

PREA Facility Audit Report: Final

Name of Facility: Darrell B. Hester Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/03/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Jerome K Williams | Date of Signature: 09/03/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Williams, Jerome |
| Email: | wjerome27@yahoo.com |
| Start Date of On-Site Audit: | 07/17/2023 |
| End Date of On-Site Audit: | 07/19/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Darrell B. Hester Juvenile Detention Center |
| Facility physical address: | 2310 U.S. 77 Business, San Benito, Texas - 78586 |
| Facility mailing address: | P.O. Box 1690, San Benito , Texas - 78586 |

| Primary Contact | |
|--------------------------|--------------------------|
| Name: | Aminda Torres |
| Email Address: | ATorres@co.cameron.tx.us |
| Telephone Number: | 9563993075 |

| Superintendent/Director/Administrator | |
|--|----------------------------|
| Name: | Michael Martinez |
| Email Address: | MMartinez@co.cameron.tx.us |
| Telephone Number: | 956-399-3075 |

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

| Facility Health Service Administrator On-Site | |
|--|-----------------------------------|
| Name: | CLAUDIA ALVARADO |
| Email Address: | claudia.alvarado@co.cameron.tx.us |
| Telephone Number: | 9563614603 |

| Facility Characteristics | |
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| Designed facility capacity: | 61 |
| Current population of facility: | 27 |
| Average daily population for the past 12 months: | 24 |
| Has the facility been over capacity at any point in the past 12 months? | No |

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| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 10 - 17 |
| Facility security levels/resident custody levels: | High to Medium |
| Number of staff currently employed at the facility who may have contact with residents: | 49 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 7 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 4 |

AGENCY INFORMATION

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| Name of agency: | Cameron County Juvenile Justice Department |
| Governing authority or parent agency (if applicable): | Texas Juvenile Justice Department |
| Physical Address: | 2310 U.S. 77 Business, San Benito, Texas - 78586 |
| Mailing Address: | P.O. Box 1690, San Benito, Texas - 78586 |
| Telephone number: | 9563993075 |

Agency Chief Executive Officer Information:

| | |
|--------------------------|-------------------------|
| Name: | Rose M. Gomez |
| Email Address: | RGomez@co.cameron.tx.us |
| Telephone Number: | 956-399-3075 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|---------------|-----------------------|--------------------------|
| Name: | Aminda Torres | Email Address: | ATorres@co.cameron.tx.us |
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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

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| 1. Start date of the onsite portion of the audit: | 2023-07-17 |
| 2. End date of the onsite portion of the audit: | 2023-07-19 |

Outreach

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| 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: | The auditor did conduct an outreach to the Children's Advocacy Center of Cameron and Willacy Counties (Monica and Maggie's House) to ascertain the services that they would provide to a sexual abuse victim in this facility. The agency representative informed me that they do have a Memorandum of Understanding with Cameron County Juvenile Probation Department's Darrell B Hester Juvenile Detention Center to provide emotional support and crisis counseling services to a sexual abuse victim in conjunction with the forensic examination, as applicable, at the Valley Baptist Hospital. She also informed me that they have not provided any of these services to this facility's residents in the last 12 months. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 61 |
| 15. Average daily population for the past 12 months: | 27 |
| 16. Number of inmate/resident/detainee housing units: | 7 |

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| <p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p> |
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

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| <p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p> | <p>27</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |

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| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <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>Based on the population census provided during the pre-audit phase, this auditor selected residents of different ages, housing assignment, programming, language spoken and gender</p> |

| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
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| 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: | 59 |
| 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: | 4 |
| 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: | 7 |
| 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: | The facility currently does employ volunteers and contractors who would have contact with the inmates/resident and a listing of such was provide for interviewing during the pre-audit phase. The population characteristic of the staff was male, female, between the ages of 23 to 68, new hires; tenured staff, and represented 2 of the 5 ethnic groups. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 13 |

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| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Based on the population census provided during the pre-audit phase, this auditor selected residents of different ages, housing assignment, programming, language spoken and gender</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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>The process utilized to select random resident from the population census listing for interviewing during the pre-audit phase was that every odd numbered resident on the census listing was selected for interviewing. When one resident selected was not available during the onsite visit (e.g., released) then an even number resident was randomly selected for the interview by this auditor.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>1</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".

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| <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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from the interviews with the staff and residents that there were zero residents with a physical disability in their population currently and in the last 12 months</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>0</p> |

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| <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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents with a cognitive or functional disability in their population currently or in the last 12 months. Therefore, no targeted interview protocol. were utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents that was Blind or have low vision in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized.</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> |

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| <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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents Deaf or hard of hearing in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized.</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>1</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents who identified as lesbian, gay or bisexual in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized</p> |

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| <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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents who identified as Transgender or Intersex in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents in their population currently or in the last 12 months who Reported a Sexual Abuse. Therefore, no targeted interview protocols were utilized</p> |

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| <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>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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents in their population currently or in the last 12 months who disclosed sexual victimization during the Risk Assessment Screening protocol. Therefore, no targeted interview protocols were utilized</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> |

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| <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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents in their population currently or in the last 12 months who were placed in Segregated Housing who either alleged or suffered from Sexual Abuse. Therefore, no targeted interview protocols were utilized.</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>Since the required number of targeted residents were not in their population during the onsite audit, this auditor did interview additional random resident to meet the required PREA standards for the number of residents, including random, to be interview for a juvenile facility.</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>13</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <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>There were no barriers encountered during the onsite visit or during the interviews of the random staff.</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>18</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> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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| <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>During the site review, there were no barriers encountered by this auditor regarding having total facility access, ability to observe and test critical functions or when engaging staff and residents in informal conversations.</p> |
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Documentation Sampling

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

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| <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 <input type="radio"/> No</p> |
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| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>During the site review, this auditor did request copies of completed as well as blank documents i.e., risk screening, forms and memorandums for triangulation purposes as oversamples.</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # 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 | 1 | 0 | 1 | 0 |
| Total | 1 | 0 | 1 | 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 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 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 | 1 | 0 |
| Total | 0 | 0 | 1 | 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 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 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:

1

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|---|---|
| <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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>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</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-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 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>1</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> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 staff-on-inmate sexual abuse investigation files)</p> |
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Sexual Harassment Investigation Files Selected for Review

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| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
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| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>This auditor reviewed the submitted PAQ, resident records and interview staff and residents onsite to ascertain if there were any administrative sexual harassment investigation outcomes during the 12 months preceding the audit by incident type. The facility reported zero administrative and zero criminal sexual harassment investigations outcomes. My triangulation of the documents, observations, and facility's practices during the above review corroborated this assessment, during the staff and resident file review during the onsite visit.</p> |
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| <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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
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Inmate-on-inmate sexual harassment investigation files

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| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
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| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual 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> |

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| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility reported zero staff-on-resident sexual harassment investigations in the last 12 months. Upon review of the investigative files, this auditor found zero staff-on-resident sexual harassment investigative files to review during this onsite visit.</p> |
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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| <p>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.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
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Non-certified Support Staff

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| <p>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.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
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AUDITING ARRANGEMENTS AND COMPENSATION

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| <p>121. Who paid you to conduct this audit?</p> | <p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p> |
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| Standards |
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| <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>115.311 (a) Darrell B Hester Juvenile Detention Center (DHJDC) does have a Zero-Tolerance policy towards all forms of sexual abuse and sexual harassment to address DHJDC’s obligations under Federal Prison Rape Elimination Act (PREA) standards for preventing, detecting, and responding to sexual abuse and sexual harassment conduct. The DHJDC Zero Tolerance Policy is available to staff, to the resident and is made available to members of the public and is posted on the agency’s web page at www.CCJDC.org Under the general provisions section of DHJDC’s PREA policy it outlines the agency’s approach towards preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is in compliance with this provision.</p> <p>115.311 (b) The agency Zero Tolerance policy states DHJDC will designate an upper-level staff member as the agency wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency effort to comply with the PREA standard in their facility. The PREA Coordinator has been designated to perform the functions of the position. She holds an upper-level position, as reflected</p> |

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| | <p>on the organizational chart that was provided during the pre-audit phase and has stated during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in his facility. The facility is in compliance with this provision.</p> <p>115.311 Cameron County Juvenile Probation Department does operate the Darrell B Hester Juvenile Detention Center (DHJDC) and has designated the Facility Director as the PREA Compliance Manager. DHJDC’s PREA Compliance Manager indicated during her interview that she does not feel that she has sufficient time, but does have the authority to coordinate her facility’s efforts to comply with the PREA standards in his facility. She further stated that nevertheless, she does get the job done whenever there is a sexual abuse or sexual harassment allegation, will ensure that the staff are trained (annually and refresher) and that the residents are educated in PREA within 10 days of intake. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None.</p> |
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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.312 (a) Darrell B Hester Juvenile Detention Center (DHJDC) is a public county facility and as stated on the PAQ, Cameron County Juvenile Probation Department have entered into a contract with other county probation departments to provide residential services for their residents. Nueces, Lubbock, Hays, Grayson, Victoria, Dewitt, Brazos, Hildalgo, Webb, Willacy, Kleberg, Garza and Starr counties. The Facility Director and the PREA Coordinator corroborated during their interviews that Cameron County Juvenile Probation Department does not contract for the confinement of the DHJDC residents with other entities for the provision of residential services for their residents. Cameron County Juvenile Probation Department did provide to this auditor copies of all the contracts they have entered into with county detention agencies of which they are providing residential services to other counties and uploaded them into the OAS. This facility is in compliance with this provision.</p> <p>115.312 (b) Since Cameron County Juvenile Probation Department does contract with other county agencies to provide residential services for their residents and are under the oversight of the Texas Juvenile Justice Department (TJJD), there is a monitoring clause in these contractual agreements. A review of these contracts state that DHJDC will “comply with the Final Rule of the Prison Rape Elimination Act (PREA) of June 20, 2012 and with all applicable PREA standards. This was confirmed during the interview of the Agency Contract Administrator, the PREA Coordinator</p> |

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| | <p>and the Facility Director. TJJDC and the other county agencies also have a clause in their contracts for monitoring DHJDC to ensure that they are in compliance with the PREA standards and the Texas Administrative Code (TAC) during the contract period. This facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action required: None.</p> |
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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.313 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC shall develop, implement and document a written staffing plan that provide adequate levels of staffing and video monitoring as applicable, to protect residents against sexual abuse. The PAQ reflected two instances of a deviation from the planned staff to resident ratio, which is 1 to 8 during waking hours and 1 to 16 during sleeping hours in the last 12 months. The PREA Coordinator did provide to this auditor a copy of the staffing plan for his review during the onsite visit. DHJDC is a secure, coed residential facility, whose primary residential population is from the Cameron County area and secondarily, from other counties whom they contract to house that county's youths.</p> <p>DHJDC's PREA Coordinator did provide a written staffing plan to this auditor during the pre-audit phase for his review. Based on the average resident population by month for the past 12 months, which is 24, this auditor found two instances where there had been a deviation from the facility's written staffing plan in this period. TJJDC's contractual agreement requires that DHJDC maintains a 1 to 8 staff to resident ratio during waking hours and a 1 to 16 staff to resident ratio during sleeping hours. DHJDC does use surveillance cameras to aid the facility staff in monitoring the residents. There 84 cameras in the interior and on the exterior of the facility: At the front entrances, in the dining rooms, in the common areas, the group rooms and at the rear of the building. Through the staff interviews, this auditor found no other reports of being short staffed or ratio deviations in the daily monitoring and supervision of the residents in DHJDC. There were no findings of any judicial inadequacy, inadequacies from a Federal investigative agency, or inadequacies from an internal or external oversight body (e.g., TJJDC). During the site review this auditor did identify a blind spot or area in the facility where staff and or residents may be isolated without a line-of-sight supervision or video surveillance. The PREA Coordinator immediately informed the IT Specialist who readjusted the camera in the outside corridor going from the Detention to the Ladies Inspired to Excellence Program building thereby ensuring no isolated blind spot continued to exist.</p> |

The staffing plan does take into consideration the following:

- Generally accepted juvenile detention and correctional/secure residential practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal and external oversight bodies
- All components of the facility's physical plant including blind spots or other areas where staff or residents may be isolated
- The composition of the resident population
- The number and placement of supervisory staff
- Institution programs occurring on a particular shift
- Applicable state, local laws, regulations and standards
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Other relevant factors

Further evidence ascertained during the interviews with the Facility Director and the PREA Coordinator confirmed that DHJDC has developed and is compliance with their staffing plan, except during limited and discrete circumstance, to ensure that adequate staffing is maintained throughout the facility to protect the residents, and that the video monitoring is employed, as part of the staffing plan, to further detect, prevent and protect residents against sexual abuse. The facility is in compliance with this provision.

