to work at the facility, and these reports sufficiently proved that each staff was properly vetted for any disqualifying criminal history pursuant to the requirements of this PREA standard for both in the state of Texas and nationally through the FBI database via the Texas Department of Public Service FACT Clearinghouse. Furthermore, each of the reports included confirmation that each of the JSOs were successfully subscribed to the DPS Clearinghouse Subscription Service.
- Samples of past employment and reference checks completed for one of the seven new hires who had prior institutional experience, as required by provision (c) (3) of this PREA standard.
- Samples of completed Disclosure of PREA Employment Standard Violations for the staff hired in calendar year 2023.

Additionally, the PC indicated that the facility does not have contractors that provide any type of services to residents in the facility, and all such medical and mental health services are provided offsite. The PC also confirmed that in the past 12 month audit review period, there are no examples of situations involving promotions or employee evaluations that include asking the PREA questions as required by provision (f) of this PREA standard.

Non-Compliance Identified:

- **As mentioned in the interview section above, it was discovered that the facility had not completed the necessary child abuse registry background checks for the JSOs hired in the year 2023.**

Furthermore, the LISD had not confirmed whether the one educational staff member had completed the child abuse registry check. These issues were promptly addressed by the agency leadership, and the Chief and FA began working on a plan to rectify this non-compliance before the onsite visit. The FA has already started the process of submitting the required documentation to DFPS to ensure that the teacher and all staff members at the facility undergo proper screening for child abuse. The FA has informed that the verification documentation for the child abuse registry check will be provided to the auditor as soon as they receive clearance emails from DFPS.

Corrective Action Review:

- During the corrective action period, the agency promptly addressed the deficiencies identified in the PREA report. The agency provided the auditor with evidence, including email communication and verification documentation, demonstrating that child abuse registry background checks were conducted for JSOs hired in 2023. The agency also confirmed that current veteran staff were cleared of any abuse/neglect history through documentation from the Texas Department of Family and Protective Services (DFPS). The PC shared the DFPS clearance emails with the auditor, showcasing compliance with the PREA standard. Additionally, the agency implemented a HR Checklist to ensure that all hiring and promotion requirements outlined in this PREA standard are fulfilled before any individual has contact with residents in 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 and no further corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Section 215.318) - Pre-Audit Questionnaire (PAQ)

Interviews:

- The interviewer spoke to the FA and asked questions about the physical building, any changes made to it, and the video monitoring system. The FA confirmed that there have been no expansions or modifications to the facility since the last PREA audit. The only upgrades that have been made were to the camera system. Since the last PREA audit, 25 new cameras have been installed, which was explained to have greatly improved coverage and eliminated blind spots. These additional cameras have enhanced the agency's ability to protect residents and staff by improving video quality and increasing overall coverage. Two large monitors were also added in the Control Room to provide additional screens for viewing the cameras. This helps protect residents and staff from sexual abuse. The FA also mentioned a long-term plan to reconstruct certain parts of the facility and expand it to increase the number of beds. This modification and expansion plan will include elements that enhance safety and protect residents from sexual abuse and harassment.

Site Review Observations:

- During the on-site, the auditor did not notice any parts of the facility that have been recently modified or newly built. Furthermore, the auditor verified that the facility's video monitoring system is sufficient in providing complete coverage of all areas (except private changing/shower/restroom areas) to ensure the protection of residents and staff against sexual abuse.

Explanation of Determination:**115.318****(a-b):**

According to the agency's PREA Policy, as stated in section 215.318:

- If the facility goes through any modification, the facility administration will consider the effect of the design, acquisition, expansion, or modification on the facility's ability to protect residents from sexual abuse. The facility's video capacity can currently see everywhere the residents are allowed except in their rooms and in the bathrooms in order to protect residents from sexual abuse. If video capabilities are modified, the resident's protection must be considered.

In addition, the PC noted in the PAQ for this PREA standard that the agency has not designed or acquired any new facility or planned any substantial expansion or modification of the existing facility since the last PREA 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. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Multidisciplinary Team Guidelines Harold’s House – East Texas Alliance for Children Angelina County, Nacogdoches County & Sabine County - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy Section 215.365 - Agency PREA Policy Section 215.371 - PREA Investigative File <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor contacted the Harold's House East Texas Alliance for Children advocacy center and spoke with a family advocate about the victim services offered by Harold's House to children who have been referred and are victims of sexual abuse. It was confirmed that Harold's House provides a forensic interview, forensic medical examination (conducted by contracted certified SANE/SAFE), victim advocacy services throughout the entire process, and emotional support services relating to sexual abuse. The Family Advocate also explained that Harold's House has a 24/7 phone line, with the regular business hours phone number and the Family Crisis Center Hotline number available for all young people to call. It was further clarified that all the services provided by Harold's House are free of charge for the victims and their families, and crisis intervention, information, and referrals are offered on a case-by-case basis. - The auditor interviewed the agency's FA, who is also designated as the facility's PC, and he provided a thorough explanation of the entire process for handling allegations of sexual abuse and sexual harassment, from the time of the report to the conclusion of the investigation. The PC had a good understanding of all aspects of the reporting and investigative process. The PC confirmed that all allegations of sexual abuse must be immediately reported to local law enforcement (Lufkin PD) and the Office of Inspector General department of the Texas Juvenile Justice Department (TJJD), as well as informing the Chief of the agency. The PC stated that the OIG and Lufkin PD have the authority to conduct criminal investigations into sexual abuse, with the OIG also able to conduct administrative investigations if necessary. The PC mentioned that he is a designated internal administrative investigator who has received training from the Chief on how to conduct internal investigations at the facility. The PC demonstrated knowledge of the evidence and forensic protocols required for a sexual abuse investigation, with Lufkin PD being responsible for conducting the criminal investigation and collecting any relevant physical evidence from the facility and the individuals involved. The PC also

mentioned that Harold's House would be involved in any sexual abuse situations involving a resident from the facility. Harold's House would assist with the forensic interview process and provide victim services such as advocacy, mental health support, medical referrals, and information. The PC clarified that any resident victim of sexual abuse would be transferred to the local hospital with the assistance of Lufkin PD and Harold's House, where a certified SANE/SAFE would conduct a forensic medical examination. The PC explained his approach to conducting investigations into sexual abuse and sexual harassment, with the first priority being to ensure that the first responder duties are carried out, which include separating the victim and perpetrator, providing immediate medical and mental health services, and preserving and protecting the scene. The PC emphasized the importance of advising the victim and perpetrator not to take any actions that could destroy or contaminate any physical evidence. Staff members are trained to preserve and protect the scene so that law enforcement can conduct their criminal investigation effectively. The PC also described the steps he would take during an internal investigation into a PREA matter, including conducting interviews, collecting statements, reviewing and recording relevant surveillance video, and coordinating with law enforcement and TJJJD OIG investigators as necessary. The PC clarified that the Chief or himself would be the main points of contact for law enforcement and OIG, and they would provide full cooperation to the investigations.

- During the on-site, the auditor also interviewed eleven certified Juvenile Supervision Officers (JSO's). These individuals all expressed the importance of reporting any suspicion or knowledge of a sexual abuse or sexual harassment situation at the facility. The entire staff confirmed that any situation related to PREA would be reported immediately to their immediate supervisor and the Facility Administrator/Program Coordinator (FA/PC). The staff also informed that in cases involving sexual abuse, it is necessary to immediately notify both the Lufkin Police Department and the Texas Juvenile Justice Department (TJJJ). Additionally, all staff members acknowledged their responsibilities as first responders. These duties include separating the victim from the perpetrator, documenting the incident, notifying the victim and perpetrator not to tamper or destroy any physical evidence, preserving and protecting the scene, ensuring the victim's medical and mental health needs are met, and fully cooperating with any investigation.

Site Review Observations:

- During the on-site, the auditor verified that the contact information for Harold's House, as well as the instructions for residents to request a meeting with a medical and/or mental health professional, are displayed in the dayroom next to the resident phone. Additionally, the agency's zero tolerance policy regarding PREA, along with the mandatory reporting requirements and contact information, are prominently displayed throughout the facility and public lobby area.

Explanation of Determination:

115.321

(a-h):

The PC mentioned in the PAQ that the agency is obligated to only conduct internal administrative investigations for accusations of sexual abuse and harassment involving residents. The Lufkin Police Department (LPD) and the TJJJ Office of Inspector General (OIG) are the law enforcement agencies responsible for conducting criminal investigations at the facility. Additionally, to evaluate the protocols and support services available to residents who are victims of sexual abuse at the Angelina County Juvenile Detention Center, the auditor received a signed copy of the Multidisciplinary Team Guidelines MOU (effective from August 2023). This MOU outlines the agreed-upon protocols between the Harold's House Children's Advocacy Center (CAC) and a diverse team of professionals from law enforcement agencies and public service institutions in the area. After reviewing the MOU, it was determined that it includes provisions to ensure the implementation of age-appropriate evidence protocols required by the PREA standard and to ensure that victim services necessary for compliance with the standard are provided to any juvenile referred who has experienced sexual abuse.

The auditor also conducted an internet search to confirm the scope of investigative jurisdiction the OIG and LPD have in conducting sexual abuse investigations at the facility and the services provided by the Harold's House CAC, with the following information confirmed from each entity's website:

- OIG {Inspector General (texas.gov)}:
 - The Office of the Inspector General (OIG) of the Texas Juvenile Justice Department was created by the Texas Legislature to investigate crimes committed by the departmental employees, and crimes and delinquent conduct committed at departmental facilities. This investigative authority extends to parole officers, and other facilities operating under contract with the department. The chief inspector is a commissioned peace officer, and is authorized to appoint additional peace officers to fulfill the statutory duties of the office. The chief inspector is appointed by, and reports directly to the board. The inspectors general have all of the power and duties afforded to peace officers under the Texas Code of Criminal Procedure.
- LPD (City of Lufkin, TX):
 - It is the mission of Lufkin Police Department to reduce crime and the fear of crime throughout the City of Lufkin by working with all citizens to preserve life, maintain human rights, protect property, and promote individual responsibility. The Department is dedicated to safeguarding public confidence and providing a safe place for all to live, work, and raise families.
- Harold's House East Texas Alliance for Children- Harold's House {haroldshouse.org)}:
 - Harold's House-East Texas Alliance for Children is a non-profit Children's Advocacy Center whose mission is to lessen the trauma of children suffering sexual and physical abuse and neglect by assisting them and their families, using a multidisciplinary team approach with Law Enforcement, Child Protective Services, Mental Health

professionals, and Court Officials in Angelina, Nacogdoches, and Sabine counties. Our facility has been open with services since 2003 and added the SANE suite in 2013. We serve Angelina, Nacogdoches, and Sabine counties, with our main office being in Lufkin and our second office being in Nacogdoches. Harold's House is used as a tool for the investigation, prosecution, and healing services for the cases of child abuse in Angelina, Nacogdoches and Sabine County. The following services are provided, as per the organization's website:

- Family Advocacy
- Forensic Interviews
- Medical Care
- Forensic Medical Examinations (SANE/SAFE)
- Education
- Counseling

The PC reported in the PAQ that there have been no allegations of sexual abuse or sexual harassment received at the facility in the past 12 month audit review period. However, if such a situation were to occur, the auditor was provided the following coordinated response plan, which helps to outline how the agency ensures a full administrative and criminal investigation is conducted using a uniformed evidence protocol:

In the case of an incident of sexual abuse within the facility, the following shall occur:

- The JSO's on duty will 1) make sure that the victim and the alleged abuser are separated; 2) request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 3) 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.
- The control room operator will contact the facility administrator, the chief of juvenile services, and the on-call JPO to inform them of the situation. The Facility Administrator (FA) and / or the Chief of Juvenile Services will begin an internal investigation.
The Lufkin Police Department will be called to have an officer take report of a sexual assault. As part of the investigation, the alleged victim should be taken for a SANE exam. If during normal business hours, Harold's House should be called to schedule the exam. If on the weekends or after hours, the Family Crisis Center at 1-800-828-7233 should be called.
- Each staff working the shift will write an incident report of the events that occurred that they were witnesses of. The report will include any requests made by staff to the victim to prevent the destruction of possible evidence

and the actions taken to prevent the alleged abuser of destroying any possible evidence. Each staff member will cooperate fully with the internal investigation and with the police investigation.

- The FA will make a backup jump drive of the incident that was recorded on the DVR system.
- The Chief of Juvenile Services will contact the parents of the alleged victim to inform them of the situation.

Furthermore, the auditor also confirmed that the agency includes criminal and administrative investigative protocols in section 215.371 of the agency's PREA Policy, which provides further evidence to confirm a uniformed evidence protocol is required to be followed and all allegations of sexual abuse and sexual harassment are reported to law enforcement and investigated accordingly. An excerpt from this Policy is outlined below:

- When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the facility will contact the Lufkin Police Department for them to perform the investigation. The investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

PREA Investigation File Review:

The auditor was provided investigative documentation to verify the only PREA investigation that has taken place at the facility since the last PREA audit. This investigation was conducted in 2023 and involved a verbal allegation of sexual harassment between two youths at the facility. The verification documentation provided includes an Internal Investigation Report, written statements from those involved, a case number card from the Lufkin Police Department, a TJJD Incident Report Form, and an Angelina County Juvenile Detention Center Incident Report. These documents demonstrate that the agency took the allegation of sexual harassment seriously and conducted a thorough and objective internal investigation. Although the allegation did not meet the criteria for sexual abuse, the agency went above and beyond the minimum requirements for a sexual harassment allegation and responded to it as if it were sexual abuse. For example, the TJJD Incident Report Form shows that the allegation was reported to local law enforcement and TJJD OIG within one hour of being received. The alleged victim's parent/guardian was also notified, and an officer from the Lufkin PD arrived at the Detention Center within one hour of being called to take the report in-person. The Chief of the facility conducted the internal investigation the next business day at 8:15 am. The victim, alleged perpetrator, and witnesses were interviewed during

this investigation. The conclusion summary stated that there was insufficient evidence to discipline the alleged resident perpetrator, but it was likely that the incident occurred. As a precaution, the alleged perpetrator was relocated to a different housing area and kept away from the victim for the duration of their stay in the facility. The Chief also confirmed that the victim felt safe with the plan of action. Furthermore, the victim was released from the facility within 48 hours of the initial incident of sexual harassment.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.322 - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy Section 215.365 - Agency PREA Policy Section 215.371 - Signed Memo from the Chief and PREA Coordinator (PC) - PREA Investigative File <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the FA of the agency during the onsite visit. The FA is also designated as the facility's PC and answered the questions in the interview protocol for the Chief. The FA explained the entire process of how allegations of sexual abuse and harassment are handled, from the time they are reported to the end of the investigation. The PC was knowledgeable about all aspects of the reporting and investigative process. The PC confirmed that all allegations of sexual abuse are required to be immediately reported to local law enforcement (Lufkin PD) and the Office of Inspector General department of the Texas Juvenile Justice Department (TJJD), as well as informing the Chief. The PC stated that the OIG and Lufkin PD are the agencies with the authority to conduct a criminal investigation into sexual abuse. The OIG is also able to conduct an administrative investigation if necessary. The PC mentioned that he is a designated internal administrative investigator who

has been trained by the Chief in conducting internal investigations at the facility. The PC understood the evidence and forensic protocols necessary for a sexual abuse investigation. Lufkin PD is responsible for conducting a criminal investigation and collecting any usable physical evidence from the facility and the individuals involved. The PC advised that Harold's House would also be involved in any sexual abuse situation involving a resident from the facility. Harold's House would assist with the forensic interview process and provide victim services such as advocacy, mental health, medical referrals, and information. The PC clarified that any resident victim of sexual abuse would be transferred to the local hospital with the assistance of Lufkin PD and Harold's House. This is to ensure a certified SANE/SAFE is available to conduct a forensic medical examination. The PC explained how he would conduct an investigation into sexual abuse and harassment. The first priority would be to separate the victim and perpetrator, provide any necessary immediate medical and/or mental health services, and preserve and protect the scene. The first responder is required to advise the victim and perpetrator not to take any action that could destroy or contaminate any usable physical evidence. Staff are trained to preserve and protect the scene so that law enforcement can conduct their criminal investigation effectively. The PC shared that during an internal investigation into a PREA matter, he would conduct interviews, collect statements, review and record relevant surveillance video, and communicate with law enforcement and TJJD OIG investigators as appropriate. The PC would also ensure that the victim services required by PREA are provided. The PC clarified that the Chief or himself would be the primary point of contact with law enforcement and OIG. They are committed to providing full cooperation to the investigations.