115.313 (b) DHJDC did indicate on the PAQ provided during the pre-audit phase that there were two instances of deviations from this developed written staffing plan in the last 12 months. This auditor found evidence via a report, that the facility had deviated from the required staff to resident ratio of 1:8 during the daytime the ratio on two occasions: on 2/28/23 between the hour of 7am-2pm and on 4/20/23 between the hours of 9am -10:30am due to inadequate staffing. Besides these two deviation instances, DHJDC did not document nor experience any further deviations from the staffing ratio of any limited or discrete exigent circumstances in the last 12 months based on further review

DHJDC Zero Tolerance policy states that the facility will maintain a 1 to 8 ratio during waking hours and 1 to 16 staff ratio during sleeping hours except during limited or discrete exigent circumstances. Observed ratios during sleeping hours were 1-16 and 1-8 during waking hours, which is the standard. The PREA Coordinator stated during her interview that there have been no deviations from the

ratio in the last 12 months. The facility is in compliance with this provision.

115.313 (c) DHJDC facility roster showed 59 full time staff employed of which 1 is the Chief of Probation, 1 Deputy Director, 1 Facility Director, 2 Operations Managers, 31 JSO (direct care staff), 6 shift supervisors, 1 human resource, 1 Health Service Coordinator, 1 mental health assistant, 2-night monitors, 1 trainer, 2 cooks, 2 administrative office staff, 1 PREA Coordinator and 6 control booth operators. The resident roster provided during the pre-audit phase reflected their current population of 27 residents. DHJDC did not document nor experience any further deviations from the staffing ratio of any limited or discrete exigent circumstances in the last 12 months based on further review. DHJDC is a secure facility and calculating the ratios are applicable to the Juvenile PREA Standards. The facility is in compliance with this provision.

115.313 (d) Darrell B Hester Juvenile Detention Center (DHJDC)'s Facility Director did indicate during her interview that at least once a year that she consults with the PREA Coordinator to assess, determine, and document whether adjustments are needed to the staffing plan regarding:

- Prevailing staffing patterns
- Deployment of video monitoring systems and other technologies
- Available resources needed to adhere to the staffing plan

The PREA Coordinator corroborated this assertion during her interview.

The facility is in compliance with this provision.

115.313. (e) DHJDC's Facility Director did indicate during her interview that she, the Operation's Manager and the PREA Coordinator do conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This practice is also stated in the DHJDC's Zero tolerance policy. During the interview with the PREA Coordinator, Facility Director, and the Intermediate and Higher-Level Staff, they indicated that they do conduct unannounced round in the facility at least twice a month on all three shifts. Unannounced Logs were provided during the pre-audit phase to assess the dates, times and supervisory staff who conducted the unannounced rounds for the last 12 months, thereby corroborating their interview statement. This auditor also found evidence reflected on the PAQ that the higher-level staff do conduct unannounced rounds on all shifts at least twice a month. The facility is in compliance with this provision.

The rounds are documented using the Guardian RFID electronic reader system. The RFID system's electronic reader records the identity of the administrator making the unannounced round and JSO staff conducting the routine security check rounds. The staff utilizes a scanner to scan the "RFID tabs" that identify facility locations in the Guardian system's software. The RFID tabs are then affixed throughout the facility. During the rounds, the administrator, supervisor or JSO staff touches the scanner to an affixed tab and the Guardian system then records the date and time (accurate to

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| | <p>the second) that administrator was at a specific location during the round. During the site review, the auditor observed a JSO staff utilize the scanner to touch the “tabs” affixed throughout the facility, including in areas where blind spots exist, when conducting routine rounds and security checks. The stored unannounced round data are uploaded to the Guardian system’s software and the reports can be obtained for specified date ranges. Shift supervisors are expected to download data from the “scanner” device daily for the shift that preceded their own to ensure that recorded routine cell checks and the unannounced rounds are retained and retrievable</p> <p>DHJDC’s Zero Tolerance Policy does states that disciplinary action will occur if staff alert other staff of the unannounced rounds being conducted by intermediate and higher-level staff members. During the random staff interviews, when asked, the staff did indicate that unannounced rounds do occur and that they are aware of the consequences if they alert the other staff of the unannounced round. During the interview with the Facility Director and the PREA Coordinator they both indicated that staff are aware of the consequences (sanctions) of alerting other staff of an unannounced round and that there has been one violation of this policy in the last 12 months and appropriate action was taken. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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|----------------|---|
| 115.315 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.315 (a): Darrell B Hester Juvenile Detention Center (DHJDC)’s Zero Tolerance policy states that their direct care staff will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner. This is a coed facility and all staff have been trained on how to conduct a cross gender pat search as reflected in the training documentation.</p> <p>During a review of the random staff training files and the interviews, it revealed that the staff have been trained on how to conduct a cross gender pat down search of transgender and intersex residents. Of the 13 random direct care staff (JSO) interviewed corroborated they stated that male and female staff do not conduct pat down searches on the opposite gender residents at any time and that they do not conduct cross gender pat strip searches or cross gender visual cavity searches. They further indicated that there has not been an exigent circumstance in the last 12 months to warrant such a cross gender pat down search. The facility is in compliance with this provision.</p> |

115.315 (b): DHJDC is a coed facility and interviews conducted with the 13 random staff revealed that they have not conducted any cross-gender pat down searches at any time, except in exigent circumstances, which there were none, in the last 12 months. Copies of and a review of the search log corroborated this assertion. The PREA Coordinator also corroborated this assertion. It is noted by this auditor that the applicable, generally-accepted juvenile justice facility practices here in Texas, as codified in Title 37 Part 11 Chapter 343 of the Texas Administrative Code (TAC) are more stringent in the prohibition of cross-gender searches than in this standard. Specifically, TAC 343.260 prohibits the cross-gender strip and pat-down searches of residents and makes no allowance for exigent circumstances. When considered with the gender supervision requirements found in TAC 343.432 and TAC 343.626, which require the DHJDC to have male and female staff on duty across all shifts when the DHJDC houses both male and female residents, because of this, DHJDC would not encounter exigent circumstances that would necessitate a cross-gender pat down search of residents. The facility is in compliance with this provision.

115.315 (c): DHJDC Zero Tolerance policy states that they will document and justify all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat down searches in an exigent circumstance or when conducted by a medical practitioner. DHJDC PREA Coordinator stated during her interview that they do not and have not conducted any cross-gender strip searches, cross gender visual body cavity and cross gender pat down searches whether in an exigent circumstance or by a medical practitioner in this facility in the last 12 months. The facility is in compliance with this provision.

115.315 (d): DHJDC Zero Tolerance policy states that the staffing patterns of having a male and a female staff on the respective gender pod and the physical layout of the facility enables the residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

The facility's single cells are designed to prohibit cross gender viewing of resident performing such personal actions as undressing and toileting, by having a door to prevent staff or other residents from viewing them while inside their cell. The facility schematic shows 8 wet cells per the 7 pods with a shower area in each pod. This auditor confirmed the schematic plans of these areas during the site review.

DHJDC requires staff of the opposite gender to announce their presence when entering the pod and then a cell area by getting clearance from the control station, knocking and then making the announcement in the pod area. During the interviews with the 13 random staff, they all confirmed that the male and female staff do make an announcement by saying "male or female staff on the pod" before entering the opposite gender pod/cell area. The random male and female staff interviewed stated that the female staff do not enter the male resident's pod, cell or shower area during showering, changing of clothing and restroom routines and that the male staff do not enter the female resident's pod, cell or shower area during showering, changing clothes and restroom routines. This statement was also

confirmed during the random resident interviews. 13 out of 13 random residents interviewed stated that neither the male nor female staff enter the opposite gender's pod, cell areas during shower, changing of clothing and restroom routines. When they do seek to enter their pod, room or cell area that they would call the control station for clearance, knock and announce their presence before entering the opposite gender resident's pod, cell area or room. This auditor did observe both male and female staff, contact the control station via radio for clearance to an opposite gender's pod/cell area, knock and announce their presence when seeking to enter into the pod, cell area or room of an opposite gender resident during the onsite visit. The facility is in compliance with this provision.

115.315 (e) DHJDC Zero Tolerance Policy states that the staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PREA Coordinator stated during her interview that the direct care staff have all been trained on how to conduct a cross gender pat down search and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with the security needs of the facility. When ascertaining the status of a transgender and or intersex resident, this may be determined during conversations with the resident during intake, by reviewing their medical records, or as part of a broader medical examination conducted in private by a medical practitioner. The intake staff interviewed corroborated this practice. The PREA Coordinator stated during her interview that this policy is adhered to by the DHJDC staff and that there have been no transgender or intersex residents in their population in the last 12 months. A review of the population census in the last 12 months corroborated this assertion. The facility is in compliance with this provision.

115.315 (f) DHJDC is a coed facility and they did provide evidence that all of the direct care staff (JSOs) have been train on 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 including how to conduct searches of transgender and intersex residents in a professional and respectful manner. A review of the employees training records revealed that all direct care staff have received cross gender pat search training, and searching of transgender and intersex residents. The PREA Coordinator did provide to this auditor training acknowledgement statements with signature of the direct care staff trained in cross gender, transgender and intersex resident searches. A copy of the cross gender pat search training curriculum was also provided to this auditor for his review during the pre-audit phase. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

115.316

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

* Add the targeted Resident Interview Protocol here

115.316 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC will take appropriate steps to ensure that all residents have an equal opportunity to participate and benefit from all aspects of the agency's efforts prevent, detect, and respond to sexual abuse and sexual harassment. This includes those residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

DHJDC has taken steps to ensure that there is effective communication with residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

DHJDC has entered into an agreement with a contractor for the provision of sign language services inclusive of written materials in appropriate formats and other methods for deaf or hard of hearing residents in their facility. DHJDC also has provided information and documentation regarding access to the language or interpreting line service, when needed, for residents requiring interpreting or translation in another language. The PREA Coordinator indicated during her interview that since their population is 100% of Spanish descent and 99% bi-lingual, they do not need an interpreting service provider for English translation, though translating services will be provided to a resident as needed either through a staff member or through the language line or other interpreting service. The facility is in compliance with this provision.

115.316. (b) DHJDC PREA Coordinator did indicate during her interview that they

have taken reasonable steps to ensure meaningful access to all aspects of their agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited in English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

She indicated that will utilize, when necessary, staff as translators to provide interpretive resources for residents who are limited in English Proficient to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary to ensure that residents in this target group can benefit from the agency's/facility efforts regarding PREA compliance of this provision. During one of the resident interviews, a Mexican national resident was in the facility and required translation of English to Spanish. The facility had a staff assigned to provide the translation from English to Spanish during the interview with ease. When asking the resident if he received interpreting services during the intake and risk screening assessment, he acknowledged that he did. At the time of the audit and in the past 12 months, the facility had only one resident who was assessed as needing interpreting services or who was limited English proficiency. This determination was made based on interviews of the Intake staff, other program staff, and a review of the resident files over the last 12 months. The PREA Coordinator did provide to this auditor a memorandum stating that the San Benito Consolidated Independent School District's provision of educational services also includes services in special education, intellectual and developmental disabilities as needed. The facility is in compliance with this provision.

115.316 (c) DHJDC Zero Tolerance policy states that DHJDC shall not use other residents to interpret, read, or to otherwise assist another resident who is limited in English proficiency, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, he performance of first responder duties, or an investigation. The PREA Coordinator and Intake staff stated during their interviews that DHJDC does not use resident interpreters or assistants for reporting a sexual abuse and sexual harassment allegations or to provide PREA related information, in the last 12 months. DHJDC did provide but has not utilized the service contract with the sign language contractor for interpreting services in instances where a resident was deaf or hard of hearing during the pre-audit phase. During the random staff interviews all 13 of the staff indicated that DHJDC has not utilized resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

115.317 (a). Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance policy states that DHJDC shall not hire or promote anyone who may have contact with resident and will not utilize the services of any contractor who may have contact with a resident, if they:

- (I) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- (ii) who have 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, of if the victim did not consent or was unable to consent or refuse.
- (iii) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The DHJDC Human Resource staff confirmed during his interview that DHJDC has not hired, promoted, or contracted with anyone who meets the criteria listed above in (i) through (iii). A review of employee files revealed that there was no documented evidence of DHJDC hiring or promoting staff during the last 12 months as stated above. The facility is in compliance with this provision.

115.317 (b) DHJDC Zero Tolerance Policy states that they will consider any incidents of sexual harassment in determining whether to:

- (i) Enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or who have 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, of if the victim did not consent or was unable to consent or refuse.
- (ii) Or enlist the services of any contractor who has been civilly or administratively adjudicated or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The DHJDC Human Resource staff indicated during his interview that a thorough criminal background check, pre-employment reference checks, and a child abuse registry check are conducted before an applicant or contractor is offered a position. He further stated that a "hit" would automatically come to him via email from the Texas Department of Public Safety (TDPS) if any of his current employees are arrested or come in contact with law enforcement. A review of the employee and contractor files revealed no documented evidence of DHJDC hiring, promoting or procuring the services of a contractor in violation of this provision. The facility is in compliance with this provision.

115.317 (c) DHJDC Zero Tolerance Policy states that before hiring new employees who may have contact with resident, DHJDC Facility Director will:

- (i) Performs a criminal background records check
- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS); and
- (iii) Makes 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.

A review of the 59 employee files revealed that DHJDC have been conducting background checks, consulting the State's child abuse registry and completing reference checks, including documented proof of attempts to ask previous institutional employer information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. A copy of the institutional letter sent to an institutional employer by HR was provided to this auditor to demonstrate this practice. During the interview with the DHJDC Human Resource personnel he stated that none of the 27 new hires came from institutional facilities. During the employee file review, it was ascertained that zero institutional reference check had been performed on any of the new hires because 27 of them were promoted from within and the latter had no prior institutional experience

During the onsite audit this auditor was provide a sample letter that was sent to a prior institutional employer for information substantiated related incidents and resignations. Further review of the employee files revealed that documented child abuse registry checks through the Texas Department of Family and Protective Services (TDFPS) as well as criminal history checks through the Department of Public Safety (DPS) FAST have been conducted on all employees in the last 12 months. The facility is in compliance with this provision.

115.317 (d) DHJDC Zero Tolerance Policy states that before enlisting the services of a contractor who may have contact with residents, Human Resources will:

- (i) Performs a criminal background records check
- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (TDFPS);

The Human Resource staff corroborated this practice and provided documentation of such checks. Further review of the contractor file revealed that documented child abuse registry checks through the Texas Department of Family and Protective Services (TDPS) had been conducted in the last 12 months. DHJDC PREA Coordinator and the Human Resource staff did provide documentation of the criminal history record checks and child abuse registry checks performed on all employees who have contact with the facility's resident over the last 12 months. The facility is in compliance with this provision.

115.317 (e) DHJDC Zero Tolerance policy states that criminal background checks will be conducted every five years of current employees and on contractors who may have contact with residents. This was evidenced through the employee file review of the staff and contractors as well as corroborated during the interviews with the Facility Director and Human Resource staff. DHJDC also conducts criminal background checks as well as child abuse registry checks every year. The facility is in compliance with this provision.

115.317 (f) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy does asks applicants and employees who may have contact with residents directly about previous misconduct described in subparagraph (A) of this paragraph in the written application or during interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. DHJDC employees do have a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. DHJDC did provide during the pre-audit phase a completed PREA Self-Disclosure documents on each employee of which the questions are listed on the employment application, as part of their continuing affirmative duty to disclose any such misconduct. This auditor did observe these questions on the employment application provided and on the form itself. The facility is in compliance with this provision.

115.317 (g) DHJDC Zero Tolerance Policy does indicate that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. The DHJDC Human Resource staff did indicate during his interview that all staff, volunteers and contractors have been informed of this policy and that there have been no violations of this policy in the last 12 months. The facility is in compliance with this provision.

115.317 (h) DHJDC Zero Tolerance Policy does state, that unless prohibited by law, DHJDC will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. During the interview with the DHJDC Human Resource personnel, he indicated that such disclosure would not be an issue because most reference checks are accompanied by written permission to disclose information from the subject of the reference check. At the time of the onsite audit the DHJDC Human Resource staff indicated that he/she had not received any requests for information from an institutional employer on a current staff. The PREA Coordinator did provide to this auditor a copy of the sample form letter to be sent to an institutional employer of a potential hire. The DHJDC Human Resource personnel also indicated that he has not requested information on any of the 27 new hires in 2022-23. The facility is in compliance with this provision.

The facility is in compliance with this standard.

Corrective Action required: None

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.318 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, DHJDC will consider the effect of the design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse. The PREA Coordinator indicated in her interview that there has been some major expansion to the entrance, waiting area and to the courtroom in the last 18 months. There has also been some modification to the surveillance system through the installation of additional cameras with audio capabilities in various offices, areas and classrooms the last 18 months She further indicated that if any additional major modifications were to occur that they will consider the effect of the design, acquisition, expansion, or modification regarding DHJDC’s ability to protect residents from sexual abuse. The facility is in compliance with this provision.</p> <p>115.318 (b) DHJDC Zero Tolerance Policy states that whenever DHJDC do install or update their video monitoring system, electronic surveillance system, or other monitoring technology, they will consider how such technology may enhance the facility’s ability to protect youth from sexual abuse. During the site review this auditor noticed that DHJDC has installed 84 cameras in the interior and exterior of the facility to enhance the agency’s ability to protect residents from sexual abuse in the last 18 months. 84 of the 127 cameras and or electronic surveillance systems have been installed since the last audit and within the last 18 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.321 (a) Darrell B Hester Juvenile Detention Center (DHJDC) is responsible for administrative investigations of sexual abuse and sexual harassment but are not responsible for criminal investigation of allegations of sexual abuse and sexual harassment. The Texas Juvenile Justice Department’s (TJJD) Office of the Inspector General (OIG) is the identified external State agency and the Cameron County Sheriff Department (CCSD) will conduct the criminal investigations in this facility. The PREA Coordinator stated during her interview that DHJDC, the TJJD OIG and</p> |

CCSD will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions. The facility is in compliance with this provision.

115.321 (b) The PREA Coordinator indicated during her interview that the protocol being utilized by DHJDC and the OIG, who conducts the criminal investigations, which was provided during the pre-audit phase, is developmentally appropriate for youth and shall be 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, Adult/Adolescents developed after 2011. The facility is in compliance with this provision.

115.321 (c) DHJDC Zero Tolerance Policy states that when evidentiarily or medically appropriate, DHJDC will offer and transport residents who experience sexual abuse to the hospital, clinic or emergency room that can provide them access to a forensic medical examination by a Sexual Assault Nurse Examiner (SANE). DHJDC currently have a Memorandum of Agreement with the Children's Advocacy Center of Cameron and Willacy Counties Inc. who coordinates services with the Valley Baptist Medical Center Hospital in Harlingen for such medical examinations which are provided at no financial cost to the resident, where evidentiarily or medically appropriate.

The PREA Coordinator stated during her interview that in the event of a sexual abuse allegation, DHJDC will call the Office of the Inspector General (OIG) and the Cameron County Sheriff Department (CCSD) for criminal investigation and they would take the resident to the Valley Baptist Medical Center hospital for the SANE examination. A memorandum was provided to attest to this statement by the Facility Director.

The Valley Baptist Medical Center Hospital services also include services provided through Children's Advocacy Center of Cameron and Willacy Counties Inc. During the interview with the SANE Nurse, she stated that the Valley Baptist Medical Center provides compassionate, sensitive, timely care for victims of violent crimes, child abuse and neglect. The SANE Nurse further explained that she was the lead SANE nurse, but in her absence another forensic nurse would be on duty. She explained it was hospital practice to have a forensic nurse available 24 hours a day. The hospital web site states that "when sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault.

The PREA Coordinator further indicated during her interview that there have been no referrals of sexual abuse victims to the Valley Baptist Medical Center hospital in the last 12 months. A review of the resident files corroborated this assertion. The facility is in compliance with this provision.

115.321 (d) DHJDC Zero Tolerance Policy states that DHJDC have secured victim advocacy services, via a Memorandum of Understanding with the Children's Advocacy Center of Cameron and Willacy Counties Inc. The PREA Coordinator stated

that the rape crisis services are provided free of charge by the Children's Advocacy Center of Cameron and Willacy Counties, a community-based organization, that will also provide emotional support, counseling and advocacy services. The PREA Coordinator did provide the Memorandum of Understanding between DHJDC and the Children's Advocacy Center of Cameron and Willacy Counties Inc. to corroborate the services to be offered for a sexual abuse victim.