- The auditor also interviewed eleven certified juvenile corrections officers (JSOs) while on site. They all expressed that they are required to report any suspicion or knowledge of a sexual abuse or sexual harassment situation at the facility. All the staff members shared that any situation related to PREA would be immediately reported to their immediate supervisor and the Facility Administrator/Program Coordinator. The staff members advised that if the situation involves sexual abuse, both the Lufkin Police Department and TJJD (Texas Juvenile Justice Department) must be immediately notified. Additionally, all the staff members were aware of their responsibilities as first responders. These responsibilities include separating the victim from the perpetrator, reporting the incident, documenting it, notifying the victim and perpetrator not to take any actions that could destroy or contaminate physical evidence, preserving and protecting the scene, ensuring the victim's medical and mental health needs are met, and fully cooperating with any investigation.

Explanation of Determination:

115.311

(a-e):

As stated in section 115.321 of this report, it was noted by the PC in the PAQ that the agency is obligated to carry out internal administrative investigations regarding

claims of sexual abuse and sexual harassment of residents at the facility. The jurisdiction for conducting criminal investigations at the facility lies with the Lufkin Police Department (LPD) and the TJJJ Office of Inspector General (OIG), which are the law enforcement agencies who are required to be immediately contacted upon the facility receiving knowledge of an allegation of a resident involved in a sexual abuse situation. Additionally, to ensure compliance with the administrative investigation requirements stated in this PREA standard, the agency has implemented a PREA Policy that includes specific procedures for reporting and investigating allegations of sexual abuse and sexual harassment. This policy, as outlined in section 215.322, details how the facility administration will guarantee the completion of both administrative and criminal investigations for all allegations of sexual abuse and sexual harassment. In cases of sexual abuse, a criminal investigation will be undertaken by the Lufkin PD, while an administrative investigation will be simultaneously conducted internally by the PC or Chief. The Policy also specifies that for alleged cases of sexual harassment, an internal administrative investigation will be carried out by either the PC or Chief.

The PC reported in the PAQ that there have been no allegations of sexual abuse or sexual harassment received at the facility in the past 12 month audit review period. However, if such a situation were to occur, the auditor was provided the following coordinated response plan, which helps to outline how the agency ensures a full administrative and criminal investigation is conducted using an uniformed evidence protocol:

In the case of an incident of sexual abuse within the facility, the following shall occur:

- The JSO's on duty will 1) make sure that the victim and the alleged abuser are separated; 2) request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 3) 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.
- The control room operator will contact the facility administrator, the chief of juvenile services, and the on-call JPO to inform them of the situation. The Facility Administrator (FA) and / or the Chief of Juvenile Services will begin an internal investigation.
- The Lufkin Police Department will be called to have an officer take report of a sexual assault. As part of the investigation, the alleged victim should be taken for a SANE exam. If during normal business hours, Harold's House should be called to schedule the exam. If on the weekends or after hours, the Family Crisis Center at 1-800-828-7233 should be called.
- Each staff working the shift will write an incident report of the events that occurred that they were witnesses of. The report will include any requests made by staff to the victim to prevent the destruction of possible evidence

and the actions taken to prevent the alleged abuser of destroying any possible evidence. Each staff member will cooperate fully with the internal investigation and with the police investigation.

- The FA will make a backup jump drive of the incident that was recorded on the DVR system.
- The Chief of Juvenile Services will contact the parents of the alleged victim to inform them of the situation.

Furthermore, the auditor also confirmed that the agency includes criminal and administrative investigative protocols in section 215.371 of the agency's PREA Policy, which provides further evidence to confirm a uniformed evidence protocol is required to be followed and all allegations of sexual abuse and sexual harassment are reported to law enforcement and investigated accordingly. An excerpt from this Policy is outlined below:

- When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the facility will contact the Lufkin Police Department for them to perform the investigation. The investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The PC provided the auditor with a signed memo from the Chief of Juvenile Services and the PC, which states, "there has been zero instances of sexual abuse and one instance of sexual harassment allegations involving a resident at the facility since the last PREA audit. Verification documents for this {sexual harassment} investigation will be included."

PREA Investigation File Review:

The auditor received verification documents for the only PREA investigation conducted at the facility since the last PREA audit. This investigation was regarding a verbal allegation of youth-on-youth sexual harassment that took place at the facility in 2023. The provided investigative documents include an Internal Investigation Report, written statements from those involved (Voluntary Statements), Lufkin Police Department Case Number Card, TJJD Incident Report Form, and Angelina County Juvenile Detention Center Incident Report. These documents effectively demonstrate that the agency took the sexual harassment allegation seriously and conducted a thorough and objective internal investigation promptly. Additionally, even though the allegation did not meet the criteria for sexual abuse, the agency went beyond the minimum requirements for a sexual harassment allegation and responded as if it were sexual abuse. For instance, the TJJD Incident Report Form completed for this allegation indicates that it was

reported to local law enforcement (Lufkin PD) and TJJJD OIG within one hour of receiving the allegation. Furthermore, it is important to note that the alleged victim's parent or guardian was informed of the incident, and an officer from Lufkin PD arrived at the Detention Center within an hour of being called to take an in-person report. In the internal investigation report, the Chief stated that TJJJD OIG indicated that an internal investigation needed to be conducted and assessed the allegation as youth-on-youth sexual conduct. The Chief carried out the internal investigation on the next business day at 8:15am and interviewed the victim, alleged perpetrator, and witnesses. The conclusion summary of the investigation showed that there was not enough evidence to discipline the alleged resident who was considered responsible for the incident. However, there was a strong likelihood that the incident had indeed occurred. The alleged perpetrator was relocated to a different housing area and kept away from the victim for the duration of their stay at the facility. The Chief also noted that they asked the victim if they felt safe with the plan of action, and the victim confirmed feeling safe in their current situation. Additionally, the victim was released from the facility within 48 hours of the initial occurrence of the sexual harassment incident.

Conclusion:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy Section 215.333 - Employee PREA Training Curriculum (PREA Juvenile Justice Training Academy Lesson Plan) - Employee PREA Training Log - Employee PREA Training Verifications - Pre-Audit Questionnaire (PAQ) - Texas Administrative Code (TAC) Chapter 344 <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the PC, who ensures all staff are trained on PREA during

JSO Basic and during refresher PREA trainings that have been provided to staff every two years, as a part of the two year re-certification process required by TJJJ. The PC advised that during the years that staff were not trained on PREA, the PREA Policies were available to staff in the Control Room, as well as PREA information is continuously available at the front office and in the facility. It is important to add that the PC indicated during his interview that he is going to start the practice of having all staff complete PREA refresher training every year to implement best practices and to ensure the facility exceeds the minimal requirements of this PREA standard going forth.

- The auditor also interviewed eleven certified JSOs while on-site, all of whom confirmed that they have received training on the Prison Rape Elimination Act through the JSO Basic training class that they completed when they were first hired. They also received additional training on PREA as part of the 2-year re-certification process for their JSO certification. The staff confirmed that they have continuous access to the agency's PREA Policies in the Control Room. They also receive relevant PREA information through emails, feedback meetings, and from PREA information posted throughout the facility. During the interviews, the staff members were asked open-ended questions about their personal knowledge related to PREA. Each staff member adequately explained the topics they remembered being trained on during their PREA trainings. The JSOs were knowledgeable in their PREA duties, including reporting protocols, first responder protocols, ensuring residents' safety, responding to sexual abuse and sexual harassment situations, reporting any PREA incidents, documenting incidents or verbal allegations, observing warning signs of abuse, harassment, or retaliation, effectively communicating with residents, and keeping vulnerable populations (such as transgender/intersex individuals) safe from abuse and bullying. The staff also confirmed that they were aware of the mandatory requirements for reporting any suspicion or knowledge of a sexual abuse or sexual harassment situation involving a child at the facility. They stated that any PREA-related situation would be immediately reported to their immediate supervisor and the Facility Administrator. They also mentioned that if the situation involves sexual abuse, Lufkin PD and TJJJ must be notified immediately. Furthermore, all staff members were aware of their duties as first responders. These duties include separating the victim from the perpetrator, reporting, documenting, instructing the victim and perpetrator not to take any action that could compromise physical evidence, preserving and protecting the scene, ensuring the victim's medical and mental health needs are met, and fully cooperating with any investigation.

Explanation of Determination:

115.331

(a-d):

The auditor reviewed the agency's PREA Policy section 215.331, which includes the employee training requirements of this PREA standard. For example, Section 215.331 outlines the eleven (a) (1-11) training elements that are required to be presented to each employee when first hired (during JSO Basic Training) and during

PREA refresher trainings that are provided to each employee every two years. The Policy also states that each employee will sign a document that they understand the training they have received relating to the required PREA training topics provided. In addition to the agency including the requirements of this PREA standard in their PREA Policy, the agency also is required per TAC 344.622 to have all newly hired JSO staff to successfully complete the state required training and pass the state JSO certification exam. The training topics required by this TAC standard include, but are not limited to, the following:

- juvenile rights;
- Texas Family Code Title 3 (Juvenile Justice Code) and related laws;
- preventing, identifying, and reporting abuse, neglect, and exploitation;
- purpose and goals of the Prison Rape Elimination Act;
- suicide prevention and intervention;
- legal liabilities;
- recognizing and supervising youth with mental health issues;
- adolescent development and behavior;
- HIV/AIDS and other communicable diseases;
- TJJD code of ethics and TJJD disciplinary procedures;
- trauma-informed care;
- cultural competency;
- the policies of the facility related to preventing, identifying, and reporting abuse, neglect, and exploitation;
- verbal de-escalation policies, procedures, and practices;
- resident supervision, including juvenile behavior observation and documentation requirements;
- behavior management, including the juvenile discipline plan and safety-based seclusion;
- facility safety and security policies;
- referral of residents in need of medical, mental health, or dental services, as identified by staff or reported by residents;
- non-fire emergency and evacuation procedures;
- recognizing and responding to mental health needs of juveniles;
- juvenile grievance procedures;
- confidentiality of juvenile information; and
- searches of juveniles.

The PC provided the auditor with training verification documents that correspond with the above TAC, and PREA, required training that is provided to each JSO during the facility's JSO Basic training process, as further detailed below.

To demonstrate compliance with this PREA standard, the facility provided the auditor with the JSO Basic PREA training curriculum called "PREA Juvenile Justice Training Academy Lesson Plan." This lesson plan is a comprehensive document that includes all the necessary training elements outlined in this PREA standard, as well

as other related topics. It consists of 42 pages and covers various scenarios and frequent questions that trainers must ask participants to ensure their understanding of the topics being presented. One of the scenarios included in the training curriculum describes a hypothetical situation where a female JSO (Juvenile Services Officer) spends an excessive amount of time with a male resident in a facility, ultimately leading to a sexual relationship. After presenting the scenario, the curriculum facilitates a discussion about concerns and debriefs the participants on environmental factors, red flags, reasons why staff and residents may be reluctant to report, and the likely consequences for the staff and the youth involved. The auditor was also provided with PREA training verifications for the current security staff (JSOs) working at the facility. Approximately two weeks prior to the onsite visit, the facility submitted training documents that adequately demonstrated how all JSOs at the facility receive PREA training in accordance with this PREA standard. The documentation included examples of initial PREA training and refresher acknowledgements for the veteran staff over the past three years.

It was determined that the facility complies with the staff training requirements outlined in this PREA standard. The mandatory PREA and TAC training topics are presented during the JSO Basic training when staff members are first hired. Additionally, all staff members attend PREA training refreshers every other year before their JSO recertification through the TAC process. In the years without formal PREA refresher trainings, the facility ensures that all staff have access to the agency's PREA Policies at any time.

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Volunteer PREA Training Log - Volunteer/Contractor PREA Training Verification - PREA Training (Purpose & Goal) - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p>

- The auditor interviewed the agency's FA/PC, who indicated that all volunteers and contractors who have contact with residents are PREA trained before they enter the facility. The training provided includes a review of the following topics:

- What is PREA
- Zero Tolerance
- Impact of Sexual Abuse
- Sexual Harassment and Boundary Violations
- Never Consensual
- Your Role
- How to Report
- Investigations

In addition, the FA confirmed that there were no volunteers present at the facility to be interviewed on-site. As noted in section 115.317, the facility does not employ any contractors who interact with residents, except for one LISD teacher and mental health counselors who are sent for mental health crisis situations such as suicide ideation or in response to a suicide attempt at the facility. The FA mentioned that the teacher has received PREA training, but was not at the facility during the on-site visit due to it being the Thanksgiving holiday. As for the crisis mental health counselors, the FA explained that they are given PREA information upon arrival at the facility, including instructions for signage and sign-in procedures. These counselors are called only in crisis situations, and the facility does not receive any information about which mental health agency personnel are on-call for dispatch, as this is not a regular occurrence and is limited to crisis mental health situations. Furthermore, the FA clarified that all non-urgent mental and medical healthcare services, except for acute crisis situations requiring immediate attention, are scheduled off-site by the JPO.

Site Review Observations:

- During the onsite, the auditor observed how individuals who are not employees are trained on their responsibilities according to the agency's PREA Policy. These responsibilities include immediately reporting any knowledge of sexual abuse. The training process involves having each non-employee sign-in when entering the facility and reviewing a form that explains how to make a report if they witness sexual abuse involving a resident. This form is displayed next to the sign-in sheet, on the facility entry door, and in the visitation room. It provides several options for reporting, such as contacting an ACJDC employee, Harold's House, Child Protective Services, or the TJJJ OIG Abuse, Neglect, and Exploitation Hotline. It is important to note that this step is in addition to the PREA training completed by volunteers and contractors at the facility.