According to the Children's Advocacy Center of Cameron and Willacy Counties' Victim Advocacy representative, once a sexual abuse victim (resident) is referred to the Valley Baptist Medical Center they will receive victim advocacy, emotional support and counseling service from them as agreed upon at no cost to the resident victim. The PREA Coordinator indicated during her interview that a victim advocate will always be made available to a resident victim in their facilities that has been sexually abused from Children's Advocacy Center of Cameron and Willacy Counties Inc. She further indicated that there have been no referrals of sexual abuse victims to the Valley Baptist Medical Center hospital in the last 12 months. A review of the resident medical files corroborated this assertion. The facility is in compliance with this provision.

115.321 (e) DHJDC PREA Coordinator indicated during her interview that as requested by a resident sexual abuse victim, they would to have either a staff member or a representative from the Children's Advocacy Center of Cameron and Willacy Counties Inc. to accompany and support a resident victim through the forensic medical examination process, the investigatory interview and shall provide emotional support, crisis intervention, information and referral services. A copy of the Memorandum of Agreement with Cameron County Children Advocacy Center corroborated this assertion and policy. The facility is in compliance with this provision.

115.321 (f) DHJDC PREA Coordinator indicated that DHJDC is responsible for conducting administrative investigations of sexual abuse and sexual harassment while the San Benito Police Department, Cameron County Sheriff Department and TJJD's OIG are responsible for conducting criminal investigations. She further stated that DHJDC has requested that TJJD's OIG as well as San Benito Police and Cameron County Sheriff Department follow the requirements of paragraphs (a) through (e) of this section. The facility is in compliance with this provision.

115.321 (g) DHJDC's PREA Coordinator indicated that TJJD's OIG, which is a State entity, will follow the requirements of paragraph (a) through (f) of this section for investigating allegations of sexual abuse in this juvenile facility. According to the Facility Director and the Agency Head, there is no Department of Justice component responsible for investigating allegations of sexual abuse in this facility to date. The facility is in compliance with this provision.

115.321. (h) The PREA Coordinator stated during her interviews that DHJDC would always make a qualified community-based staff member from Children's Advocacy Center of Cameron and Willacy Counties available to resident victims, who have been screened for appropriateness to serve in this role of victim advocate and who

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| | <p>have received education concerning sexual assault and forensic examination issues in general. A review of the Memorandum of Agreement between DHJDC and Children’s Advocacy Center of Cameron and Willacy Counties Inc indicates that their victim advocates have received such education and training. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.322 (a) Darrell B Hester Juvenile Detention Center (DHJDC)’s Zero Tolerance Policy states that that all allegations of sexual abuse and sexual harassment are reported to, investigated and will be completed by DHJDC’s administrative investigator for administrative investigations, the Texas Juvenile Justice Department’s (TJJD) Office of the Inspector General (OIG), the San Benito Police Department and or the Cameron County Sheriff Department for criminal investigations. During the past 12 months the PREA Coordinator and Facility Director reported during their interview that there was 1 administrative investigations for sexual abuse and zero criminal investigations for sexual abuse and sexual harassment. Upon conducting a file review of staff and resident files, this auditor did review the 1 completed administrative investigation and zero completed criminal investigation documentation in the investigator’s files. The administrative investigations findings was unsubstantiated for the staff-on-resident sexual abuse. The facility is in compliance with this provision.</p> <p>115.322 (b) DHJDC Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment will be referred to DHJDC’s administrative investigator for administrative investigations, to the Texas Juvenile Justice Department’s (TJJD) Office of the Inspector General (OIG), the San Benito Police Department and or to the Cameron County Sheriff Department for criminal investigations of which they have legal authority to conduct a criminal investigation when the allegation involves potentially criminal behavior. The PREA Coordinator indicated during her interview that DHJDC has this investigative policy published on their website at www.CCJDC.org. The facility is in compliance with this provision.</p> <p>115.322 (c) DHJDC Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment that are assigned the Texas Juvenile Justice Department’s (TJJD) Office of the Inspector General (OIG), the San Benito Police Department and or the Cameron County Sheriff Department describes their responsibility for sexual abuse investigations which are posted on their agency’s website. This auditor did review the agency’s website and did see the policy describing TJJD’s OIG and other</p> |

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| | <p>law enforcement responsibilities for conducting administrative and criminal investigations. The PREA Coordinator and the Facility Director did state during their interviews that administrative sexual abuse, sexual harassment allegations and investigations would be DHJDC's internal administrative investigator and the OIG, which is also published on the agency's website. The facility is in compliance with this provision.</p> <p>115.322 (d) Since the Texas Department of Juvenile Justice's (TJJJ) Office of the Inspector General (OIG) is the State entity responsible for conducting criminal investigations, their responsibilities, as indicated in (c) of this provision, does have a policy in place for conducting administrative or criminal investigations. The PREA Coordinator did provide this auditor with a copy of the TJJJ's investigation policy. The facility is in compliance with this provision.</p> <p>115:322 (e) The PREA Coordinator stated during her interview that there is no Department of Justice component responsible for conducting administrative or criminal sexual abuse and sexual harassment investigations in this facility. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.331 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that it will provide PREA related training to all its employees who may have contact with resident. DHJDC training addresses:</p> <ul style="list-style-type: none"> · Training on the Zero Tolerance policy · How to fulfill their PREA responsibilities under sexual abuse and sexual harassment detection, prevention, reporting, and response policies and procedures. · Residents right to be free from sexual abuse and sexual harassment. · The right of residents and employees to be free from sexual abuse and harassment. · The right of residents to be free from retaliation for reporting sexual abuse and harassment · The dynamics of sexual abuse and sexual harassment in juvenile facilities. |

- The common reactions of juvenile victims of sexual abuse and harassment.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

It was ascertained during the interviews conducted with the 13 random staff that the PREA training they receive annually covers the above 11 points as required. It was ascertained that DHJDC utilizes the 5- hour Moss Group Employee PREA Training Modules and curriculums (Units 1 through 5) including Cross Gender Pat Search training from the PREA Resource Center when providing training their staff, volunteers and contractors. The facility is in compliance with this provision.

115.331 (b) The PREA Coordinator stated that the PREA training is tailored to the unique needs and attributes of the residents and to the gender of the residents at the facility. This policy assertion was also corroborated in their PAQ response. DHJDC is a coed facility and all staff receive the same training regardless of what residential housing unit they are assigned to. The training documentation reviewed and received by this auditor demonstrates that DHJDC is in compliance with this provision. The staff received PREA training as provided during the new employee orientation training and have received it annually including every 2 years as a refresher training based on the interviews and documentation during the onsite visit. The facility is in compliance with this provision.

115.331 (c) DHJDC PREA Coordinator did provide to this auditor during the pre-audit phase written verification that all of the staff received the refresher PREA training in May of 2023 with signed acknowledgement statements indicating that they received and understood their PREA responsibilities. A review of the training records of the staff corroborated their receipt of the refresher PREA training. The facility is in compliance with this provision.

115.331 (d) The DHJDC PREA Coordinator did provide to this auditor training record documentation and signed acknowledgement forms attesting that the staff trained in August of 2022 acknowledged that they understood the training they received. During the interviews with all of the staff it was ascertained that they had a good understanding of 115.331 (a, 1-11) and 115.331 (b), and 115.331 (c) thereby corroborating this with their signed acknowledgement statement. The facility is in compliance with this provision.

This facility is in compliance with this standard.

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| | Corrective Action required: None |
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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.332 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC ensures and documents all volunteers and contractors who have direct access to resident have been trained on and understand their responsibilities under DHJDC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PREA Coordinator indicated during her interview that they have employed 4 volunteers and 6 contractors to provide a service in this facility in the last 12 months. A review of the training records files reveals that there have been 4 volunteers and 6 contractors employed and received PREA training at DHJDC in the last 12 months. The facility is in compliance with this provision.</p> <p>115.332 (b) DHJDC's PREA Coordinator stated during her interview that all volunteers and contractors trained on DHJDC's Zero Tolerance policy is based on the services they provide and the level of contact they have with residents. All volunteers and contractors are notified upon employment of the DHJDC's Zero Tolerance policy regarding sexual abuse and sexual harassment and are also informed on how to report such incidents.</p> <p>The PREA Coordinator did provide documentation of the volunteers and contractors trained in their Zero Tolerance policy which was reflected by their signature on the training acknowledgement form provided for the last 12 months. A review of the volunteer and contractor training records files reveals that there have been 4 volunteers and 6 contractors trained by DHJDC in the last 12 months. The facility is in compliance with this provision.</p> <p>115.332 (c) The PREA Coordinator indicated during her interview that DHJDC does maintain documentation to confirm that all contractor and volunteers have been trained on their Zero Tolerance policy, that they understood the training provided on their reporting responsibilities, and that they acknowledge receipt of this training by their signature. This auditor interviewed 2 volunteers and 2 contractors who attest that they had received PREA Training and had received refresher training in the last 12 months. A review of the training files reveals that there have been 4 volunteers and 6 contractors employed and trained by DHJDC in the last 12 months. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |

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| 115.333 | Resident education |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 667">115.333 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that during the admissions/intake process the resident are provided, in an age-appropriate fashion, information about DHJDC's Zero Tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents, or suspicions of sexual abuse and sexual harassment. This is done through verbal explanation by the intake staff after being provided the appropriate PREA education information in the Resident Handbook. The Safeguarding Your Sexual Safety video does address the following points:</p> <ul data-bbox="280 775 1358 954" style="list-style-type: none"> · Resident rights to be free from sexual abuse and sexual harassment · Their rights to be free from retaliation for reporting such incidents · The agency's policies and procedures for responding to such incidents. <p data-bbox="280 994 1481 1232">The DHJDC PREA Coordinator did provide this auditor with a copy of DHJDC Resident Handbook in English during the pre-audit phase. During the random resident interviews, 13 of 13 residents reported that this information was provided, explained and that they received the handbook during the intake process. They further indicated that they understand the zero-tolerance policy and know how to report a sexual abuse and sexual harassment allegation.</p> <p data-bbox="280 1272 1469 1509">Over the past twelve months 379 residents were admitted to DHJDC and all of the intake packets included an acknowledgement signed by each resident that they received and understood the zero-tolerance policy information. When reviewing the resident files this auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information during the intake process. The facility is in compliance with this provision.</p> <p data-bbox="280 1550 1481 1921">115.333 (b) DHJDC Zero Tolerance Policy states that within 10 days after admission, DHJDC will provide comprehensive, age-appropriate education to residents in person and through video about their rights to be free from sexual abuse, sexual harassment, and to be free from retaliation for reporting such incidents and regarding DHJDC's policies and procedures for responding to such incidents. Through the random resident interviews this auditor found evidence that 13 of 13 residents had received PREA educational training, which was presented in an age-appropriate manner that they acknowledged they understood, within 10 days of their intake.</p> <p data-bbox="280 1962 1469 2074">This auditor did receive copies of the resident acknowledgement statements as proof that the actual PREA education had been provided to residents within 10 days of their intake to inform the youth of:</p> |

- Their rights to be free from retaliation for reporting such incidents
- The agency's policies and procedures for responding to such incidents.

The date of these resident's intake was compared against the date of the PREA education to ascertain if this occurred within 10 days of intake. The comparison revealed that these residents did receive their PREA education within 10 days of their intake. The facility is in compliance with this provision.

115.333 (c) During the intake staff interview this auditor asked how do they ensured that current residents as well as those being transferred to other facilities were educated on the agency's Zero Tolerance Policy. She stated that regardless of how, when, or where a resident comes to the facility, that they all would be provided with the same comprehensive education about their rights to be free from sexual abuse, sexual harassment, retaliation and how to report a sexual abuse and sexual harassment allegation at intake. A sampling of the resident's file over the last 12 months revealed that all residents had received this comprehensive training at intake and if any resident were transferred to another facility, they would receive a PREA brochure of the same basic information i.e., how to report sexual abuse and sexual harassment, their rights to be free from retaliation etc., to the extent that the new facility's policies and procedures may differ from theirs. The facility is in compliance with this provision.

115.333 (d) The DHJDC intake staff did state that the resident education is provided in formats accessible to all residents at the facility during intake, including in material translated into English.

DHJDC Zero Tolerance policy states that they will provide PREA information and or services to residents who are:

- Limited in English Proficient
- Visually impaired
- Otherwise disabled
- Having limited reading skills

The PREA Coordinator indicated during her interview that they would provide assistance in formats accessible to all residents that are deaf, visually impaired, who are limited English Proficient, otherwise disabled or have limited reading skills. When intake staff were asked how residents with limited reading skills could benefit from the PREA related information, she responded that the staff would read the printed information to the resident with the limited reading skills and to those residents who have the above stated disabilities, since they have in house education staff with the skills and capabilities to provide such services, to assist them in calling the 1-800 hotline number to report a sexual abuse and sexual harassment allegation. A review of the resident's records revealed that there were

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| | <p>zero targeted residents who had received services from a contractor to assist them in understanding the PREA education and reporting requirements. The facility is in compliance with this provision.</p> <p>115.333 (e) The DHJDC PREA Coordinator did provide copies of the resident's comprehensive education provided, received with signed acknowledgement statements from 13 of the 13 residents demonstrating that they received and understood the PREA information provided. She further indicated that these acknowledgement statements are maintained in the resident's records in accordance with their record retention policy. The facility is in compliance with this provision.</p> <p>115.333 (f) During the site review of the DHJDC facility this auditor did observe PREA posters, signage and information posted throughout the residential areas of the facility including in the common areas and in the visitation area. These posters did include the 1-800 phone number for reporting a sexual abuse and sexual harassment allegation as well as the name and phone number for seeking emotional support and crisis intervention. This auditor also received a copy of these posters, PREA brochure information and the Resident Handbook.</p> <p>It was also observed by this auditor that the PREA brochures, posters, signage and Zero Tolerance posters in different formats i.e., English, Spanish, during the site review were also in the lobby of the entrance/administration building, in the group and educational classrooms, in the visitation area, on each pod of the facility and in the JSO's officer's station. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.334 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that four (4) DHJDC's staff member are qualified to conduct administrative investigation into all allegations of sexual abuse and sexual harassment within this facility. The PREA Coordinator indicated during her interview that she is one of the four staff members qualified to conduct administrative sexual abuse and sexual harassment investigations and that she has also received the general PREA training pursuant to 115.331. She did provide to this auditor a copy of all of the administrative investigator's general PREA training record reflecting that they have received the general PREA training like all the DHJDC's employees. The facility is in compliance with this provision.</p> |

115.334 (b) The PREA Coordinator indicated during her interview that she and all of the other three administrative investigators have received the specialized training as investigators, which included techniques for interviewing residents sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of their training records corroborated this assertion as well as being provided with a copy of their investigative training certificates. The facility is in compliance with this provision.

115.334 (c) The PREA Coordinator did provide her and the other three investigator's training documentation to this auditor during the pre-audit phase for the specialized investigative training and the general PREA training that they have received in the last 12 months. She further indicated that these records are maintained in the agency's trainer files as well as in their individual personnel records in accordance to the agency's records retention policy. The facility is in compliance with this provision.

115.334 (d) The Texas Juvenile Justice Department's (TJJJ) Office of the Inspector General (OIG), which is a State Entity, investigates the criminal sexual abuse allegations in this confinement setting, which is also corroborated in their Zero Tolerance policy. The PREA Coordinator indicated that the OIG investigators have been trained to conduct criminal as well as administrative investigations and that this entity also provided their initial investigative training. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

| 115.335 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.335 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC full and part time medical and mental health care practitioners who works regularly in their facility will receive training on how to:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and 4. How and to whom to report allegations of sexual abuse and harassment. |

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| | <p>DHJDC does have 3 full time medical practitioner (1 Health Service Coordinator and 2 medical technicians) and 3 full time mental health practitioners (1 Coordinator and 2 technicians) employed at the facility who have received this PREA training. The PREA Coordinator did provide to this auditor during the pre-audit phase the training records of these employees The facility is in compliance with this provision.</p> <p>115.335 (b) The DHJDC Human Resource personnel and the Facility Director indicated during their interviews that DHJDC do employ medical staff who and or have to received training on how to conduct forensic exams. Their medical staff's responsibility is to provide medication maintenance, first aid, make doctor appointments and or emergency room referrals as needed. The medical staff interviewed stated that forensic examination, when needed, would occur at the Valley Baptist Medical Center's hospital emergency room by the hospital's SANE department personnel and that they, medical staff, have not been trained nor do they conduct forensic examinations. The facility is in compliance with this provision.</p> <p>115.335 (c) DHJDC Human Resource staff indicated that no DHJDC medical staff is required to receive forensic examination training but if they were, they would maintain documentation of such in their training records in accordance with their records retention policy. The PREA Coordinator and the interviewed medical and mental health staff corroborated this assertion that they (medical) are not required to receive forensic examination training and that their training records are retained. The facility is in compliance with this provision.</p> <p>115.335 (d) DHJDC Human Resource staff and the PREA Coordinator indicated during their interviews that all the medical and mental health staff employed have received the required training as mandated by employees by 115.331 and 115.332. The interviewed mental and mental health staff corroborated that they have received the general PREA training as all employees received. A review of the medical and mental health staff training records corroborated this assertion. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action required: None</p> |
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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.341 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC will obtain and use information about a resident personal history and behavior to reduce the risk of sexual abuse by or upon a resident, using |

an objective screening assessment instrument within 72 hours after a resident's admission.

This auditor randomly selected 13 resident files and found that 100% of these files did have an objective risk screening completed within the 72-hour time period at intake. The risk screening instrument being utilized by DHJDC is through their Juvenile Case Management System (JCMS) client software program that was comprehensive enough to capture all of the relevant information required of this standard. Upon further review it was ascertained that DHJDC have been periodically obtaining this information throughout a resident's stay in this facility according to this PREA provision. The facility is in compliance with this provision.

115.341 (b) DHJDC Zero Tolerance Policy states that the initial and periodically assessments conducted will be on an objective screening instrument within the JCMS client software throughout a resident's confinement stay. The PREA Coordinator and the Intake staff corroborated this assertion along with providing this auditor with copies of this risk screening assessment instrument during the pre-audit phase and risk screening reassessment instruments during the onsite and post onsite phase. The facility is in compliance with this provision.

115.341 (c) The current objective screening instrument utilized within the JCMS client software program at DHJDC does ascertain the following information:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The residents own perception of vulnerability; and
11. Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents.

During the interview with the Intake staff as well as observations made during the new intake process, it was noted that all of the items from 1 through 11 were being

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| | <p>asked from their objective screening instrument being utilized within the JCMS client software consistently. The facility is in compliance with this provision.</p> <p>115.341 (d) The Intake staff, PREA Coordinator and the Juvenile Probation Officer who conducts the risk screenings indicated during their interviews that the information in 115.341 (c) is ascertained through conversation with the resident during the intake, classification assessment process, from the medical and mental health screenings, from reviewing court records, case files, the facility's behavior records and other relevant documentation from the resident's file. This auditor was able to observe an intake and a risk screening assessment while onsite during this audit to corroborate this practice. The facility is in compliance with this provision.</p> <p>115.341 (e) The PREA Coordinator and Intake staff indicated during their interviews that the information obtained during the initial, and follow up assessment screenings is sensitive information and is treated as confidential, therefore the information has limited dissemination and access to prevent exploitation to the resident's detriment by staff and or other residents. This information is computer controlled electronically and is password protected. There are levels of authorization given to each staff's classification to access these electronic records and only authorized employees with a higher authorization level are permitted to view this protected information in the resident's electronic file. During the site review this auditor was able to review these JCMS electronic files in the case manager's office on her computer during a periodic assessment review. When asked if the JSO staff have access to the risk assessments tab, she indicated that they do not have the security level to do so through this software program. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.342 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for the resident with the goal of keeping all residents safe and free from sexual abuse. The Intake staff as well as the PREA Coordinator confirmed during their interviews that the information learned during the intake and risk assessment screenings is used to make informed housing, programming and education assignments. Copies of the risk reassessment screenings conducted over the last 12 months were provided to this auditor for</p> |

review during the onsite and post audit phases. The facility is in compliance with this provision.

115.342 (b) The DHJDC Zero Tolerance Policy states that DHJDC can utilize isolation for disciplinary reason and have utilized isolation to keep a resident safe from other residents when less restrictive measures are inadequate. The PREA Coordinator and the staff identified as monitoring those in Isolation indicated during their interview that residents that were and are in isolation are not denied daily large muscle exercise and any legally required educational programming or special education services. They further stated that residents in isolation do receive daily visits from a medical and mental health staff and that these visits are documented. The Medical and Mental Health personnel interviewed corroborated this assertion. Copies of the daily log corroborated this assertion. They further stated that resident also have access to other programming and work opportunities to every extent possible.

During the onsite audit this auditor walked freely throughout the facility, including in the isolation area and was given access to interview residents in this area, which were none, and reviewed the appropriate documentation for this area. The facility is in compliance with this provision.

115.342 (c) DHJDC Zero Tolerance policy that DHJDC does not place Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) residents in a particular house, bed, or other assignment solely on the basis of such identification or status, nor shall the facility consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. DHJDC reported on the PAQ of having zero identified LGBTI residents in the facility over the last 12 months. The PREA Coordinator and the intake staff indicated during their interviews that if an LGBTI resident were in the program that DHJDC would always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive. The facility is in compliance with this provision.

115.342 (d) The Intake staff stated in her interview that the housing assignments would be made on a case-by-case basis and as with all residents, that the assignment would be based on ensuring the residents health and safety, and whether placement would present management or security problems. DHJDC Zero Tolerance policy corroborates this practice as stated. DHJDC reported on the PAQ of having zero transgender and zero intersex residents in the facility during the last 12 months. The facility is in compliance with this provision.

115.342 (e) At the time of this audit and in the last 12 months DHJDC reported that there were zero residents who identified as transgender or intersex at the facility. The Intake staff and the PREA Coordinator stated that a transgender and Intersex resident would be reassessed at least twice each year to review any threats to the safety experienced by the resident. Documentation was provided to this auditor during the pre-audit phase that there were zero transgender and zero Intersex residents who had been reassessed during their stay in this facility to review any threat to their safety experience. The facility is in compliance with this provision.

115.342 (f) DHJDC Zero Tolerance Policy does state that a transgender and intersex

resident's own view would be considered with respect to his or her own safety and would be given serious consideration when making housing and programming assignments during the risk assessment. The Intake staff did not provide copies of any housing assignment assessments of a transgender resident during the pre-audit phase for his review, because there were none. It was noted in the JCMS that there is a space on the risk assessment form where a transgender and intersex resident would be asked their own views with respect to their safety in this facility for consideration. The facility is in compliance with this provision.