Explanation of Determination:

115.332

(a-c):

	<p>In order to demonstrate how the agency trains all volunteers who meet with residents onsite on their PREA responsibilities, the auditor was provided the PREA training verification documents ("PREA Purpose & Goals") for three (3) volunteers who were randomly selected by the auditor prior to the onsite. Upon the auditor's review, it was determined that this representative sample of volunteers have been trained as required by this PREA standard and there were no issues of compliance to note.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Resident Orientation Packet - Pre-Audit Questionnaire (PAQ) - Angelina County Juvenile Detention Center PREA Brochure - Abuse, Neglect, and Exploitation Resident Acknowledgement Form - Resident Intake Orientation Checklist - PREA Periodic Detention Risk Assessment (conducted every 6 months as risk re-assessment) - Memo from the PC <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed two JSOs who were knowledgeable of the intake process and asked them questions about the facility's intake process. Each of the JSOs explained the entire intake process for juveniles admitted into the facility, which includes reviewing the PREA orientation information and comprehensive PREA education with every resident upon admission to the facility. The staff members confirmed that the entire intake process is completed for each youth admitted, with the PREA information and orientation/educational documents reviewed within one or two hours after arrival. It was also confirmed that the PREA information is shared verbally and visually through the provided PREA educational documents to ensure complete understanding. Additionally, the JSOs mentioned that both the residents

and staff members sign an acknowledgement form confirming that each resident received and understood the PREA education provided during the intake process. The auditor asked how the JSOs ensure that all residents, including those with disabilities or limited English proficiency, fully comprehend the PREA information during the intake process. The staff members stated that they can break down the information to the necessary level for complete understanding, and there are bilingual staff available to assist Spanish speaking residents. In cases where there is a communication barrier that limits the resident's ability to fully understand the PREA information presented, the staff would call a supervisor or the FA for assistance on an individual basis. Furthermore, the staff mentioned that all residents are provided with additional PREA information through forms posted in common areas such as the dayroom, visitation area, and classroom. The PC periodically reviews the PREA information with all residents.

- The auditor interviewed all nine residents who were at the facility during the onsite visit. Each resident confirmed that they received PREA information and signed an acknowledgement form during the intake process. The residents answered open-ended questions about their knowledge of PREA, including topics such as reporting methods, their rights, grievance procedures, and safety measures. They also mentioned that the facility recently reviewed PREA with them and that they were aware of the PREA signs, posters, and forms in the dayroom and classroom. The residents explained that they receive periodic refresher PREA information from staff and have staff they trust to address any concerns or questions related to PREA or other matters they may have. After interviewing all the residents, the auditor discovered that a small percentage of them had trouble remembering specific details of the intake process; however, all the students demonstrated a sufficient understanding of PREA and how to report incidents, as well as an awareness of the information provided during intake and throughout the facility.

- Out of the nine residents interviewed onsite, three were identified as having some form of disability. These three residents were asked specific PREA questions regarding how the PREA information was provided to them and their level of understanding. This was done using the Targeted Resident PREA Interview Protocols for Residents who are Disabled and Limited English Proficient. Each of the residents confirmed that they were able to understand the PREA information which was made apparent to the auditor during the interview process. For instance, the residents were asked open-ended questions about their understanding of PREA, their rights, how to report, and how to stay safe while at the facility. Each resident was able to answer these questions adequately and share their knowledge of PREA. Furthermore, the residents mentioned that an intake staff member verbally explained the PREA information in the classroom and provided them with the PREA orientation and comprehensive PREA education documents. They also signed a form confirming that they were provided with and understood the PREA information. Additionally, the residents expressed confidence in a teacher and multiple staff members at the facility who they trust and believe can help them if they have trouble understanding any of the PREA information.

- The auditor also interviewed the agency's FA/PC, who explained that he is new to the role of FA/PC and wants to improve some of the PREA-related procedures to go beyond the minimum requirements. One area that he wants to enhance is the resident PREA education aspect of the PREA standard. As a recommendation for best practice, the auditor explained that the current practice at the facility, which includes providing PREA orientation and comprehensive PREA education, is enough to meet the requirements of the PREA standard. However, it would be beneficial for the facility to add another element to the PREA education process, such as a video and one-on-one review of PREA with each resident within 10 days of their arrival at the facility. The PC agreed with this suggestion and provided the auditor with a memo outlining how the facility plans to improve in this area. The plan includes providing a comprehensive, age-appropriate PREA education in person or through video within 10 days of a youth being admitted, and this was approved and implemented by the Chief. To show that the additional 10-day PREA refresher has been fully implemented at the facility, the PC gave the auditor a verification document confirming that the newest resident received the review within 10 days of being admitted.

Site Review Observations:

During the onsite, the auditor interviewed the entire population of residents at the facility (total of 9), and all nine were able to effectively communicate with the auditor. No language barriers experienced, and all the resident's primary language was English. The auditor also confirmed that the agency had posted several PREA related signs in Spanish and English, such signs with the following information:

- the agency's zero tolerance policy;
- multiple ways to report (including the TJJD ANE Hotline and Harold's House);
- special education services available to residents who are limited English proficient and have a disability; and
- resident rights.

The auditor also conducted two successful test calls while onsite, with the calls being made from the resident phone in the facility's dayroom to the TJJD Abuse, Neglect, and Exploitation Reporting Line (24/7 third-party state reporting hotline) and Harold's House (local children's advocacy center). The calls went through without any issues, which proved that the reporting process set up for residents to make a confidential call to an outside reporting agency/organization was fully operational. Furthermore, the auditor confirmed that each of the outside agencies had interpreting services available on a case-by-case basis.

Explanation of Determination:

115.333

(a-f):

The auditor was provided the facility's Resident Orientation Packet and resident

PREA Brochure, which includes information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Furthermore, this age-appropriate resident orientation material also includes details on the following PREA related topics:

- Understanding the Prison Rape Elimination Act
- Prevention and Intervention
- Minimizing Risk
- Reporting Sexual Abuse
- Treatment and Counseling
- TJJD Abuse Reporting Hotline and Protocols for Making a PREA Report
- Juvenile Grievance Plan
- Resident's Disciplinary Plan
- Juvenile Rights
- Juvenile Responsibilities
- Resident Guidelines for Success
- School Guidelines
- Behavioral Level System
- Sick Call
- Mental Health Call

In order to assess the level of compliance with the requirements of this PREA standard in practice at the facility, the auditor was provided completed Resident Intake Orientation Checklist documents for the last ten residents admitted to the facility prior to the onsite. Upon the auditor's review, it was determined that the provided verification documentation sufficiently demonstrated how the facility's intake staff provided each of the ten residents the PREA orientation and comprehensive PREA education during the intake process. For example, each of the Resident Intake Orientation Checklist forms confirmed that each resident was explained the topics as outlined below and provided a written copy of the same topics. The following are the topics covered with each resident during the intake process, as indicated on the Resident Intake Orientation Checklist form:

1. TJJD's Abuse, Neglect, Exploitation (ANE) toll free number;
2. PREA Pamphlet;
3. Grievance Procedure;
4. Resident Disciplinary Plan;
5. Juvenile Rights and Responsibilities;
6. Guidelines for Success;
7. School Guidelines;
8. Level System;
9. Access to Medical Health Care Procedures; and
10. Access to Mental Health Care Procedures.

Furthermore, the Resident Intake Orientation Checklist form also includes the

following statements, and the 10 sampled were signed by each of the residents and the intake staff member, with date and time completed:

- The resident needs to initial to each topic to show that the topic was explained to them and they received a written copy of the same topics;
- "I also understand that I am ensured the right of confidentiality with regards to 1, 2, and 3 above, and that I will not face reprisal for participating in the procedures of the same three."

To further demonstrate that all the residents currently in the facility as of November 2023 know how to report a PREA-related situation, the PC provided the auditor with completed PREA Periodic Detention Risk Assessments for each of the young people in the facility as of 11/16/2023 (total of 9 young people). These assessments confirmed that each of these residents understood how to make a PREA report. Additionally, the PC, who is also the agency's Facility Administrator (FA) for the juvenile facility, explained to the auditor that he personally reviewed PREA with each resident recently in November 2023. He will periodically provide this in-person PREA refresher to ensure that all residents in the facility are updated on PREA and understand the various methods for making a PREA report. Furthermore, the auditor confirmed that the residents are also asked if they understand the multiple ways to report during the periodic risk reassessments conducted according to PREA standard 115.341 (a).

Conclusion:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Memo from the Chief of the agency - Investigator Training Verification <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the FA of the agency during the onsite visit. This FA is also designated as the facility's PC and answered the protocol questions for the Chief. The FA explained the entire process of how allegations of sexual abuse and harassment are handled, from the time of the report to the end of the investigation.

The PC was knowledgeable about all aspects of the reporting and investigative process. The PC confirmed that all allegations of sexual abuse must be immediately reported to local law enforcement (Lufkin PD) and the Office of Inspector General department of the Texas Juvenile Justice Department (TJJD), as well as informing the agency's Chief. The PC stated that the OIG and Lufkin PD are the agencies responsible for conducting criminal investigations into sexual abuse. The OIG is also able to conduct administrative investigations as needed. The PC indicated that he is a designated internal administrative investigator who has been trained by the Chief on how to conduct an internal investigation at the facility. The PC understood the evidence and forensic protocols required for a sexual abuse investigation. Lufkin PD is responsible for conducting the criminal investigation and collecting any usable physical evidence from the facility and individuals involved. The PC advised that Harold's House would also be involved in any sexual abuse situation involving a resident from the facility. Harold's House would help with the forensic interview process and provide victim services such as advocacy, mental health support, medical attention, and referrals. The PC clarified that any resident victim of sexual abuse would be transferred to the local hospital with the assistance of Lufkin PD and Harold's House, to ensure a certified SANE/SAFE is available for a forensic medical examination. The PC explained how he would conduct an investigation into sexual abuse and harassment. His first priority would be to ensure that the victim and perpetrator are separated and to provide any necessary immediate medical or mental health services. He would also work to preserve and protect the scene. The PC emphasized that staff are trained to preserve and protect the scene so that law enforcement can conduct their criminal investigation effectively. During an internal investigation into a PREA matter, the PC would conduct interviews, collect statements, review surveillance video, and communicate with law enforcement and TJJD OIG investigators. He would also ensure that the required victim services are provided. The PC made it clear that the Chief or himself would be the main point of contact with law enforcement and OIG, and that they would fully cooperate with the investigations. Furthermore, the PC explained his understanding of the level of proof needed to substantiate an allegation of sexual abuse and harassment. He described it as using the preponderance of evidence standard, which means that there is enough evidence to determine that the allegation is likely to have occurred rather than unlikely to have occurred. The PC confirmed that he was trained by the Chief on how to conduct an internal administrative investigation and that truth telling devices, Miranda warnings, and Garrity warnings are not used in the internal investigative process. The PC also stated that all internal investigations are documented in a report that is provided to the Chief of the agency for review.

- The auditor also spoke with the Chief Juvenile Probation Officer for the agency, who confirmed that he has been trained on how to conduct internal investigations, and that his newly hired FA has also been trained.

Explanation of Determination:

115.334

(a-d):

	<p>In order to demonstrate how the agency complies with the requirements of this PREA standard in practice, the PC furnished the auditor with a memo authorized by the Chief, which clarifies that the FA/PC received training on the requirements of this PREA standard. Additionally, the auditor was provided training verification documents that further proved that the PC completed the required training for investigators. Together with the interview conducted with the FA and Chief, these training verification documents confirm that the facility is in compliance with the components outlined in this PREA standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Signed Memo from the Chief and PREA Coordinator (PC) - Pre-Audit Questionnaire (PAQ) - PREA Signage <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor spoke with the agency's FA/PC, who confirmed onsite that the agency does not have any full or part-time medical or mental health professionals working in the juvenile detention center. The auditor also confirmed this during the visit, as all interactions and observations indicated that the facility does not employ or have any medical or mental health practitioners. All medical and mental healthcare needs are taken care of offsite, with the assigned JPO scheduling appointments for residents. However, it is important to note that there may be unscheduled mental health emergencies or crisis situations that require a counselors to be called to meet with a resident in crisis at the facility. In such cases, the PC stated that the facility contacts the 24 Hour Crisis Burke Center in Lufkin, TX to request a counselor for counseling and treatment intervention on a case-by-case basis. The frequency of calling a Burke Center counselor is unpredictable and only for crisis intervention services, which was also confirmed through a review of the Burke Center website (Mental Health Services (myburke.org)). The PC demonstrated how the Burke Center counselors are notified and trained on their PREA responsibilities, which is by signing in when they arrive to the facility and being provided a PREA

	<p>acknowledgement form that includes the agency's zero tolerance policy and how to report sexual abuse and sexual harassment.</p> <p>Explanation of Determination:</p> <p>115.335</p> <p>(a-d):</p> <p>The PC noted in the PAQ, and it was confirmed on a signed memo from the Chief and PC, that all medical and mental health contacts for residents are conducted outside the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy Section 215.341 - Pre-Audit Questionnaire (PAQ) - Behavioral Screening Tool - Samples of Behavioral Screenings - Admission Date and Time for Sample of Residents - PREA Periodic Detention Risk Assessment (periodic risk re-assessment tool) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed two JSOs who conduct intakes at the facility. Each staff member shared sufficient information on how the agency's Behavioral Screening tool, known as risk screening, is utilized to evaluate the risk of sexual abuse for each resident admitted to the facility. The staff effectively explained the questions asked on the form and the manner in which they are posed in a private and confidential setting, such as the classroom or intake area. The JSOs mentioned that the answers to the screening questions are obtained not only from the youth themselves but also from intake paperwork and other screening forms, including

health and suicide screening tools, used during the intake process. Additionally, the officers stated that the Behavioral Screening is typically completed within one to two hours of a youth being admitted into the program. It was emphasized that the same intake process is followed for all youth, regardless of the circumstances or reason for their transportation to the facility. The staff also provided further information on how the management handles the situation if a resident is at risk of victimization or abusiveness, or if they identify as transgender or intersex. Each case is evaluated individually to ensure maximum safety and prevent any risk of sexual victimization involving or affecting a resident. Furthermore, it was confirmed during the interviews that the intake staff specifically inquire about the sexual orientation and gender identity of the juveniles admitted into the facility, directly asking if they identify as LGBTI. This is in addition to making a subjective assessment of their perceived status. Finally, the designated intake staff interviewed confirmed that the completed Behavioral Screenings are stored securely within the facility, including in the control room and the resident's detention file. These areas are under constant camera surveillance, ensuring continuous monitoring in a secure environment within the facility.

- The auditor asked each of the nine residents interviewed if the Behavioral Screening questions were asked in a confidential and private setting, in which each resident confirmed in the affirmative. The residents explained how the screening questions were asked either in the classroom or in the intake area, and no issues of concern related to a breach of confidentiality were shared by the residents interviewed. All the residents advised they felt comfortable answering all the questions on the Behavioral Screening, and there was only one resident whose risk screening indicate prior sexual victimization. This resident was asked if a follow-up with a counselor was requested, in which the resident confirmed that the youth refused the referral to a counselor due to having a counseling session already scheduled prior to arriving at the facility. The residents also explained how the FA asked them questions that were similar to the questions asked during the intake process from the Behavioral Screening recently, which was identified by the auditor to be the periodic risk re-assessment process.

- The FA/PC confirmed during his interview that the residents are periodically re-assessed for risk of victimization and abusiveness pursuant to the requirements of this PREA standard, with the FA conducting the re-assessments every 60 days of a resident's detainment in the facility. This was also confirmed by the FA providing the auditor with completed examples of the 60 day re-assessments, which were documented on the agency's PREA Periodic Detention Risk Assessment form.

Site Review Observations:

During the onsite, the auditor observed how a juvenile would be processed when admitted into the facility. For example, since there was not a resident admitted into the facility while the auditor was onsite, the FA demonstrated the intake process, with showing the auditor how an intake officer would conduct the risk screening assessment either in the intake area or in the classroom, which are both areas that are covered on camera and provide for a confidential and private setting. The

auditor also observed the facility's detention file storage system, in which the resident's detention files were determined to be located in the secure control room. This control room was found to be monitored on camera 24/7, secured through multiple locked doors, and only accessed by authorized staff members.

Explanation of Determination:

115.341

(a-e):

The agency's PREA Policy in section 215.341 states that within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the facility shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Furthermore, the Policy also confirms that such an assessment shall be conducted using an objective screening instrument (Behavioral Screening), which was provided to the auditor. The auditor confirmed that the agency's Behavioral Screening form is compliant with the screening elements of this PREA standard.

In order to assess the level of compliance with the requirements of this PREA standard in practice at the facility, the auditor was provided completed Behavioral Screening forms for the last ten (10) residents admitted into the facility. Upon the auditor's review, it was determined that each of the resident's Behavioral Screening forms were completed within two hours after each youth was admitted into the facility, with the majority being completed within one hour of admission, and the forms adequately documented the eleven elements set forth in provision (c) of this PREA standard. Additionally, it is important to note that the agency's Behavioral Screening form includes the following statements for the Intake Officer to adhere to when completing the screening:

- Behavioral Screening must be completed before assigning a resident a room.
- The agency shall use all information obtained pursuant to this Behavioral Screen to make the appropriate room assignments for the goal of keeping all residents safe and free from sexual abuse.

Furthermore, the PC noted that the facility conducts PREA risk screening re-assessments every 60 days, with providing the most recent re-assessments that were conducted in November 2023 for all the youth in the facility at this time (total of 9). The facility utilizes their "PREA Periodic Detention Risk Assessment" tool, which includes the following questions that are asked by the FA/PC to each resident every 60 days during their stay at the facility:

- Does the juvenile currently fear for his/her safety while in detention?
- Does the juvenile have a history of or admit to any prior sexual victimization, assault, or abusiveness?
- If the juvenile discloses to have been a victim of sexual abuse, has this been reported to the proper authorities?

	<ul style="list-style-type: none"> • Any mental/medical health diagnosis? • Does the juvenile have any disabilities or special needs that appear to make him/her more vulnerable to abuse or exploitation by another juvenile? • If YES to any of the above, give additional information: • Does the juvenile identify as lesbian, gay, bisexual, intersex, or transgender? • Does the juvenile know how to report incidents of abuse, neglect, exploitation, or retaliation? • Juvenile's current state of mind: • Any specific information about the individual that may indicate a heightened need for supervision, additional safety precautions or separation from certain peers? • Any recommended detention changes needed at this time or pertinent information (i.e., room number, room change, no-contact order, length of stay, behavior level, etc.)? <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy Section 215.342 - Pre-Audit Questionnaire (PAQ) - Signed Memo from the Chief and PREA Coordinator (PC) - Behavioral Screening Tool - Samples of Behavioral Screening Forms <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed two individuals responsible for conducting intakes at the facility. Each staff member adequately described how the agency's Behavioral Screening tool, which is used to assess the risk of victimization and perpetration of sexual abuse among residents, is implemented. The staff effectively explained the questions asked from the risk assessment, as well as how these questions are posed in a conversational manner in a private and confidential setting, such as the

classroom or intake area. The JSOs indicated that the answers to the screening questions are obtained not only from the youth themselves but also from intake paperwork and other screening forms used during the intake process, such as the health and suicide screening tools. The officers mentioned that the Behavioral Screening is conducted within one to two hours of a youth being admitted into the program, following the same intake process for all youth regardless of their situation or reason for being brought to the facility. The staff also described how, if a youth at risk of victimization or exhibiting abusive behavior, or if a youth identifies as transgender or intersex, the resident's situation is evaluated by management on an individual basis to prioritize safety and reduce the risk of sexual victimization by or against the resident. Additionally, it was confirmed that the intake staff explicitly ask the juveniles admitted into the facility about their sexual orientation and gender identity, inquiring directly if they identify as LGBTI, in addition to making subjective determinations based on perceived status. Lastly, the designated intake staff confirmed that the completed Behavioral Screenings are securely stored in the control room and the resident's detention file, both of which are under constant camera surveillance. The two JSOs interviewed for this PREA standard stated that the Behavioral Screenings are also utilized to determine the most suitable housing assignment, ensuring the safety and protection of all residents from sexual abuse. For example, the intake staff explained that there are two halls with rooms for housing residents, as well as an observation room located behind the control room. This allows for separation from the general population when sleeping and temporary placement throughout the day, particularly during shift changes or when all other residents are secured in their rooms. Residents placed in the observation room receive the same programming as all other residents in the facility.

- The auditor asked each of the nine residents interviewed if the Behavioral Screening questions were asked in a confidential and private setting, in which each resident confirmed in the affirmative. The residents explained how the screening questions were asked either in the classroom or in the intake area, and no issues of concern related to a breach of confidentiality were shared by the residents interviewed. All the residents advised they felt comfortable answering all the questions on the Behavioral Screening, and there was only one resident whose risk screening indicate prior sexual victimization. Furthermore, none of the residents expressed any concern with the room placement they were assigned, and none of the youth indicated they identified as LGBTI (which was confirmed as true per each youth's Behavioral Screening form). There was one resident interviewed who was in his room on a disciplinary seclusion; however, the youth acknowledged that the reason for him being secluded in his room was not for a PREA related violation.

- During the interview, the FA/PC explained how the Behavioral Screening form is used to assess the risk of victimization and abusiveness. The goal of the risk assessment is to ensure the safety of all residents and staff and to prevent sexual abuse and harassment from occurring at the facility. The FA also mentioned that if a staff member identifies a risk or needs to discuss a situation with a supervisor, the FA or the Assistant FAs are available at any time to help ensure the safety of

residents and to assign them to appropriate housing. The FA advised that each resident's safety status is regularly re-assessed, with re-assessments of risk and programming/room status conducted every 60 days. The FA further confirmed that the facility has not used isolation, as described in the PREA standard, since the last PREA audit. However, if such a situation were to occur, isolation would only be used as a last resort and for a short duration. The FA described other measures the facility takes to keep a youth at risk of sexual abuse safe, such as using the observation room, implementing a rotating programming schedule, and ensuring that individuals presenting a threat are not allowed near the at-risk youth. Additionally, the FA mentioned that the state limits the use of disciplinary seclusion to a maximum of 48 hours, and a review process must be completed prior to enforcing such seclusion. It was also confirmed that the facility has the capability to use a 24-hour protective isolation, but it has not been used for any PREA-related issues.

- The agency does not have medical or mental health staff at the facility; however, each resident advised that they are able to request to meet with a medical and mental health professional offsite, with the youth's JPO able to schedule the appointment on an as needed basis.

Site Review Observations:

- During the onsite, the auditor observed how a resident would be processed upon admission to the facility. For instance, as no residents were being admitted during the auditor's visit, the Facility Administrator demonstrated the intake process. The FA showed the auditor how an intake officer would conduct the risk screening assessment in either the intake area or the classroom. These areas are covered by cameras and provide a confidential and private setting. The auditor also observed the facility's detention file storage system. The resident's detention files were found to be located in the secure control room. This control room is monitored by cameras 24/7, accessed through multiple locked doors, and can only be entered by authorized staff members. The auditor observed the layout of the facility. It consists of one dayroom, one control room, two hallways with rooms, one classroom, the facility administrator's office, intake area, visitation room, and an observation room. There was no specialized housing for residents who identify in a specific way at the facility. All young people are allowed to interact and participate in programs together. One resident was kept isolated in their room; however, this was not related to any PREA situation. It was a disciplinary matter unrelated to PREA. The auditor also confirmed that all residents shower privately, with the shower room including both a shower area and a restroom area. The room is locked from the outside when the door is shut, giving residents complete privacy when using the restroom, showering, and changing clothes. The auditor also noticed a form posted on the dayroom wall that explains how residents can request medical or mental health assistance. The form outlines how appointments would be scheduled offsite. It also specifies that if emergency medical or mental health assistance is needed, 911 or the local mental health crisis center would be immediately contacted to provide the required care onsite. During the onsite visit, the auditor did not come across any residents who identified as LGBTI. This was confirmed by reviewing the

resident's detention files, which included Behavioral Screening questions indicating no such designation.

Explanation of Determination:

115.342

(a-i):

According to the agency's PREA Policy in section 215.342, the facility is required to adhere to the requirements of this PREA standard in practice. The auditor was provided the facility's Behavioral Screening form, which is used to comply with the requirements for the risk screening elements pursuant to PREA standard 115.341. The auditor reviewed this form and confirmed that the Behavioral Screening form is an objective tool that can be used to make housing, bed, program, & education assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Furthermore, the PC noted in the PAQ that there has not been a situation in the past 12 month audit review period where a resident was at risk of sexual victimization and placed in isolation. This information was also acknowledged on a signed memo from the Chief and PC, and the state required Protective Isolation Log for the facility confirmed that no such protective isolations have been used in the past 12 month audit review period.

To evaluate how well the facility complies with the requirements of this PREA standard in practice, the auditor was given completed Behavioral Screening forms for the ten most recent residents admitted to the facility. After reviewing these forms, it was found that they were conducted within a few hours of each youth's admission and adequately documented how the information gathered from the screenings was used to assign a room, programming, and educational activities. It is important to note that the Angelina County Juvenile Detention Center is a small facility, consisting of two wings and one dayroom. The facility has 11 single occupancy rooms within one designated housing unit, and since the youth are juveniles, there are no opportunities for the residents to work. The Detention Center can move the youth to different hallways to ensure complete separation when needed, and the facility does not have any specialized housing and each resident has their own individual room, which is locked when closed.

Additionally, it is important to note that the agency's Behavioral Screening form includes the following statements for the Intake Officer to adhere to when completing the screening:

- Behavioral Screening must be completed before assigning a resident a room; and
- The agency shall use all information obtained pursuant to this Behavioral Screen to make the appropriate room assignments for the goal of keeping all residents safe and free from sexual abuse.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy Section 215.351 - Resident Orientation Packet - Pre-Audit Questionnaire (PAQ) - 2023 Resident Grievance Log - Random Sample of Grievances - PREA Signs Posted in Facility <p>Interviews:</p> <ul style="list-style-type: none"> - During the onsite, the auditor interviewed all of the residents who were present at that time. There were a total of nine residents, and each of them confirmed that they received information about PREA during the intake process and signed a form to acknowledge this. The residents were able to answer open-ended questions about their knowledge of PREA, including topics such as the different ways to report incidents, their rights, the procedure for filing grievances, and how to ensure their own safety. The residents also mentioned that PC and staff recently reviewed PREA with them, and all of the residents were aware of the PREA signs, posters, and forms that are displayed in the facility's dayroom and classroom. - The auditor also interviewed eleven certified JSOs while on-site, all of whom confirmed that they have been trained on PREA through the JSO Basic training class they completed when they were first hired, as well as during applicable PREA training refreshers that were completed as part of the two-year re-certification process for their JSO certification. The staff members who were interviewed were asked open-ended questions about their personal knowledge of PREA, and each staff member provided sufficient explanations about the topics they remember being trained on during their PREA trainings. The JSOs were knowledgeable in their duties related to PREA, including reporting protocols for sexual abuse, sexual harassment, neglect, and retaliation, first responder protocols, ensuring the safety

of residents at all times, responding to sexual abuse and sexual harassment situations at the facility, knowing who to report any PREA incidents to, documenting a PREA incident or verbal allegation received, observing red flags associated with abuse, harassment, or retaliation, communicating effectively with all residents, ensuring the safety of vulnerable populations of residents (such as transgender/intersex individuals) from abuse and bullying, etc. The staff members also confirmed that they were aware of the mandatory requirements for reporting any suspicion or knowledge of a sexual abuse or sexual harassment situation involving a child at the facility. All of the staff members shared that any PREA related situation would be immediately reported to their immediate supervisor and the FA/PC. The staff members advised that if the situation involves sexual abuse, Lufkin PD and TJJD must be notified immediately and the report would be documented on an incident report.

Site Review Observations:

During the onsite, the auditor interviewed the entire population of residents at the facility (total of 9), and all nine were able to effectively communicate with the auditor. No language barriers experienced, and all the resident's primary language was English. The auditor also confirmed that the agency had posted several PREA related signs in Spanish and English, such signs with the following information:

- the agency's zero tolerance policy;
- multiple ways to report (including the TJJD ANE Hotline and Harold's House);
- special education services available to residents who are limited English proficient and have a disability; and
- resident rights.

The auditor also made two successful test calls while at the location. The calls were made using the phone in the facility's dayroom, and they were made to the TJJD Abuse, Neglect, and Exploitation Reporting Line (a 24/7 third-party state reporting hotline) and Harold's House (a local children's advocacy center). The calls went through without any problems, which proved that the reporting process for residents to make a confidential call to an outside reporting agency/organization was working properly. Additionally, the auditor confirmed that each of the outside agencies had interpreting services available on a case-by-case basis and can accept anonymous and third party reports.

Explanation of Determination:

115.351

(a-e):

The auditor confirmed that the resident reporting requirements of this PREA standard are included in the agency's PREA Policy, in section 215.351, as outlined below:

- The facility provides 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. The residents may speak with a staff member individually, they may speak with the facility administrator, they may speak with their probation officer, or they can write a grievance. Any verbal or written reports shall be documented. The staff may report to the facility administrator any sexual abuse or sexual harassment of the residents.
- If the facility administrator is not available, or is suspected of being the perpetrator, the staff may report to the Chief of Juvenile Services (Mark Gorman). If the resident does not want to speak with someone within the facility, they may call the TJJJ ANE hotline at 1-877-786-7263. This number is provided to the residents at intake through the PREA pamphlet. An alternative is that a resident may ask to speak with someone from Harold's House. The number for Harold's House is 1-936-634-1999. If the resident feels that it is an emergency to prevent further sexual abuse or sexual harassment, they may ask to make a report to a police officer with the Lufkin Police Department at 936-633-0356.