115.342 (g) DHJDC's Zero Tolerance Policy states that it would provide the opportunity for transgender and intersex residents to shower separately. During the facility site review this auditor did observe the general housing area cell where a transgender resident would be housed, which is not a dedicated area, and the general resident shower area. This auditor was informed by the Facility Director that if they had a transgender or intersex resident, that they would be housed in the general pod, having their own single room, and would shower separately from the other residents. This auditor was not able to observe the shower routine for the residents during the site visit but there were no transgender or intersex resident in the population. The PREA Coordinator corroborate the policy that a transgender or intersex resident would shower separately at the beginning of the shower routine and at the end. The facility is in compliance with this provision.

115.342 (h) DHJDC does utilize isolation cells and the staff does document hourly any activity, including shower routines for these residents. This auditor was unable to review any files of residents who had been placed in isolation to determine the basis for their placement in isolation, to ascertain the facility's concern for the resident's safety and why there were no alternative means available so that separation could be arranged, because there were none to review. At the time of the onsite visit there were zero residents in isolation for a sexual abuse incident. The facility is in compliance with this provision.

115.342 (i) DHJDC's Zero Tolerance policy states that every 30 days they will afford each resident described in (h) of this section a review to determine whether there is a continuing need for the separation from the general population. According to the PREA Coordinator, there were zero residents in isolation beyond 5 days in the last 12 months and there have not been a resident in isolation beyond 30 days. There were zero residents who were involved in a sexual abuse incident who were placed in isolation during the last 12 months. A review of the isolation records over the last 12 months corroborated this assertion. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

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| 115.351 | Resident reporting |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.351 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. The DHJDC Zero Tolerance Policy lists the following ways to report:

- (I) Submitting a written grievance, verbally or by any means.
- (ii) Telling any staff member, volunteer, or contract employee who must then call the hotline and inform the PREA Coordinator and the Facility Director; or by
 - (i) Access to the “blue phones” on the pod to call the toll-free number maintained by the Texas Juvenile Justice Department (TJJD), 1-800-626-1430, which is a separate state agency, without being heard by staff or residents.

During the interviews with the random residents, they all indicated their knowledge of how to report a sexual abuse and sexual harassment allegation, a retaliation against them or staff neglect by either telling a staff member, writing a grievance or call the TJJD’s hotline number that is listed on the PREA poster. This auditor observed throughout the facility the PREA poster displaying the TJJD hotline number that a resident can call to report a sexual abuse and sexual harassment allegation or incident. During the random staff interviews they all indicated the ways a resident can report a sexual abuse and sexual harassment allegation by informing them, writing a grievance, and by calling the 1-800 number. The PREA Coordinator and the Facility Director corroborated this assertion. The facility is in compliance with this provision.

115.351 (b) DHJDC Zero Tolerance Policy states that a residents may call the toll-free number maintained by the Texas Juvenile Justice Department (TJJD) 1 (800) 626-1430, which is a state agency to report a sexual abuse, sexual harassment, retaliation or staff neglect allegation. The PREA Coordinator stated that the “blue phones” are located on each pod for the resident to utilize when making a 1-800 number when reporting a sexual abuse or sexual harassment allegation. A resident can remain anonymous when reporting a sexual abuse or sexual harassment allegation via the hotline.

The PREA Coordinator stated during her interview that the TJJD’s OIG Hotline Operator who receives the allegation call, immediately forwards these allegations in writing to the Facility Director via email. During the test call to the TJJD OIG Hotline from the pod, the hotline operator confirmed this procedure. During the random resident interviews, they all indicated that they could make this call in a private area from the blue phones and or from a case manager’s office, without being heard by the staff or other residents and could remain anonymous upon request when

making these calls. When this auditor performed a test call to the TJJD hotline number to ascertain how a reported allegation of sexual abuse and sexual harassment would be provided to the facility and in what timeframe, he did receive documentation that the test call had been forwarded to the facility director. The PREA Coordinator did inform this auditor during the pre-audit phase stating that within the last 12 months no residents have been housed in this facility solely for civil immigration purpose and if there would be, that the facility provided information on how to contact a relevant consular official and or relevant officials of the Department of Homeland Security. The facility is in compliance with this provision.

115.351 (c) DHJDC Zero Tolerance Policy states that staff will promptly accepts verbal and written reports made, including those made anonymously or by third parties and will promptly document any verbal reports. During the interview with the random staff when asked this question, each staff stated that they would accept verbal reports of sexual abuse and sexual harassment verbally, in writing, and those made anonymously, including from third parties and would document them immediately on the agency’s incident report form. A copy of the facility’s incident report form was provided to this auditor during the pre-audit phase to demonstrate their practice in accepting verbal reports of sexual abuse and sexual harassment allegations. The facility is in compliance with this provision.

115.351 (d) DHJDC Zero Tolerance Policy states that DHJDC will provide residents access to grievance forms, writing instruments, and tools to privately make a written report. During the interview with the random residents, they all indicated that they have access to paper, pencils and grievance forms if they want to report a sexual abuse and sexual harassment allegation in writing. This auditor was provided with a blank grievance form during the pre-audit phase. While on the site review this auditor observed the location of where a grievance can be submitted, the grievance log and the availability of grievance forms and pencils for the resident’s usage while on the resident’s pods. During the interviews with the random staff, they all indicated that they could report a sexual abuse, sexual harassment, and retaliation allegation against a resident privately by going to the facility director or supervisor’s office in person, calling them on the phone, calling the 1-800 hotline numbers, or by writing a note to said staff. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

115.352 (a) Exemption from this standard does not apply to DHJDC because they do have administrative procedures to address all resident grievances and does have an administrative remedy process to address a resident's grievance regarding sexual abuse. This assertion is also corroborated in DHJDC's Zero Tolerance and Grievance policy. The facility is in compliance with this provision.

115.352 (b) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. DHJDC may and does apply otherwise applicable time limits on any portion of the grievance that does not allege an incident of sexual abuse. The Zero Tolerance states that residents are not required to use the grievance system or the informal grievance process or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. During the interviews with the Facility Director and the PREA Coordinator, they corroborated this policy statement as a practice of not requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during her interview that all residents, during Intake, are verbally informed of this right and procedure. During resident interviews they stated that if they had a grievance that they would seek resolution the supervisor, then with the Facility Director but not with the alleged staff member. A review of the resident's handbook reflects the procedure of instructing the resident that they are not required to use the informal grievance process to resolve an allegation of sexual abuse allegation with staff. The PREA Coordinator indicated that nothing in this section of the policy shall restrict DHJDC's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The facility is in compliance with this provision.

115.352 (c) DHJDC Zero Tolerance Policy states 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 and that such grievances are not referred to a staff member who is the subject of a complaint. During the interviews with the PREA Coordinator and the Facility Director they both corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure. A review of the resident's handbook does reflect the procedure of instructing the resident that they are not required to submit the grievance to a staff member who is the subject of a grievance. The facility is in compliance with this provision.

115.352 (d) The PREA Coordinator indicated during her interview that the agency does 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. The Facility Director acknowledged that if they determined that the 90-day timeframe is insufficient that he would make an appropriate decision, claim an extension of time of not more than 70 days, and notify the resident in writing of any such extension and provide a date by which a decision will be made. She further stated that if the

resident does not receive a response, they could consider the absence of a response to be a denial at that level and can then pursue outside litigation. During the interviews of the random residents, random staff, and a review of the grievances of the past 12 months, this auditor found zero grievances for sexual abuse or sexual harassment. The facility is in compliance with this provision.

115.352 (e) According to DHJDC's Zero Tolerance Policy, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. Third party forms were observed and are made available to the public on the agency's website:

juvenilprea@co.cameron.tx.us and the forms were provided to this auditor during the pre-audit phase. The PREA Coordinator indicated during her interview that third parties are permitted to file such requests on behalf of residents, if a resident were to decline to have a third-party request processed on his behalf, that DHJDC would document the resident's decision. She further stated that DHJDC accepts third party allegations and grievances from anyone, this includes appeals on behalf of the resident, from a parent or legal guardian and that no grievance would be conditioned upon the resident agreeing to have a request filed on his behalf. If a resident declines to have the request processed on his or her behalf, DHJDC shall document the resident's decision. She also stated that there were no third-party allegations of sexual abuse and sexual harassment reported in the last 12 months. The facility is in compliance with this provision.

115.352 (f) The Facility Director, the PREA Coordinator, the Control Booth Officer (CBO), and the Operation Manager's offices are where a resident can submit and or file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse. During the interviews with the random staff, they all responded that if a resident submitted an emergency grievance or approached them indicating that they are at risk of imminent sexual abuse that they would take immediate action to keep the youth safe and immediately contact their supervisor. The Facility Director, the PREA Coordinator and the Operation Manager all corroborated this assertion. It was observed during the site review and throughout the onsite audit that DHJDC's administrative staff do maintain constant communication with their direct care staff (JSO) and the residents. That any grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, would be immediately reviewed at the highest level of the facility and then would be forwarded to Texas Juvenile Justice Department's (TJJD) Office of the Inspector General (OIG) for investigation. All the staff interviewed mentioned the separating of a resident from an imminent risk of sexual abuse immediately and place them out of harm way, while keeping them safe until the facility director provide them with further instructions for housing assignment.

The PREA Coordinator also indicated during her interview that after receiving an emergency grievance, that she and or the Facility Director would provide an initial response to the resident within 48 hours and shall issue a final agency decision within 5 calendar days. The PREA Coordinator stated also that they would provide to the resident, after the initial response to their emergency grievance, a final decision

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| | <p>as to whether the resident is in substantial risk of imminent sexual abuse. The facility is in compliance with this provision.</p> <p>115.352 (g) DHJDC’s Zero Tolerance Policy states that the agency may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. The DHJDC Facility Director and PREA Coordinator indicated during their interviews that no resident had been disciplined for filing any grievance in bad faith. A review of the grievances log filed over the past 12 months revealed that there was one grievance filed alleging sexual abuse which was investigated and found unsubstantiated. During the interviews the random residents they all reported feeling safe at DHJDC and that they could file a sexual abuse or sexual harassment allegation via a grievance without fear of retaliation. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.353 | Resident access to outside confidential support services and legal representation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.353 (a) Darrell B Hester Juvenile Detention Center (DHJDC)’s Zero Tolerance Policy states that all residents shall have access to outside victim advocates for emotional support services related to sexual abuse, by providing postings, 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., and for persons detained solely for immigration purposes, immigrant organizations and agencies, in as confidential a manner as possible. This auditor did observe these postings near the “blue phone” during the site visit. The PREA Coordinator indicated that DHJDC does not detained residents solely for civil immigration purposes, but there was postings and brochures that included contact information for immigration services.</p> <p>The PREA Coordinator stated that the “blue phones” are to be located on each pod for the resident to utilize for making a 1-800 hotline number when reporting a sexual abuse or sexual harassment allegation. They also have access to the phone in the case manager’s office to make these calls if necessary. A pin number is assigned to the resident upon intake in order to utilize the “blue phone”. This auditor was given a temporary pin number to ascertain if the process for making these calls on the “blue phone” were operational. Calls made on the “blue phone” went through as designed. During the interview with the random resident, 13 of 13 residents confirmed that they believe that their call to an outside support services</p> |

provider would be private and confidential. During the interview with the random staff, 13 of 13 staff interviewed confirmed that residents would be provided a private space to make a confidential phone call to any of the agencies listed upon request.