Furthermore, the reporting mechanisms in place at the facility, as outlined above, are included in the resident orientation packet that is provided to each resident upon admission into the facility.

To demonstrate how the facility allows residents to submit a grievance, the PC provided the auditor with the facility's 2023 Resident Grievance Tracking Log. This log included a total of 54 grievances that were submitted by residents from January of 2023 to November 2023, which all were documented as an alleged "rights" violation, as per the log sheet. Furthermore, out of the 54 grievances included on the log sheet, all but four grievances were resolved with no level of appeal requested. The four that the residents grieving requested an appeal, all four were resolved during the initial appeal process. To check for any grievances that mentioned any type of PREA allegation, the auditor chose five grievances randomly to review. After the auditor's assessment, none of the five grievances claimed any form of sexual abuse or sexual harassment.

Note: The PC reported in the PAQ that the facility does not accept residents who are detained solely for civil immigration purposes. The PC also confirmed that all staff who have contact with residents in the facility are required to accept and document all reports of resident sexual abuse and sexual harassment, and all residents are provided access to tools to make written PREA reports, such as pencils, paper, and grievance forms.

Conclusion:

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

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1315 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1098 734" style="list-style-type: none"> - Agency PREA Policy Section 215.352 - Pre-Audit Questionnaire (PAQ) - Signed Memo from the Chief and PREA Coordinator (PC) - Texas Administrative Code (TAC) - Grievance Review <p data-bbox="280 770 459 806">Interviews:</p> <ul data-bbox="280 842 1461 1164" style="list-style-type: none"> - The auditor interviewed the agency's PC/FA, who confirmed the policy, practice, and state-required mandate to immediately report any suspicion, knowledge, or report of sexual abuse of a resident at the ACJDC to the TJJD (OIG) and the local police department (Lufkin PD). The PC further explained and confirmed that if the allegation of sexual abuse was reported in the form of a written complaint, it would be treated like any other report of sexual abuse and promptly reported to the TJJD OIG and Lufkin PD. It would also be internally investigated through the agency's administrative investigative process. <p data-bbox="280 1200 759 1236">Explanation of Determination:</p> <p data-bbox="280 1272 411 1308">115.352</p> <p data-bbox="280 1344 370 1379">(a-g):</p> <p data-bbox="280 1415 1474 1621">The auditor confirmed that the requirements of this PREA standard are included in section 215.352 of the agency's PREA Policy; however, it should be clarified that the agency is required, per agency Policy and the Texas Administrative Code, to immediately report all allegations related to sexual abuse directly to TJJD and local law enforcement, as outlined below:</p> <ul data-bbox="351 1684 1474 2060" style="list-style-type: none"> • §358.300: An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJD and local law enforcement if he/she: <ol style="list-style-type: none"> (1) witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse {including sexual abuse}, neglect, or exploitation; or (2) has a reasonable belief that the death of a juvenile or abuse, neglect,

or exploitation has occurred.

Furthermore, the auditor confirmed that the reporting requirement mentioned above is also mandated by the state of Texas under the Texas Family Code §261. This means that all reports of sexual abuse, whether made through the facility's resident grievance process or otherwise, must be immediately reported to both law enforcement and TJJJ (Texas Juvenile Justice Department) as required by state law. Therefore, the auditor determined that the requirements of the PREA standard do not apply at the facility. As a best practice, the auditor recommends that the agency revise Policy Section 215.352 to include the suggested language provided by the PREA FAQ 115.352 dated July 19th, 2022.

Additionally, to demonstrate how the agency promptly forwards resident grievances alleging sexual abuse to the appropriate outside authority for criminal and administrative investigations, the auditor was provided with a signed memo from the Chief and PC stating that all sexual abuse grievances are immediately reported to law enforcement and TJJJ OIG (Office of the Inspector General) according to TAC (Texas Administrative Code) standards. The auditor confirmed that this is the established policy and practice at the facility, with staff receiving PREA trainings and ANE (Abuse, Neglect, and Exploitation) training as mandated by the state during their initial JSO Basic training and annually throughout their careers.

To ensure compliance with agency Policy that requires all grievances alleging any type of sexual abuse to be immediately reported to TJJJ and Lufkin PD (Police Department), the facility provided the auditor with the 2023 Resident Grievance Tracking Log. This log encompassed a total of 54 grievances submitted by residents between January and November 2023, all of which involved alleged violations of residents' "rights" according to the log sheet. The auditor randomly reviewed five of these grievances and found that none of them alleged any form of sexual abuse or harassment.

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.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance:

- Agency's PREA Policy Section 215.353
- Harold's House CAC Working Protocols (signed MOU)
- Posted Instructions for Residents to Contact Harold's House
- Pre-Audit Questionnaire (PAQ)

Interviews:

- The auditor contacted the Harold's House East Texas Alliance for Children advocacy center and spoke with a family advocate about the victim services provided by Harold's House to children referred as victims of sexual abuse. It was confirmed that Harold's House offers forensic interviews, forensic medical examinations (conducted by certified SANE/SAFE professionals), victim advocacy services throughout the entire process, and emotional support services related to sexual abuse. The Family Advocate also explained that Harold's House has a 24/7 phone line, with both a regular business hours number and a Family Crisis Center Hotline number available for all youth to call. It was further clarified that all the services provided by Harold's House are free for the victim and their family, and crisis intervention, information, and referrals are offered on a case-by-case basis.
- The auditor interviewed all 9 residents present at the facility during the onsite visit. Each resident was able to accurately describe the location of the yellow sign for Harold's House Children's Advocacy Center, which is next to the resident phone in the dayroom. Some residents were familiar with the victim advocacy services offered by Harold's House, but the majority of the youth were unable to explain in detail the specific services provided. The residents confirmed that if they needed to contact a victim advocate from Harold's House, they could do so by calling directly or writing a letter. Furthermore, the residents stated that when using the resident phone in the dayroom, they are guaranteed a private call. This includes calling the reporting hotline or Harold's House, with all other residents and staff being moved away from the area, for example, by going to the classroom or their rooms during the call. The residents also provided information about visitation and phone call procedures at the facility. It was confirmed that all residents are given at least one phone call and in-person visits with approved family members every week. In addition, the youth stated that if they needed to speak with their attorney, they would ask a staff member, their Juvenile Probation Officer (JPO), or their parents to arrange a call. The residents also confirmed that they are allowed to send and receive mail at any time, and they did not express any issues or concerns regarding communication with their family or attorney.
- The auditor also interviewed the agency's FA/PC, who explained that residents have reasonable and private access to their attorneys or other legal representation, as well as reasonable access to their parents or legal guardians. The FA stated that all residents are granted the right to have at least one approved visit and one approved phone call with their family or guardians every week. Moreover, attorneys have the ability to meet with their clients at any time, and residents can ask a staff

member or their JPO to speak with their lawyer if they wish to do so.

Site Review Observations:

- During the onsite, the auditor verified that the contact information for Harold's House was displayed in the facility, specifically in the dayroom near the resident phone on a yellow paper. The auditor also tested the process of making a phone call to Harold's House and confirmed that it was functioning properly as the call was successfully made. A representative from Harold's House answered the call and provided information about the victim services available to residents who have experienced sexual abuse. The representative assured that any underage individual who contacts Harold's House can receive 24/7 support from a victim advocate for any emotional assistance they may require free of charge. Additionally, it was confirmed during the onsite visit that none of the facility's residents were involved in any instances of sexual abuse. This confirmation was obtained through interviews with residents and a review of documentation.

Explanation of Determination:

115.353

(a-d):

According to the agency's PREA Policy in section 215.353:

- A notice shall be posted in the dayroom stating that if a resident has been sexually abused and would like to speak with someone about the matter to let a staff member know and they will set up an appointment with Harold's House. The notice will also say that if the police have not been involved, a report will be sent to them. Harold's House said all that needs to be done is to call them at 936-634-1999 and anyone that answers the phone can set up the appointment.
- As with other standards, residents may communicate with their attorneys through letters, phone, and in person when the attorney visits. The residents may also communicate with their parent / legal guardian during visitation times, during phone call times and also through letters. Writing supplies are provided by the facility to the residents.

The auditor verified that the posting for Harold's House was accessible to all residents and displayed in the dayroom area of the facility, near the phone for the residents. Additionally, the auditor examined the working protocols and website of Harold's House. The auditor also had a conversation with a representative from the CAC and the ACJDC's FA/PC about the services offered by Harold's House. These discussions adequately demonstrated how the facility guarantees that residents can obtain external confidential emotional support services related to sexual abuse in accordance with the requirements outlined in this PREA standard.

Conclusion:

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

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

115.354 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Resident Orientation Packet
- Agency's PREA Policy Section 215.351
- PREA Posters in the Facility
- Pre-Audit Questionnaire (PAQ)
- Informational Documents Posted on the Agency's Website for Third Party Reporting

Site Review Observations:

- During the onsite, the auditor interviewed the entire population of residents at the facility (total of 9), and all nine were able to effectively communicate with the auditor. No language barriers were experienced, and all the resident's primary language was English. The auditor also confirmed that the agency had posted several PREA related signs in Spanish and English, such signs with the following information:

- the agency's zero tolerance policy;
- multiple ways to report (including third party- TJJJD ANE Hotline and Harold's House);
- special education services available to residents who are limited English proficient and have a disability; and resident rights.

The auditor also made two successful test calls while at the location. These calls were made from the resident phone in the dayroom of the facility to the TJJJD Abuse, Neglect, and Exploitation Reporting Line (a third-party state reporting hotline available 24/7) and Harold's House (a local children's advocacy center). The calls were completed without any problems, which showed that the process for residents to make a confidential call to an external reporting agency/organization was fully functional. Additionally, the auditor verified that each of the external agencies had interpreting services available as needed.

Explanation of Determination:

115.354

(a):

As noted in section 115.351 of this report, the facility provides residents with multiple methods of reporting to a third-party, as outlined below:

- If the resident does not want to speak with someone within the facility, they may call the TJJJ ANE hotline at 1-877-786-7263. This number is provided to the residents at intake through the PREA pamphlet. An alternative is that a resident may ask to speak with someone from Harold's House. The number for Harold's House is 1-936-634-1999. If the resident feels that it is an emergency to prevent further sexual abuse or sexual harassment, they may ask to make a report to a police officer with the Lufkin Police Department at 936-633-0356.

The process for when a resident or staff calls the TJJJ ANE Hotline is as described below:

- call is made to the TJJJ Incident Reporting Center (IRC);
- operating from the IRC accepts the report and notifies the FA of the facility (usually via email) and the Office of Inspector General for TJJJ; and
- the report is then classified and the applicable investigation commences.

Additionally, the auditor found on the agency's website multiple documents that provide parents and other individuals from outside the facility information on how to make a third party report on behalf of a resident. For example, there is a brochure titled, "Parental Rights and Responsibilities," "Complaints Involving Juvenile Probation Programs and Services in Texas," and "Notice to Clients," which all provide the public with information about how to make a report to TJJJ, to the Chairman of the Juvenile Board for Angelina County, child abuse hotline, and local police or sheriff's department.

Conclusion:

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

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- Agency PREA Policy Section 215.361
- Pre-Audit Questionnaire (PAQ)
- Texas Administrative Code (TAC)

Interviews:

- The auditor interviewed eleven certified JSOs while on-site, who all confirmed that they have been trained on PREA through the JSO Basic training class completed when they were first hired. They also mentioned completing applicable PREA training refreshers as part of the 2-year re-certification process for their JSO certification. The staff members were asked open-ended questions about their personal knowledge of PREA and each staff member adequately explained the topics they remembered being trained on during their PREA trainings. The JSOs were knowledgeable about their responsibilities regarding PREA, which include reporting protocols, first responder protocols, ensuring the safety of residents at all times, responding to sexual abuse and sexual harassment incidents at the facility, knowing who to report any PREA incidents to, documenting a PREA incident or verbal allegation, identifying signs of abuse, harassment, and retaliation, effectively communicating with all residents, and ensuring the safety of vulnerable populations such as transgender and intersex individuals, among other things. The staff also confirmed that they were aware of the mandatory child abuse reporting requirements, stating that any suspicion or knowledge of sexual abuse, sexual harassment, staff neglect, or retaliation would be immediately reported to their immediate supervisor and the FA/PC. They also mentioned that in cases involving sexual abuse, they are required to immediately notify Lufkin PD and TJJD. Furthermore, all staff members were aware of their first responder duties, which involve separating the victim from the perpetrator, reporting and documenting incidents, instructing the victim and perpetrator not to take any actions that could destroy or contaminate physical evidence, preserving and protecting the scene, ensuring the medical and mental health needs of individuals are addressed, and fully cooperating with any investigation. Lastly, the staff members interviewed acknowledged the confidential nature of working with juveniles and understood the limitations on sharing sensitive and confidential information with unauthorized individuals.
- The auditor interviewed the agency's PC/FA, who explained that all the staff at the facility are trained in the mandatory reporting protocols required by the State of Texas and the applicable PREA standards. Additionally, he stated that any allegation of sexual abuse of a resident at the facility must be immediately reported to the victim's legal guardian. Furthermore, the youth's Juvenile Probation Officer (JPO), attorney, and relevant Juvenile Court would be promptly notified. The FA confirmed that these notifications would be documented on the TJJD Incident Report, as well as on other administrative forms used in such situations. The FA/PC also confirmed that he is one of the primary internal investigators for the agency regarding PREA, and as a result, he would be directly notified immediately of any sexual abuse situation

at the ACJDC.

Explanation of Determination:

115.361 (a-f)

(a):

The auditor confirmed that the elements associated with provision (a) are included in the agency's PREA Policy in section 215.361.

(b-f):

The PC mentioned in the PAQ that the agency requires all staff members to adhere to any applicable mandatory child abuse reporting laws. In addition, according to section 115.352 of this report, all individuals who interact with residents at the facility are obligated to report to law enforcement and TJJJ if they suspect or have knowledge of a resident's involvement in any form of sexual abuse. Additionally, the PC highlighted that staff members receive training on the confidentiality requirements when working with young people and are prohibited from disclosing any information regarding a sexual abuse report to anyone, unless it is necessary, as specified by agency policy, for the purpose of conducting treatment, investigation, or making security and management decisions.

The auditor also reviewed a TJJJ Brochure that outlines the following abuse reporting requirements of the state of Texas:

- If an individual learns of or suspects abuse, neglect or exploitation (even though not witnessed), the individual is legally required to report the matter to the appropriate authorities. A family member or any private citizen who suspects that some form of abuse, neglect or exploitation of a child in a juvenile justice program or facility has occurred also has a duty to report the allegation to the Commission {TJJJ/OIG} or the appropriate authorities {law enforcement}. The duty to report continues so long as there is a good faith belief that the allegation is true.
- Texas law imposes a broad duty to report child abuse, neglect or exploitation upon every citizen. This includes professionals whose communications would ordinarily be protected such as attorneys, doctors, counselors or therapists, etc. If an individual fails to report an incident or allegation, this person may be charged with a Class B Misdemeanor and may be required to pay a fine of up to \$2000 or serve 180 days in jail or both.
- Every child in the juvenile justice system has the right to be safe and protected at all times. In Texas, there are laws in place to ensure that a child is not subjected to abuse, neglect or exploitation by any juvenile justice professional, employee, volunteer or other individual working in a juvenile justice setting. All allegations and incidents of abuse, neglect or exploitation are required to be reported to the appropriate legal authorities, which includes the Commission. The Commission is required to investigate each

allegation or incident of abuse, neglect or exploitation occurring in a juvenile justice program or facility in Texas.