This auditor observed during the site review on the pods the following phone numbers posted on the bulletin board:

- Texas Juvenile Justice Department (TJJD) Hotline 1-877-786-7263
 - Family Crisis 24-hour Hotline 1-866-423-9304
- Cameron County Children's Advocacy Center 956-361-3313

During the interview with the Intake staff, she indicated that residents are also provided with information about Texas Juvenile Justice Department's (TJJD) Hotline number and brochure. The Family Crisis Center's hotline representative reported that there were no calls on record from a DHJDC resident in the past 12 months requesting their services of emotional support and crisis counseling. The facility is in compliance with this provision.

115.353 (b) The Intake staff indicated during her interview that the residents are informed during intake the extent to which communications with these agencies will be monitored and the extent to which reports of sexual abuse being reported to them will be forwarded to the authorities in accordance to mandatory reporting laws. During the interviews with the random staff, they all reported that they are mandated to report of sexual abuse and sexual harassment by state law and have received training on such. The intake staff and PREA Coordinator interviewed acknowledged that the residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The Intake staff indicated that verbal notification would be provided to the resident before discussing sexual abuse and sexual harassment allegation with the residents. DHJDC random staff and management confirmed during their respective interviews that the resident's phone calls are not monitored or recorded. The facility is in compliance with this provision.

115.353 (c) DHJDC's Zero Tolerance policy states that Children's Advocacy Center of Cameron and Willacy Counties will provide crisis counseling and emotional support services to members of the public, including to the residents of DHJDC, free of charge of which services can also be provided in-person or by phone. The PREA Coordinator did provide a copy of the Memorandum of Understanding with the Children's Advocacy Center of Cameron and Willacy Counties to this auditor during the pre-audit phase that describes the services the residents would receive regarding confidential and emotional support services related to sexual abuse. The facility is in compliance with this provision.

115.353 (d) DHJDC's Zero Tolerance Policy states that DHJDC will provide residents with reasonable and confidential access to their attorneys or legal representation,

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| | <p>parents, and legal guardians. During the site review this auditor observed the area that is used for parental and legal visits. Parents, guardians and attorneys have reasonable access to the residents by contacting the facility to schedule a visit. During the random resident interviews each one explained that they could meet with their legal representatives, parents, and legal guardians in a confidential manner in the facility if required or requested by either party. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.354 | Third-party reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.354 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy does describe the method and procedure to receive 3rd party reports of sexual abuse and harassment on behalf of a resident and that this information is publicly distributed on the agency's website, on how to report sexual abuse and sexual harassment on behalf of a resident. This auditor did observe the website link: juvenilprea@co.cameron.tx.us regarding 3rd party reporting procedure on the agency's website as well as posting in the facility's lobby area on the television screen and the bulletin board for public viewing in English and Spanish. The PREA Coordinator did provide a copy of the 3rd party reporting form during the pre-audit phase to this auditor. She reported that there have been no 3rd party grievances of sexual abuse and harassment on behalf of a resident in the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |

| 115.361 | Staff and agency reporting duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.361 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy does state that all staff must immediately report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who</p> |

reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation whether or not it is part of the agency. During the interviews with the random staff, they all indicated that they had a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. The PREA Coordinator and the Facility Director corroborated this policy assertion during their interviews. When conducting interviews of the 13 random staff, they all stated that they have a responsibility and duty to report immediately to their supervisor and up the chain, any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation against a resident or staff, negligence on a staff that contribute to an incidence of sexual abuse, sexual harassment or retaliation. The facility is in compliance with this provision.

115.361 (b) DHJDC Zero Tolerance Policy states that all staff must comply with any applicable mandatory child abuse reporting laws in Texas Family Code and other applicable professional licensure requirements. During the interviews with the random and specialized staff they all indicated that they are mandated by law to report sexual abuse allegations against a resident to the facility administration, TJJDC's OIG and local law enforcement entities. The PREA Coordinator and Facility Director corroborated this policy assertion and the interviewed staff responses regarding complying with mandatory child abuse reporting laws. The facility is in compliance with this provision.

115.361 (c) DHJDC Zero Tolerance Policy states that staff are 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. During the interviews with the random staff, they all indicated that they would not inform other staff of an incident of sexual abuse or sexual harassment against a resident other than the extent necessary to make treatment, investigation and other security and management decisions. This policy assertion was corroborated by the PREA Coordinator during her interview. The facility is in compliance with this provision.

115.361 (d) The Medical and Mental Health Practitioners employed at DHJDC, according to the Facility Director and PREA Coordinator would be and are required to any report sexual abuse allegation to a supervisor, or the Facility Director, pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. They further stated that would be required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services provided. During the interview with the medical and mental health practitioners, they stated that they do inform the residents at the initiation of any services, of their duty to report if they are informed that the resident is a victim of sexual abuse and sexual harassment. The facility is in compliance with this provision.

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| | <p>115.361 (e) Upon receiving any allegation of sexual abuse, the Facility Director and the PREA Coordinator both stated during their interviews that they would promptly report an allegation of sexual abuse to the Texas Juvenile Justice Department's (TJJD) Office of the Inspector General (OIG), local law enforcement, to the parents, legal guardians of the resident, and if the resident is on probation, to the juvenile court of jurisdiction including the probation officer, case worker if the resident is a part of the child welfare system, and to the resident's attorney of record within 14 days of receiving the allegation. The PREA Coordinator did provide documentation of reporting to any and all of the above individuals and entities during the pre-audit phase. The facility is in compliance with this provision.</p> <p>115.361 (f) DHJDC does have a four administrative, facility investigators designated and that all allegations of sexual abuse and sexual harassment, including 3rd party reports, are immediately reported to the local DHJDC investigators for administrative investigations and to the Cameron County Sheriff, San Benito Police Department and to TJJD's OIG, which are the designated criminal investigative agencies for investigations. Copies of the incidents report of sexual abuse allegations were provided to this auditor by the PREA Coordinator. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action Required: None</p> |
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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.362 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that upon receipt that a resident is subject to a substantial risk if imminent sexual abuse, DHJDC staff shall take immediate action to protect the resident. During the interviews of the random and specialized staff they all described their responsibility and understanding that, when they learn that a resident is subject to a substantial risk of imminent sexual abuse, that they must take immediate action to protect the resident. This would include the utilization of isolation if no alternative least restrictive housing was not available, keeping the resident safe by separating the alleged victim from the alleged perpetrator, making alternative housing reassignment, providing one on one supervision, and or remove the other person who is causing the imminent risk of sexual abuse or sexual harassment incident from the facility, according to the PREA Coordinator. During the random staff interviews, they also corroborated the action that would be taken by them if a resident alleged a substantial risk of imminent sexual abuse. The Facility Director did provide a memorandum to this auditor to corroborate this practice. The</p> |

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| | <p>facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action: None</p> |
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| 115.363 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.363 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy does state that DHJDC intake staff must immediately notify the agency head of the facility or appropriate office of the agency where the abuse occurred within 72 hours after receiving the allegation and that the head of the facility that receives the allegation would also notify the appropriate investigative agency. The PREA Coordinator and the Facility Director stated during their interview that they had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. The Facility Director did provide to this auditor a memorandum to corroborate this practice and procedure. They further stated that if they would receive one that upon receiving an allegation, they would immediately notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and also report it to the appropriate investigative agency. The facility is in compliance with this provision.</p> <p>115.363 (b) The Facility Director stated during her interview that she would make notification to the head of the facility where the abuse allegedly occurred within 72-hours after receiving the allegation. The Facility Director further stated during her interview that he had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. The facility is in compliance with this provision.</p> <p>115.363 (c) The Facility Director stated during her interview that she would document the notification of sexual abuse related to another facility and maintain a record of it. The Facility Director also stated that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months The facility is in compliance with this provision.</p> <p>115.363 (d) The Facility Director indicated during her interview that although there has not been an allegation made in the last 12 months, that she, during the notification process to the facility's head, would ask the facility head to ensure that it be investigated according to this standard. The facility is in compliance with this provision.</p> |

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| | <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.364 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that upon learning a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and 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. During the interviews with all of the random staff and first responders, they indicated that they would separate the alleged victim and alleged abuser, preserve, protect the crime scene and evidence, and instruct the alleged victim and abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The facility is in compliance with this provision.</p> <p>115.364 (b) The PREA Coordinator stated during her interview that all DHJDC staff, including non-security staff, are trained as first responders and they have the responsibility to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence as stated above, and then report the incident per policy to the security staff, a supervisor and or to the Facility Director. The PREA Coordinator did provide to this auditor during the onsite visit a flyer delineating the first responder’s responsibilities in the event of a sexual abuse or sexual harassment allegation on which the staff have been trained on, to corroborate their policy’s practice. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>115.365 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy does state that they will maintain a written plan to coordinate the actions taken among first responders, medical and mental health staff, investigator, and the facility leadership. The PREA Coordinator stated during her interview that she has developed and implemented the facility's coordinated response plan in writing, which was provided to this auditor for review during the pre-audit phase. This written plan outlines the responsibilities of the staff if a resident alleges sexual abuse. The Facility Director corroborated this policy assertion during her interview. During the interviews with the random and first responder staff, they all described the responsibilities the JSO, the specialized and management staff in the event of a sexual abuse or sexual harassment allegation occurring e.g., separate victim from perpetrator, keep the victim safe, direct both the victim and perpetrator not to destroy evidence, contact a supervisor, contact law enforcement who would transport the sexual abuse victim to the hospital, etc. in accordance to the written response plan. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.366 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC shall not enter into or renew any agreement that limits its ability to remove alleged staff sexual abusers from contact with a resident pending the outcome of an investigation or determination of whether and to what extent discipline is warranted. The PREA Coordinator indicated during her interview that DHJDC does not employ unionized employees therefore they do not participate in collective bargaining and that DHJDC can remove an alleged sexual abuser from having contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. A memorandum was provided to this auditor from the Facility Director to corroborate this policy practice.</p> <p>Upon review of the employee's files there was no indication that if discipline was warranted, including removing an alleged sexual abuse staff member from contact with a resident, that DHJDC was prevented from doing so due to a collective bargaining agreement. A review of the contractual agreements with other agencies reflects that they do not prevent DHJDC from removing an alleged staff sexual</p> |

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| | <p>abuser from contact with a resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility is in compliance with this provision.</p> <p>115.366 (b) The PREA Coordinator stated that there is nothing in this standard that shall restrict DHJDC from entering into or renewing an agreement that governs the conduct of DHJDC’s disciplinary process. That there are no agreements that are inconsistent with the provisions of 115.372 and 115.376 or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. A review of DHJDC’s Zero Tolerance policy and the contractual agreements corroborates this assertion. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.367 | Agency protection against retaliation |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.367 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that all residents and staff members who report sexual abuse or sexual harassment or cooperate with an investigation will be protected from retaliation by other residents or staff and shall designate a staff member or department who will be in charged with monitoring retaliation. The PREA Coordinator stated during her interview that the Facility Director is the staff designated to monitor for retaliation and that she is designated to monitoring retaliation against any staff or residents that reported sexual abuse or harassment. The facility is in compliance with this provision.</p> <p>115.367(b) DHJDC Zero Tolerance Policy states that states they will use multiple protection measures to protect the resident and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and provide emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During the interview with the Staff Designated to Monitor for Retaliation, she indicated that she would protect the victim by reassigning the alleged abuser to another (pod), remove an alleged staff abuser and or place them on administrative leave and would offer and or provide emotional support services for the resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. During the staff and resident file review, there was no documentation provided indicating that any measures in</p> |

the last 12 months were taken to protect a staff or resident from retaliation. The facility is in compliance with this provision.