In addition, the training topics outlined below are mandatory training topics are required by TJJD to be including during JSO Basic in order to certify any JSO in the state of Texas, which includes the staff working at the ACJDC. All the staff pending JSO certification, per TAC 344, must also pass a state JSO Certification Exam to be eligible for a two year JSO certification. The JSO certification must then be re-certified by the juvenile agency and TJJD every two years.

- (1) juvenile rights;
- (2) Texas Family Code Title 3 (Juvenile Justice Code) and related laws;
- (3) preventing, identifying, and reporting abuse, neglect, and exploitation;
- (4) purpose and goals of the Prison Rape Elimination Act;
- (5) suicide prevention and intervention;
- (6) legal liabilities;
- (7) recognizing and supervising youth with mental health issues;
- (8) adolescent development and behavior;
- (9) HIV/AIDS and other communicable diseases;
- (10) TJJD code of ethics and TJJD disciplinary procedures;
- (11) trauma-informed care; and
- (12) cultural competency.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency PREA Policy Section 215.362- Pre-Audit Questionnaire (PAQ)- Signed Memo from the Chief and PREA Coordinator (PC) <p>Interviews:</p> <ul style="list-style-type: none">- The auditor interviewed the FA/PC of the agency, who stated that there have been no cases of a resident being at serious risk of sexual abuse since the previous PREA

audit. The FA explained that if such a situation were to arise, the agency's protocol would be to immediately separate the threat from the alleged victim, conduct an investigation, and determine the most appropriate course of action to de-escalate the threat and resolve the situation. The FA mentioned that he has the authority to authorize disciplinary seclusions, safety-based seclusions, and program rotation plans to address the threat if it is determined to be caused by a resident. If the threat is posed by an adult in the facility, the FA advised that the individual would not be allowed at the facility until cleared by the internal investigation process. It was also clarified that the facility's Protective Isolation Log does not contain any seclusions applicable to the protection of a resident, as there have been no such situations since the previous PREA audit.

Explanation of Determination:

115.362

(a):

According to the agency's PREA Policy in section 215.362, when staff learns that a resident is at a high risk of immediate sexual abuse, they must take prompt action to protect the resident. Additionally, the PC noted in the PAQ that there have been no instances in the past 12 months where the agency or facility determined that a resident was at a high risk of immediate sexual abuse. To further demonstrate that there have been no relevant incidents of immediate sexual abuse risk at the facility during the audit review period, the PC provided the auditor with a signed memo from the Chief and PC confirming this information. This was also confirmed through the proof documentation review and the interviews conducted onsite.

Conclusion:

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

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.363 - Pre-Audit Questionnaire (PAQ) - Signed Memo from the Chief and PREA Coordinator (PC)

	<p>Interviews:</p> <p>- The FA/PC confirmed during the interview that facility policy states that allegations received from other agencies or facilities must be investigated according to the PREA and the relevant Texas Administrative Code standards. There have been no such situations since becoming the FA for the facility. The FA explained that if such a situation were to arise, the report would be treated like any other report, with the FA promptly notifying local authorities and TJJJD OIG, as well as conducting an internal administrative investigation. Throughout the investigation, the Chief and the FA would be the main points of contact, and it would continue until a conclusion of substantiated, unsubstantiated, or unfounded is appropriately determined.</p> <p>Explanation of Determination:</p> <p>115.363</p> <p>(a-d):</p> <p>The auditor has confirmed that according to section 215.363 of the agency's PREA Policy, it is mandatory for the Facility Administrator or Chief of Juvenile Services to inform the head of the facility or relevant office of the agency where the alleged sexual abuse occurred, and also notify the appropriate investigative agency if they receive an allegation of sexual abuse against a resident that occurred while they were confined at another facility.</p> <p>Furthermore, the PC verified in the PAQ that there have been no instances where an allegation of abuse against a resident while confined at another facility was received, and there are also no examples of reports of sexual abuse that the facility received from other facilities. This information was also confirmed in a memo signed by the Chief and PC before the onsite.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.364 - Pre-Audit Questionnaire (PAQ)

- Texas Administrative Code (TAC) Standards

Interviews:

- All of the JSOs working at the facility must receive training in first responder duties related to sexual abuse situations. As a result, all the JSOs interviewed were asked questions about the PREA training they had received, including their first responder duties. All of the staff confirmed that they had been trained in PREA through the JSO Basic training class they completed when they were first hired, as well as through relevant PREA training refreshers that were part of the 2-year re-certification process for their JSO TJJJ certification. During the interviews, the staff were asked open-ended questions to gauge their personal knowledge of PREA, and each staff member adequately explained the topics they were trained on during their PREA training. The JSOs were knowledgeable about their PREA duties, such as reporting protocols, first responder protocols, ensuring residents' safety, responding to sexual abuse and harassment situations, reporting PREA incidents, documenting incident or verbal allegations, recognizing signs of abuse, harassment, or retaliation, effectively communicating with residents, protecting vulnerable populations (such as transgender/intersex individuals) from abuse and bullying, and more. The staff also confirmed that they were aware of the mandatory reporting requirements for child abuse in relation to any suspicion or knowledge of sexual abuse or harassment at the facility. All staff members indicated that they would immediately report any PREA-related situation to their immediate supervisor and the FA/PC. They also stated that in cases involving sexual abuse, they are obligated to promptly notify Lufkin PD and TJJJ. Additionally, all staff members were aware of their first responder duties, which include separating the victim from the perpetrator, reporting incidents, documenting information, instructing the victim and perpetrator not to tamper with evidence, preserving and protecting the scene, ensuring medical and mental healthcare needs are addressed, and fully cooperating with any investigations.

Explanation of Determination:

115.364

(a-b):

The auditor confirmed that the first responder protocols set forth by provision (a) of this PREA standard are included in section 215.364 of the agency's PREA Policy. Additionally, the PC reported in the PAQ that in the past 12 month audit review period, there have been no situations reported involving and form of allegation that a resident was sexual abused at the facility.

In addition, the training topics outlined below are mandatory training topics are required by TJJJ to be including during JSO Basic in order to certify any JSO in the state of Texas:

- juvenile rights;

- **cardiopulmonary resuscitation (CPR);**
- **first aid;**
- **the personal restraint technique used by the department or facility;**
- **Texas Family Code Title 3 (Juvenile Justice Code) and related laws;**
- **preventing, identifying, and reporting abuse, neglect, and exploitation;**
- **purpose and goals of the Prison Rape Elimination Act;**
- **the policies of the facility or program related to preventing, identifying, and reporting abuse, neglect, and exploitation;**
- suicide prevention and intervention;
- **referral of residents in need of medical, mental health, or dental services, as identified by staff or reported by residents;**
- legal liabilities;
- recognizing and supervising youth with mental health issues;
- adolescent development and behavior;
- HIV/AIDS and other communicable diseases;
- TJJJ code of ethics and TJJJ disciplinary procedures;
- juvenile grievance procedures;
- confidentiality of juvenile information;
- searches of juveniles;
- trauma-informed care; and
- cultural competency.

All staff members who are waiting for JSO certification, as outlined in TAC 344, must also successfully complete a state JSO Certification Exam in order to qualify for a two-year JSO certification. The JSO certification must be renewed by the juvenile agency and TJJJ every two years. Additionally, section 115.331 of this report highlights that a representative sample of JSO staff training files confirmed that the agency has incorporated the practice of adequately training all JSOs on first responder duties as mandated 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.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- Agency PREA Policy Section 215.365
- Pre-Audit Questionnaire (PAQ)

Interviews:

- The agency's FA/PC was interviewed and adequately described the agency's coordinated response plan to address a situation of sexual abuse involving a resident in the facility. The FA explained that staff would respond by following the protocols they were trained in during JSO Basis and PREA refresher trainings. It was also mentioned that the FA would be contacted immediately to ensure emergency medical and mental health services are called for assistance. Furthermore, the FA confirmed that all adults at the facility are mandatory reporters of child abuse. This means that anyone who has knowledge or suspicion of a resident being sexually abused must immediately report it to local law enforcement, TJJD (Texas Juvenile Justice Department), and the FA. The FA also mentioned that Harold's House and the local hospital would be contacted to assist with the forensic process of the interview and examination. Moreover, the FA informed that they would promptly notify their Chief, and together they would ensure that all relevant agencies are contacted and the logistics of transportation are arranged. If necessary, emergency medical or mental health services would be coordinated by calling 911. The FA and Chief would ensure that proper victim services are provided both on and offsite.

Explanation of Determination:

115.365

(a):

According to the agency's PREA Policy in section 215.365:

In the case of an incident of sexual abuse within the facility, the following shall occur:

- The JSO's on duty will 1) make sure that the victim and the alleged abuser are separated; 2) request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 3) 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.
- The control room operator will contact the facility administrator, the chief of juvenile services, and the on-call JPO to inform them of the situation. The Facility Administrator (FA) and / or the chief of juvenile services will begin an internal investigation.
- The Lufkin Police Department will be called to have an officer take report of

	<p>a sexual assault. As part of the investigation, the alleged victim should be taken for a SANE exam. If during normal business hours, Harold's House should be called to schedule the exam. If on the weekends or after hours, the Family Crisis Center at 1-800-828-7233 should be called.</p> <ul style="list-style-type: none"> • Each staff working the shift will write an incident report of the events that occurred that they were witnesses of. The report will include any requests made by staff to the victim to prevent the destruction of possible evidence and the actions taken to prevent the alleged abuser of destroying any possible evidence. Each staff member will cooperate fully with the internal investigation and with the police investigation. • The FA will make a backup jump drive of the incident that was recorded on the DVR system. The Chief of Juvenile Services will contact the parents of the alleged victim to inform them of the situation. <p>The PC stated in the PAQ that there have been no claims of sexual abuse or sexual harassment reported at the facility during the last 12-month review period. However, if a situation of this nature were to arise, the protocols mentioned above guarantee that the facility will respond efficiently and in coordination with the necessary PREA standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.366 - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The FA/PC confirmed that the agency does not allow for any type of unionization of employees or collective bargaining agreement, with the agency being an "at will" department. <p>Site Review Observations:</p>

	<p>During the onsite, the auditor the auditor did not observe any evidence to suggest that any staff members were involved in any form of unionization or collective bargaining agreement.</p> <p>Explanation of Determination:</p> <p>115.366</p> <p>(a-b):</p> <p>The auditor confirmed with the FA and Chief of Juvenile Services that the agency/ facility does not allow for staff to engage in any form of collective bargaining agreement or unionize in any form or fashion. Furthermore, the agency includes in their PREA Policy in section 215.366 the following procedures to ensure preservation of the agency's ability to protect residents from contact with abusers:</p> <ul style="list-style-type: none"> • If a staff member is alleged to have been an abuser in a sexual abuse case, the staff member will be suspended until the investigation is complete and their name is cleared. If the investigation concludes that the staff member committed the abuse, the staff member will be terminated in compliance with the facility's zero tolerance policy. • If another secure facility performs a background check on a former staff member that was the alleged perpetrator in a sexual abuse case, that information will be given to protect the residents of that facility. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.367 - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the agency FA/PC, who confirmed that there has not been any situation involving a resident who was alleged to have been involved in a sexual abuse situation in any way since the last PREA audit. Furthermore, the PC explained

that if such a situation were to occur, he would be assigned as the administrator in charge of monitoring for retaliation. These responsibilities were described as involving taking immediate action to prevent retaliation, such as regularly checking in on the youth involved, monitoring the behavior of the residents and staff, documenting the check-ins on a retaliation form, ensuring mental health services are provided as needed, reviewing cameras, conducting more frequent PREA unannounced rounds, and monitoring the alleged victim for the entire duration of their time in the facility. Additionally, the FA explained that the top priority would be to ensure the alleged perpetrator is not allowed near the victim. This could involve transferring the perpetrator to another facility and using internal administrative methods such as disciplinary seclusion, safety-based seclusion, or program rotation. The FA also indicated that if any other individual who cooperates with an investigation expresses fear of retaliation, the agency will take appropriate measures to protect them. These measures may include providing mental health support, moving residents and staff away from the resident who feels threatened and scared, and further investigating the situation to determine the source of the fear.

Site Review Observations:

During the onsite inspection, the auditor did not witness any residents in the facility who were being isolated or subjected to any kind of programming restriction because of a PREA related issue. Moreover, the only resident who was in seclusion in their room was there because of a disciplinary matter unrelated to PREA. This was verified by both the youth involved and the Facility Administrator.

Explanation of Determination:

115.367

(a-f):

According to the agency's PREA Policy in section 215.367:

- The facility protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and designate Facility Administrator and Chief of Juvenile Services with monitoring retaliation. The facility continuously monitors the conduct or treatment of 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. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In addition, the PC mentioned in the PAQ that there have been no instances of residents being implicated in sexual abuse allegations during the past 12-month audit review period. As a result, there have been no occurrences of retaliation.

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.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.368 - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The FA/PC was interviewed and stated that there has not been a situation involving a resident engaged in sexual abuse since the last PREA audit that they are aware of. However, the FA confirmed that if a youth is placed in isolation for protection, they would still have access to normal programming and none of their programming rights would be limited. For example, a youth may be housed in the observation room behind the control room for their own safety, but this placement would not affect their ability to participate in activities such as exercise, education, mental health, and medical services. In this scenario, the resident assigned to the observation room would be allowed to join the general population for programming, but would be secured in the observation room when other residents are in their own rooms for sleeping or non-programming hours. The FA also explained how program rotation would be implemented before isolation, allowing multiple residents involved in a situation (such as a threat) to program separately while still maintaining their full programming rights and privileges. Finally, the FA confirmed that the state (TJJD) only permits disciplinary seclusion to last a maximum of 48 hours, and a formal disciplinary review process must be completed with the youth before seclusion can be imposed. <p>Site Review Observations:</p> <p>During the onsite, the auditor did not observe any youth secluded in his/her room or on any form of modified programming due to a PREA related situation.</p> <p>Explanation of Determination:</p> <p>115.368</p> <p>(a):</p> <p>Upon the auditor's review of the agency's PREA Policy, it was determined that the</p>

	<p>requirements of this PREA standard are included therein- in section 215.368. Furthermore, the PC reported in the PAQ that there has not been a situation involving a resident who was placed in any form of protective isolation for a PREA related matter in the past 12 month audit review period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.371 - Pre-Audit Questionnaire (PAQ) - PREA Investigative File - TJJJ Brochure and Texas Administrative Code (TAC) Standards <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the FA of the agency during the on-site visit. The FA is also designated as the facility's PC. The FA explained the entire process of handling allegations of sexual abuse and sexual harassment, starting from the time of the report until the investigation is completed. The PC was knowledgeable about all aspects of the reporting and investigative process. The PC confirmed that all allegations of sexual abuse must be immediately reported to the local law enforcement (Lufkin PD) and the Office of Inspector General department of the Texas Juvenile Justice Department (TJJJ). The Chief of the agency also needs to be informed. The PC stated that the OIG and Lufkin PD are the agencies with the authority to conduct criminal investigations into allegations or incidents of sexual abuse at the facility. The OIG also has the authority mandated by the state of Texas to conduct administrative investigations if needed. The PC mentioned that they are a designated internal administrative investigator for the juvenile agency (ACJPD) and have been trained by the Chief on how to conduct internal investigations at the facility. The PC understood the evidence and forensic protocols required for a sexual abuse investigation. Lufkin PD is responsible for conducting a criminal investigation and collecting any usable physical evidence from the facility and the individuals involved. The PC advised that Harold's House would also be involved in any sexual abuse situation involving a resident from the facility. They would assist with the

forensic interview process and provide victim services such as advocacy, mental health, medical referrals, and information. The PC clarified that any resident victim of sexual abuse would be transferred to the local hospital, with the assistance of Lufkin PD and Harold's House, to ensure a certified SANE/SAFE is made available for a forensic medical examination. The PC explained how they would conduct an investigation into sexual abuse and sexual harassment. Their first priority would be to ensure that the victim and perpetrator are separated and provide any necessary immediate medical and/or mental health services. They would also preserve and protect the scene. The first responder would instruct the victim and perpetrator to not take any action that could destroy or contaminate any usable physical evidence. Staff members are trained to preserve and protect the scene so that law enforcement can conduct their criminal investigation effectively. During an internal investigation into a PREA matter, the PC would conduct interviews, collect statements, review and record relevant surveillance videos, communicate with law enforcement and TJJJD OIG investigators, and ensure that the required victim services are provided. The PC clarified that the Chief or themselves would be the main point of contact with law enforcement and OIG and would provide full cooperation to the investigations. The PC described their understanding of the level of proof required to substantiate an allegation of sexual abuse and sexual harassment. They explained that the preponderance of evidence standard is used, which means there must be enough evidence to determine that the allegation was likely to have occurred rather than unlikely to have occurred. The PC confirmed that they were trained by the Chief on how to conduct an internal administrative investigation and that truth telling devices, as well as Miranda and Garrity warnings, are not used in the internal investigative process. The PC also mentioned that all internal investigations are documented in a report and provided to the Chief of the agency for review.

Explanation of Determination:

115.371

(a-m):

The auditor examined the PREA Policy of the agency and verified that the requirements of this PREA standard are included in section 215.371. Additionally, throughout this report, it was observed that the PC reported to the auditor that there have been no allegations or incidents of sexual abuse or sexual harassment in the past 12 months. However, it was confirmed that the agency has implemented an effective policy to ensure that any allegations of sexual abuse involving a resident at the facility are subjected to a criminal and/or administrative investigation. Furthermore, it was made clear that if any allegations of sexual harassment of a resident arise, the PC/FA or Chief will promptly initiate an internal investigation. All allegations of sexual abuse will be immediately reported to Lufkin PD and TJJJD OIG, as confirmed by the PC/FA, and an internal administrative investigation will commence simultaneously.

In addition, as per the TJJJD Brochure that is posted on the agency's website and in

the facility and the applicable TAC standards (Chapters 350 & 358):

- The law requires that a person make a report of abuse, neglect or exploitation immediately! If you are a professional (e.g., teacher, attorney, doctor, counselor, etc.), you are required to make a report within 48 hours after first suspecting abuse, neglect or exploitation. Additionally, the Commission {TJJD/OIG} requires any employee, volunteer or intern of a juvenile justice program or facility to report any allegations of abuse, neglect or exploitation to the Commission and local law enforcement within 24 hours.
- The investigation process involves multiple steps. After a report is made, a Commission investigator is assigned to conduct the investigation and may conduct an on-site investigation if required. The Commission will also notify law enforcement. Because each allegation is unique, there is no standard time frame in which an investigation must be conducted and concluded; however, the Commission strives to complete all investigations as soon as possible.
- In addition to the investigation conducted by the Commission, juvenile probation departments, facilities and programs are required to conduct their own internal investigation to determine if local policies and procedures were violated. The internal investigation is forwarded to the Commission. After all of the information has been collected and reviewed, the Commission investigator assigns a disposition (i.e., formal finding) based on the law and the facts of the allegation or incident.

The above information further clarifies how the ACJPD is required by Texas Law to comply with the state of Texas mandatory child abuse reporting and investigative requirements, with TJJD Office of Attorney General (OIG) and the ACJPD both required to independently investigate any report of abuse, including sexual abuse and sexual harassment of a resident at a juvenile facility. Furthermore, TAC Standard 358.460 also requires the following corrective measures to be enforced at the conclusion of an internal investigation, as applicable to the result of the investigation:

- a review of the policies and procedures pertinent to the alleged incident;
- revision of any policies or procedures as needed;
- administrative disciplinary action or appropriate personnel actions 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.

PREA Investigation File Review:

The auditor received verification documentation for the only PREA investigation conducted at the facility since the last PREA audit. This investigation involved a verbal allegation of youth-on-youth sexual harassment that occurred in 2023. The

provided documentation includes an Internal Investigation Report, written statements from those involved, a Lufkin Police Department Case Number card, a TJJD Incident Report Form, and an Angelina County Juvenile Detention Center Incident Report. These documents effectively show that the agency took the sexual harassment allegation seriously and conducted a prompt, thorough, and unbiased internal investigation.

It is worth noting that even though the allegation did not amount to sexual abuse, the agency surpassed the minimum requirements for a sexual harassment allegation. Facility leadership was found to have responded to the allegation as if it were an allegation of resident sexual abuse. For instance, the completed TJJD Incident Report Form indicates that the allegation was reported to local law enforcement (Lufkin PD) and TJJD OIG within an hour of its receipt. Additionally, the alleged victim's parent/guardian was notified, and an officer from Lufkin PD arrived at the Detention Center within an hour of being called to take the report in person.

In the internal investigation report, the Chief stated that TJJD OIG advised the facility to conduct an internal investigation into the situation, and the allegation was evaluated by TJJD OIG as youth-on-youth sexual conduct. The Chief completed the internal investigation on the next business day at 8:15 am. During the investigation, the victim, alleged perpetrator, and witnesses were interviewed. The conclusion summary of the investigation indicated that there was not enough evidence to discipline the alleged resident perpetrator, but it was likely that the incident had occurred.

To ensure the victim's safety, the alleged perpetrator was moved to a different housing location and kept away from the victim for the duration of their stay in the facility. The Chief also documented that they asked the victim if they felt safe with the plan of action, and the victim confirmed that they felt safe under the current circumstances. Furthermore, the victim was released from the facility within 48 hours of the initial occurrence of the sexual harassment incident.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.372

	<p>- Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>- The agency's FA/PC confirmed that he has received training on conducting internal administrative investigations regarding allegations of sexual abuse or sexual harassment involving residents. Furthermore, the FA/PC clarified that the agency's policy does not require a higher standard of proof than a preponderance of the evidence when determining if such allegations are substantiated. This standard of proof was defined by the PC as having enough evidence to indicate that the allegation is more likely to be true than false.</p> <p>Explanation of Determination:</p> <p>115.372</p> <p>(a):</p> <p>According to the agency's PREA Policy in section 215.372, "the facility shall pose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Furthermore, upon the auditor's review of the one and only PREA investigated conducted at the facility in the past 12 month audit review period (allegation of resident-on-resident sexual harassment), it was determined that the internal investigator substantiated the allegation through a burden of proof that was compliant with the preponderance of evidence requirement of this PREA standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.373 - Pre-Audit Questionnaire (PAQ) - Texas Administrative Code (TAC) <p>Interviews:</p>

- The auditor had a discussion with the agency's PC/FA, who confirmed that although the facility has not encountered any known instances of sexual abuse concerning a resident, the facility leadership are aware of the notification requirements outlined in this PREA standard. Additionally, the PC/FA stated that the facility is obligated to inform the parent or guardian of an alleged victim upon receiving an allegation of sexual abuse, and this information would be recorded on a TJJD Incident Report. The PC/FA further verified that the agency is expected to inform the victim about the outcome of the investigation into the allegation of sexual abuse, in addition to fulfilling any other notification obligations specified by this PREA standard. The PC mentioned that all required notifications will be documented on a form or report as part of the investigation process.

Explanation of Determination:

115.373

(a-f):

Upon the auditor's review of the agency's PREA Policy, it was determined that the notification requirements of this PREA standard are included therein, in section 215.373. Furthermore, the PC reported in the PAQ that there have not been any situations involving a criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months. This was due to no such allegations received.

In addition, the auditor confirmed that the following notification requirements are required per TAC 358.320 and 350.400:

- TAC 358.320:
 - Notification, or diligent efforts to notify, must be made to the parent(s), guardian(s), and custodian(s) of a juvenile who has died or who is the alleged victim of abuse, neglect, or exploitation.
 - The notice or efforts to notify required by this section must be made as soon as possible, but no later than 24 hours from the time a person gains knowledge of or has a reasonable belief that the allegation of abuse, neglect, or exploitation or the death of a juvenile occurred.
 - The notice or efforts to notify required by this section may be made by phone, in writing, or in person.
 - The notice or efforts to notify required by this section must be documented on TJJD's Incident Report Form and in the internal investigation report.

- TAC 350.400:
 - At the conclusion of an investigation, notification of the disposition shall be forwarded to the appropriate parties in accordance with applicable Commission policies and procedures.
 - Notifications to the district or county attorney's office prosecuting

criminal matters in the jurisdiction in which the Commission conducted the investigation, shall be forwarded in accordance with applicable Commission policies and procedures.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.376 - Pre-Audit Questionnaire (PAQ) - Signed Memo from the Chief and PREA Coordinator (PC) - TJJJ Brochure: "A Guide For Parents and the Public" <p>Site Review Observations:</p> <p>During the onsite, the auditor did not learn of any staff member involved in a PREA related investigation as the alleged perpetrator during the 12 month audit review period.</p> <p>Explanation of Determination:</p> <p>115.376</p> <p>(a-d):</p> <p>Upon the auditor's review of the agency's PREA Policy, it was determined that the agency includes the requirements of this PREA standard therein, in section 215.376. Furthermore, the PC reported in the PAQ that there has not been any situation in the past 12 month audit review period involving staff from the facility who have violated agency sexual abuse or sexual harassment policies. In addition, the Chief and PC also confirmed the same information on a signed memo that was provided to the auditor prior to the onsite.</p> <p>In addition, as per the TJJJ Brochure that is posted on the agency's website and in</p>

the facility:

- The law requires that a person make a report of abuse, neglect or exploitation immediately! If you are a professional (e.g., teacher, attorney, doctor, counselor, etc.), you are required to make a report within 48 hours after first suspecting abuse, neglect or exploitation. Additionally, the Commission {TJJD/OIG} requires any employee, volunteer or intern of a juvenile justice program or facility to report any allegations of abuse, neglect or exploitation to the Commission and local law enforcement within 24 hours.
- The investigation process involves multiple steps. After a report is made, a Commission investigator is assigned to conduct the investigation and may conduct an on-site investigation if required. The Commission will also notify law enforcement. Because each allegation is unique, there is no standard time frame in which an investigation must be conducted and concluded; however, the Commission strives to complete all investigations as soon as possible.
- In addition to the investigation conducted by the Commission, juvenile probation departments, facilities and programs are required to conduct their own internal investigation to determine if local policies and procedures were violated. The internal investigation is forwarded to the Commission. After all of the information has been collected and reviewed, the Commission investigator assigns a disposition (i.e., formal finding) based on the law and the facts of the allegation or incident.

The above information further clarifies how the ACJPD is required by Texas Law to comply with the state of Texas mandatory child abuse reporting and investigative requirements, with TJJD Office of Attorney General (OIG) and the ACJPD both required to independently investigate any report of abuse, including sexual abuse and sexual harassment of a resident at a juvenile facility. Furthermore, TAC Standard 358.460 also requires the following corrective measures to be enforced at the conclusion of an internal investigation, as applicable to the result of the investigation:

- a review of the policies and procedures pertinent to the alleged incident;
- revision of any policies or procedures as needed;
- **administrative disciplinary action or appropriate personnel actions 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this

standard. No corrective action is required.

115.377 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Agency PREA Policy Section 215.377
- Pre-Audit Questionnaire (PAQ)
- TJJJ Brochure: "A Guide for Parents and the Public"

Interviews:

- During the interview, the PC/FA stated that if a contractor or volunteer allegedly violates the agency's sexual abuse or sexual harassment policies, the alleged perpetrator would not be allowed to enter the facility or have contact with residents. It was further clarified that if a volunteer or contractor is accused of sexually abusing or harassing a resident, they would be prohibited from having contact with residents at the facility until the investigation is completed and a disposition of unfounded is determined. If it is found that the individual did engage in sexual abuse or sexual harassment, the authorities would be informed, and the perpetrator would be permanently banned from the facility, as confirmed by the FA/PC..

Explanation of Determination:

115.377

(a-b):

The auditor confirmed that the requirements set forth by this PREA standard are included in the agency's PREA Policy, in section 215.377. Additionally, the PC reported in the PAQ that there has not been a situation involving a volunteer or contractor who was involved in any form of alleged sexual abuse or sexual harassment in the past 12 month audit review period.

In addition, as per the TJJJ Brochure that is posted on the agency's website and in the facility:

- The law requires that a person make a report of abuse, neglect or exploitation immediately! If you are a professional (e.g., teacher, attorney, doctor, counselor, etc.), you are required to make a report within 48 hours after first suspecting abuse, neglect or exploitation. Additionally, the Commission {TJJJ/OIG} requires any employee, volunteer or intern of a

juvenile justice program or facility to report any allegations of abuse, neglect or exploitation to the Commission and local law enforcement within 24 hours.

- The investigation process involves multiple steps. After a report is made, a Commission investigator is assigned to conduct the investigation and may conduct an on-site investigation if required. The Commission will also notify law enforcement. Because each allegation is unique, there is no standard time frame in which an investigation must be conducted and concluded; however, the Commission strives to complete all investigations as soon as possible.
- In addition to the investigation conducted by the Commission, juvenile probation departments, facilities and programs are required to conduct their own internal investigation to determine if local policies and procedures were violated. The internal investigation is forwarded to the Commission. After all of the information has been collected and reviewed, the Commission investigator assigns a disposition (i.e., formal finding) based on the law and the facts of the allegation or incident.

The above information further clarifies how the ACJPD is required by Texas Law to comply with the state of Texas mandatory child abuse reporting and investigative requirements, with TJJDOIG and the ACJPD both required to independently investigate any report of abuse, including sexual abuse and sexual harassment of a resident at a juvenile facility. Furthermore, TAC Standard 358.460 also requires the following corrective measures to be enforced at the conclusion of an internal investigation, as applicable to the result of the investigation:

- a review of the policies and procedures pertinent to the alleged incident;
- revision of any policies or procedures as needed;
- administrative disciplinary action or appropriate personnel actions 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.

Conclusion:

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

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Agency PREA Policy Section 215.378
- Pre-Audit Questionnaire (PAQ)
- Signed Memo from the Chief and PREA Coordinator (PC)

Interviews:

- The FA confirmed that the facility has not used isolation as outlined in this PREA standard since the last PREA audit. However, if such a situation were to occur in the future, the youth would only be isolated as a last resort and for a very short period of time. The FA described how the facility would use alternative methods to ensure the safety of a youth at risk of sexual abuse before resorting to isolation. These methods include using the observation room, maintaining normal programming, implementing a rotating programming schedule, and ensuring that the "threat" is kept away from the at-risk youth. The FA also mentioned that the state sets a maximum limit of 48 hours for disciplinary seclusion, with a formal review process that must be completed before enforcing disciplinary seclusion. Additionally, it was confirmed that the facility has the capacity to use a 24-hour protective isolation; however, it has not been used in relation to a PREA matter.

Site Review Observations:

- During the onsite, one resident was confined to his room. However, this was not because of a PREA situation, but rather for a disciplinary matter that was not related to PREA.

Explanation of Determination:

115.378

(a-g):

According to the agency's PREA Policy in section 215.378:

- If it is determined that residents did engage in resident-on-resident sexual conduct and it was not consensual, then the abuser will be placed on room seclusion. Once room seclusion is over, both residents will not be allowed near one another for the remainder time that they are in the facility. The victim will be offered the opportunity to speak with a counselor at no cost to the victim or his/her family.
- If it is determined that residents did engage in resident-on-resident sexual conduct and it was consensual, then both residents will be placed on room seclusion. Once room seclusion is over, both residents will not be allowed near one another for the remainder time that they are in the facility.
- The facility prohibits any sexual activity between residents and the residents

	<p>will be sanctioned for such activity. The facility will not deem such activity to be sexual abuse if the activity is not determined to have been coerced.</p> <ul style="list-style-type: none"> • The facility will discipline a resident for sexual contact with staff if it is found that the staff member did not consent to such contact. • A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying. • If a resident makes a false report intentionally or not in good faith, shall be placed on room seclusion. <p>Furthermore, the agency's Chief and PC confirmed through conversations, in the PAQ, and with a signed memo that no residents at the facility have been placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the past 12 month audit review period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.381 - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The agency does not employ medical or mental health staff who work or regularly interact with residents at the facility. Nevertheless, each resident has the option to request a meeting with a medical or mental health professional outside the premises. The appointment can be scheduled by the youth's JPO as necessary to the situation. Additionally, the residents verified that instructions on how to request to speak or meet with a mental health or medical professional are displayed in the facility's dayroom, next to the resident phone. - The FA/PC and Intake Officers who were interviewed at the facility indicated that if a resident had experienced previous sexual victimization or sexual abusive behavior, they would be asked by the intake staff member who conducted the Behavioral Screening if they would like to meet with a counselor. If the juvenile

answered "yes" to having such a meeting, their Juvenile Probation Officer (JPO) would be informed in order to schedule a counselor to have a follow-up meeting with the resident within two weeks of them being admitted to the facility. Furthermore, the Intake Staff and FA/PC explained to the auditor that the agency's Behavioral Screening form includes a section for prior sexual victimization and/or abusive behavior, which also states the requirement of offering a mental health follow-up meeting within 14 days.

- The auditor interviewed a specific resident whose Behavioral Screening indicated past sexual victimization before being admitted into the facility. The resident confirmed that the youth was asked the questions on the Behavioral Screening during the intake process. The resident also explained that the Intake Officer asked if the youth would like to meet with a counselor. The resident told the auditor that the youth refused to speak with the counselor at this time because the youth already had a counseling session scheduled before being transported to the juvenile facility.

Site Review Observations:

- During the onsite visit, the auditor observed the detention file storage system of the facility. It was determined that the resident's detention files were located in the secure control room. This control room was found to be under constant surveillance by cameras, with access restricted through locked doors. Only authorized staff members were allowed to enter.

Explanation of Determination:

115.381

(a-d):

The auditor has confirmed that the medical and mental health requirements related to this PREA standard are included in the agency's PREA Policy, specifically in section 215.381. Additionally, the auditor reviewed the agency's Behavioral Screening form and confirmed that it includes a section for documenting prior sexual victimization and abusiveness. The form also asks if a youth with such a history would like to meet with a counselor within 14 days. The procedure for initiating this mental health meeting involves notifying the resident's assigned Juvenile Probation Officer (JPO) through a call, in-person request, or email, and then the JPO would schedule the meeting within 14 days of the youth's arrival at the facility.

To evaluate the facility's compliance with these PREA standard requirements, the auditor was provided with completed Behavioral Screening forms for the ten most recent residents admitted into the facility. Upon reviewing these forms, it was found that one of the youth had experienced prior sexual victimization, which had been previously reported. However, the youth refused to meet with a counselor, so the follow-up meeting was not required. No other Behavioral Screening forms indicated that a resident had experienced prior sexual victimization or abusiveness.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.382 - Pre-Audit Questionnaire (PAQ) - Harold's House Children's Advocacy (CAC) Center Working Protocols (signed MOU) - Mental Health Referral Form (in-house) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor confirmed, through onsite interviews and a comprehensive review of proof documentation, that medical and mental health services are not provided at the facility. Therefore, any medical or mental health services relating to the PREA standard would be provided offsite, or emergency services (911) would be contacted if necessary and as applicable to the situation. Additionally, all staff interviewed onsite confirmed that if emergency medical or mental health assistance is required, 911 or the local mental health crisis center (Burke Center) would be contacted for assistance. It is important to note that the FA/PC confirmed that all certified Juvenile Supervision Officers in Texas are required to undergo training in first responder duties, CPR, first aid, and other crisis intervention protocols. <p>Explanation of Determination:</p> <p>115.382</p> <p>(a-d):</p> <p>The auditor verified that the necessary access to emergency medical and mental health services in accordance with the PREA standard is detailed in section 215.382 of the agency's PREA Policy. In addition, the auditor confirmed by examining the CAC Working Protocols that the Harold's House CAC has the capacity to offer the victim services required by this PREA standard.</p> <p>The auditor was also given the Mental Health Referral Form of the facility, which can be utilized by a counselor to record any subsequent mental health treatment</p>

	<p>provided. Any other documentation regarding medical and mental health services would be obtained from the medical or mental health facility where a resident is transported in a situation involving the sexual abuse of a resident. This may include orders or treatment plans from physicians or psychiatrists provided offsite.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.383 - Pre-Audit Questionnaire (PAQ) - Harold's House Working Protocols (CAC) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor verified that medical and mental health services are not offered onsite. Therefore, any medical or mental health services related to this PREA standard would be provided offsite or through emergency services via a 911 call. Additionally, all staff members interviewed on site confirmed that in the event of an emergency requiring medical or mental health assistance, 911 or the local mental health crisis center (Burke Center) would be contacted for assistance. It is worth noting that all certified Juvenile Supervision Officers in Texas are required to undergo training in first responder duties, CPR, first aid, and other crisis intervention protocols, as confirmed by the FA/PC. Moreover, Harold's House Children's Advocacy Center and the local hospital are available, and would be made available, to provide victim services as required by this PREA standard. <p>Explanation of Determination:</p> <p>115.383</p> <p>(a-h):</p> <p>The auditor examined the agency's PREA Policy and confirmed that it includes the requirements of the PREA standard in section 215.383. Additionally, Harold's House</p>

	<p>Children's Advocacy Center can provide ongoing medical and mental health care for victims and perpetrators of sexual abuse. The auditor verified this by reviewing the signed MOU and interviewing a representative from the CAC.</p> <p>The auditor also received the facility's Mental Health Referral Form, which counselors can use to document any follow-up mental health treatment provided. Any other records of medical and mental health services would come from the medical or mental health facility where a resident would be taken in the event of sexual abuse, such as physician or psychiatrist's orders or treatment plan. Ongoing medical and mental health care would be provided through scheduled appointments offsite as necessary, based on the treatment plan provided to the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.386 - Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor discussed the process of reviewing incidents of sexual abuse (SAIR) with the FA/PC during the onsite visit. The FA/PC confirmed that it is mandatory, according to the agency's PREA Policy, to conduct this review within 30 days after completing an internal investigation into a sexual abuse allegation. The FA/PC explained that since he was hired, there have been no documented instances of sexual abuse at the facility, which makes it difficult to provide evidence of the agency's compliance with this PREA standard in practice. However, the PC/FA provided a sufficient explanation of the measures he would take to ensure that a team of professionals at the agency would thoroughly examine and assess any incidents of sexual abuse and the investigation process once they occur. The FA/PC explained that the team would assess whether the allegation or investigation indicates a need to update policies or practices to better prevent, detect, or respond to sexual abuse. Additionally, the FA/PC mentioned that the SAIR Team would evaluate the staffing situation during the incident, consider modifying or enhancing monitoring technology to increase safety and discourage abuse and harassment,

	<p>and prepare a report summarizing their findings.</p> <p>Explanation of Determination:</p> <p>115.386</p> <p>(a-e):</p> <p>After reviewing the agency's PREA Policy, the auditor confirmed that the requirements for conducting sexual abuse incident reviews (SAIR) as stated in this PREA standard are included in section 215.386. Additionally, it should be noted that throughout this audit report, the ACJDC has not received any reports of a resident being involved in any type of sexual abuse since the last PREA audit. As a result, no SAIR has been necessary during this period of audit review.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.387 - Pre-Audit Questionnaire (PAQ) - ACJDC PREA Data Annual Report <p>Explanation of Determination:</p> <p>115.387</p> <p>(a-f):</p> <p>The auditor confirmed that the requirements of this PREA standard are included in section 215.387 of the agency's PREA Policy. In addition, the agency demonstrated how the PREA data collection process is conducted and reviewed by providing the auditor with their most recent PREA Data Report. This Report documents the following information that was collected, aggregated, and analyzed by the PC and reviewed by the PC and Chief of Juvenile Services in 2023 for calendar year 2022:</p> <ul style="list-style-type: none"> • Zero incidents of substantiated sexual abuse/harassment in the ACJDC for

calendar year 2022.

- The placement review of the five placements ACJPD contracts with for the confinement of juveniles.
- Zero incidents of sexual abuse/harassment in the placement facilities contracted were from the ACJPD.

Furthermore, as per this Report, the goal of this annual review is not only to ensure full PREA compliance with standard 115.388, but also to ensure all juveniles affiliated with the Department are placed and housed in a safe and secure environment. The Report is signed by PC and Chief of the ACJPD, as well as published on the agency's website, at: www.angelinacounty.net/files/pdf/juvenile/115.388%20ACJDC.pdf), with no personal identifiers included on the report. As noted throughout this report, the auditor was also provided information on PREA data from the facility in the PAQ, in signed memo's from the PC and Chief JPO, and on other supplemental verification documents provided through all phases of the audit to demonstrate PREA compliance in practice. These documents further demonstrate how the agency collects and maintains PREA related data throughout the year, and it should be noted that the PREA data for the facility and the contracted placements remained consistent to the information outlined in the 2023 PREA Data Report for calendar year 2022.

Conclusion:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency PREA Policy Section 215.388- Pre-Audit Questionnaire (PAQ)- ACJDC PREA Data Annual Report- Agency Website (Juvenile Probation - Angelina County) <p>Interviews:</p> <ul style="list-style-type: none">- The auditor interviewed the agency's FA/PC, who provided sufficient explanation on how PREA data is collected, maintained, examined, compared, and reviewed to

assess potential issues related to resident safety and prevention of sexual abuse and harassment at the facility. Furthermore, it was explained that the annual PREA data review process is carried out in collaboration with the agency's Chief JPO, and the resulting PREA Report is made available to the public on the agency's website. The FA/PC also discussed how he and the Chief met in the current calendar year to complete the annual PREA data review for calendar year 2022, revealing no reported instances of sexual abuse or harassment. It was further confirmed by the FA/PC that during the annual PREA data review, the administrative team addresses any identified vulnerabilities to enhance safety practices and improve the implementation of the agency's PREA Policy.

Explanation of Determination:

115.388

(a-d):

The auditor confirmed that the requirements of this PREA standard are included in section 215.388 of the agency's PREA Policy. Furthermore, the agency demonstrated how the PREA data collection process is compiled and reviewed by providing the auditor with their most recent PREA Data Report. This Report includes the following information that was processed and compiled by the PC and reviewed for applicable corrective action by the PC and Chief of Juvenile Services:

- There were zero incidents of substantiated sexual abuse/harassment in the facility for calendar year 2022.
- The placement review of sexual abuse/harassment incidents that were reported in all five of the placements ACJPD contracts with concluded zero juvenile victims of sexual abuse/harassment were from the Department.
- The goal of this annual review is not only to ensure full PREA compliance with standard 115.388, but also to ensure all juveniles affiliated with the Department are placed and housed in a safe and secure environment.
- The review letter will be placed in the lobby of the Detention Center.
Signed by PC and Chief of the ACJPD.

Furthermore, the auditor confirmed that the agency's most recent PREA Date Report is published on the agency's website, at: www.angelinacounty.net/files/pdf/juvenile/115.388%20ACJDC.pdf), with no personal identifiers included on the 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.

115.389 Data storage, publication, and destruction

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy Section 215.388 - Pre-Audit Questionnaire (PAQ) - Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> - During his interview onsite, the agency's PC/FA confirmed that the agency ensures secure retention of data collected in accordance with PREA standard §115.387, while also removing all personal identifiers for any published reports or forms related to PREA. This assurance was further supported by the auditor's onsite observations and other interviews that took place onsite. No concerns were raised regarding the secure storage system for sensitive and confidential information at the facility. <p>Explanation of Determination:</p> <p>115.389</p> <p>(a-d):</p> <p>The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included in section 215.388. Furthermore, the auditor confirmed that the agency's most recent PREA Date Report is published on the agency's website, at: www.angelinacounty.net/files/pdf/juvenile/115.388%20ACJDC.pdf), with no personal identifiers included on the report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Explanation of Determination:</p> <p>115.401:</p>

	<p>This audit report has been completed within the first year of the fourth PREA audit cycle. Additionally, the auditor was provided full access to all areas of the facility during the onsite, was able to privately interview all individuals selected, and was provided all the proof documentation requested. There are no issues of non-compliance to document for the requirements associated with this PREA Standard. Furthermore, the auditor was provided pictures of the PREA Auditor Notices that were posted on bright 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>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of Determination:</p> <p>115.403:</p> <p>The auditor advised the PC that the Final Report is required to be posted on the agency's website within 30 days of receipt.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	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
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

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

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

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

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

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

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

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	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
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	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?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

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

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

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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

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

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	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
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

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

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

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

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

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

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

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

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