115.367(c) DHJDC Zero Tolerance Policy states that for at least 90 days (except when the allegation is unfounded), the designated staff members would monitor the reporter and the alleged victim for signs of retaliation including items such as conduct and treatment of the resident or staff who reported the sexual abuse to see if there are any changes to suggest possible retaliation by residents or staff disciplinary reports, housing or program changes, staff reassignments, negative performance reviews and conducts periodic status checks on the alleged victim or reporter. During the interviews with the PREA Coordinator and the Designated Staff to Monitor for Retaliation, they all indicated that they would also monitor in all of the areas as stated above to protect the staff or resident who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. They further stated that for at least 90 days following a report of sexual abuse that they would monitor the resident program changes, the reassignment of staff, negative performance reviews and would continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need. DHJDC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367(d) DHJDC Zero Tolerance Policy states that they would conduct periodic status checks on the alleged resident victim. During the interview with the PREA Coordinator and the designated Staff to Monitor for Retaliation, they both indicated that they would conduct period status checks on the alleged victim daily. DHJDC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367 (e) DHJDC Zero Tolerance Policy states that if any other individual cooperates with an investigation expresses fear of retaliation, they would take appropriate measures to protect that individual against retaliation. During the interview with the PREA Coordinator and the Designated Staff to Monitor for Retaliation, they both indicated that if any other individual who cooperated with an investigation expresses fear of retaliation, that they would take appropriate measures to protect them also against retaliation. DHJDC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367(f) DHJDC's Zero Tolerance policy states that their obligation to continue monitoring for retaliation shall terminate if the allegation is unfounded. The PREA Coordinator and the Facility Director indicated during their interviews that DHJDC's obligation for monitoring for retaliation shall be terminated if the allegation is unfounded. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action Required: None

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.368 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC the use of segregation (isolation) to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of 115,342. The Facility Director, who is the Designated Staff assigned to Monitor against Retaliation stated during her interview that DHJDC have not use segregated (isolation) housing to protect a resident who has alleged to have suffered a sexual abuse in the last 12 months and if the need ever arises for protecting a resident alleged to have suffered sexual abuse, that they would place the resident in another pod first before utilizing segregation to ensure their safety and to monitor them daily. A memorandum was provided by the Facility Director corroborating this assertion. During the site review and a review of the facility’s schematics, this auditor did observe the area in the facility that is designated to be utilized for segregation (isolation) if needed to protect a resident who has alleged to have suffered sexual abuse. There was no indicated that segregation (isolation) was utilized to protect a resident from sexual abuse during the review of the resident’s files over the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.371 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC will conduct its own administrative but not any criminal investigations. Criminal investigations are to be conducted by the Texas Juvenile Justice Department’s Office of the Inspector General (OIG), the Cameron County Sheriff Department and or the San Benito Police Department. The PREA Coordinator, who is also an administrative investigator, stated during her interview that all investigations into allegations of sexual abuse and sexual harassment, whether administrative or criminal, will be conducted promptly, thoroughly, and objectively including third party and anonymous reports. The Facility Director did provide a memorandum to this auditor to corroborate this policy assertion. The facility is in compliance with this provision.</p> <p>115.371 (b) The Facility Investigator indicated during his interview that TJJD’s OIG personnel, to his understanding, have received special training in conducting sexual</p> |

abuse and sexual harassment administrative as well as criminal investigations and that he, as DHJDC's local investigator has also received this special training in conducting administrative investigations for sexual abuse and sexual harassment allegations involving alleged resident victims. A review of the administrative investigator's training record corroborated this assertion. The facility is in compliance with this provision.

115.371 (c) DHJDC Zero Tolerance Policy states that both the local and criminal investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview all alleged victims, suspected perpetrators and witnesses and would review all prior reports and complaints of sexual abuse involving the suspected perpetrator. The DHJDC investigator corroborated this policy assertion during his interviews. The facility is in compliance with this provision.

115.371 (d) The Facility Director and DHJDC's investigator stated during their interviews that local law enforcement nor TJJDC's OIG investigators shall not terminate an investigation solely because the source of the allegation recants the allegation. A review of the administrative and criminal investigation records revealed that no investigation had been terminated, administratively or criminal, because the source of the reported allegation recanted. The facility's other investigators corroborated this policy assertion during the random interviews conducted during the site visit. The facility is in compliance with this provision.

115.371 (e) The DHJDC investigators stated during their interviews that they would conduct interviews of all alleged victims, suspected perpetrators and witnesses as an agency practice and refer those cases where the evidence appears to support criminal prosecution to TJJDC's OIG who would make the referral to the state prosecutor. The administrative investigators stated that, to their knowledge and training, that the TJJDC's OIG investigators would only conduct compelled interviews only after consulting with prosecutors as to whether compelled may be an obstacle for subsequent prosecution. The DHJDC investigators indicated that, to their knowledge, TJJDC's OIG investigators have not had to seek consultation from a prosecutor to conduct compelled interview in the last 12 months since the allegations did not rise to the criminal level. The facility is in compliance with this provision.

115.371 (f) The DHJDC Investigators stated during their interviews that they and TJJDC's OIG investigators, based on their knowledge and training, would assess the credibility of an alleged victim, suspect, witness on an individual basis and not on the basis of the individual's status as a resident or staff and that the resident would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The DHJDC investigators indicated that they have not required a resident who alleged sexual abuse to submit to a polygraph or other truth telling device in the last 12 months. The facility is in compliance with this provision.

115.371 (g) The DHJDC Investigators stated during their interview that when they

conduct an administrative investigation that they do include in their reports their efforts stating whether staff actions or failures to act contributed to the abuse and that they do document this in their investigative report the description of the physical and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. DHJDC reported one administrative investigation for staff-on-youth sexual abuse in the last 12 months of which the findings was unsubstantiated. A written report were provided to this auditor during the pre-audit and onsite phase of the audit. The facility is in compliance with this provision.

115.371 (h) The Facility's investigator stated during his interview that all criminal investigations conducted by the OIG office are documented in a written, investigative report that include a thorough description of the physical evidence, testimonial and documentary evidence relied upon, where feasible. The DHJDC investigator did not provide to this auditor copies any criminal investigative reports from TJJD's OIG investigators because there were none written for his review. The facility is in compliance with this provision.

115.371 (I) The Facility's Investigator stated during his interview that substantiated allegations of conduct that appears to be criminal are referred for criminal prosecution. The facility investigator stated that there have been zero criminal investigations referred for prosecution by TJJD's OIG investigators in the last 12 months. A review of the investigation records corroborated this assertion. The facility is in compliance with this provision.

115.371 (j) DHJDC Zero Tolerance Policy states that DHJDC and TJJD OIG will retain all written reports referenced in paragraph (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by DHJDC, plus five years, unless the abuse committed by a juvenile resident and applicable law requires a shorter period of retention. A review of both the administrative and criminal investigative reports over the past 5 years in their archival records substantiated this policy assertion. The PREA Coordinator and the Facility Director also corroborated this practice and assertion in the policy. The facility is in compliance with this provision.

115.371 (k) DHJDC Zero Tolerance Policy states that DHJDC, local law enforcement and TJJD OIG will not terminate an investigation solely on the basis that the alleged abuser or victim is no longer in their program or employed with their facility. This auditor found no evidence where DHJDC, local law enforcement and TJJD OIG investigators have terminated any administrative or criminal investigation solely on the basis of an alleged abuser or victim being no longer employed or residing in the facility in the last 12 months. A review of the staff and resident file review while onsite did not reveal any deviations from their policy or standard provision. The facility is in compliance with this provision.

115.371 (l) The PREA Coordinator and the Facility Director indicated that the OIG, which is a State entity, shall be and are in compliance with the above requirements of provision 115.371 (k). During the interview with the local investigator and the Facility Director, they both stated that TJJD's OIG investigators are in compliance

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| | <p>with the provision of 115.371 (k). The facility is in compliance with this provision.</p> <p>115.371 (m) DHJDC Zero Tolerance Policy states that they will cooperate with local law enforcement i.e., San Benito Police Department and or Cameron County Sheriff Department, and TJJD’s OIG investigators and will attempt to remain informed about the progress of the investigation. The DHJDC investigator and the Facility Director indicated during their interviews that DHJDC would fully cooperate with these entities regarding any investigation being conducted for sexual abuse and harassment and would remain involved until the investigation was completed. A review of the investigative records substantiated this assertion. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.372 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that they will not impose no standard higher than the preponderance of evidence in determining whether an allegation of sexual abuse or sexual harassment occurred. The Facility Director and the DHJDC investigators indicated during their interviews that there was one administrative and zero criminal investigations in the last 12 months and that the findings of that investigation was based on the preponderance of evidence. A memorandum from the Facility Director attesting to this assertion was provided to this auditor. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard</p> <p>Corrective Action Required: None</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

115.373 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that following an investigation into a resident's allegation of sexual abuse suffered at DHJDC, that DHJDC shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director and the PREA Coordinator both indicated during their interviews that there was one resident who alleged sexual abuse in the last 12 months against a staff, which resulted in an administrative investigations being conducted. The PREA Coordinator and the Facility Director indicated during their interviews that the resident was notified of the investigation as well as of the investigation's outcome. A review of the investigative records revealed that the resident was notified of the administrative investigative findings in writing. A copy of this notification were provided to this auditor during the pre-audit and onsite audit phase. The facility is in compliance with this provision.

115.373 (b) DHJDC Zero Tolerance Policy states that DHJDC would request the relevant information i.e., investigative reports, from local law enforcement entities and TJJD's OIG, who conducts the criminal investigation, in order to inform the resident of the outcome. The Facility Director and the PREA Coordinator both stated during their interviews that they always request information from TJJD's OIG in order to inform the resident of the criminal investigation's outcome. There was one administrative notification and zero criminal investigation notifications during this audit period which were provided to residents in the last 12 months. A sample copy of this notification were provided to this auditor during the pre-audit and onsite audit phase. The facility is in compliance with this provision.

115.373 (c) DHJDC Zero Tolerance Policy states that following a resident's allegation that a staff member committed sexual abuse against the resident, DHJDC will inform the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program. They will inform the resident whenever:

- The staff member is no longer posted within the residents housing unit
- The staff member is no longer employed at the facility
- DHJDC learns that the staff member has been indicted on a charge related to sexual abuse
- Or DHJDC learns that the staff member has been convicted on a charge related to the sexual abuse

The DHJDC investigators stated during his interview that there have been one staff-on-resident sexual abuse allegation, the staff member was reassigned from the pod until the outcome of the investigation was made known, which was unsubstantiated and only this alleged resident victim was notified of the initial investigation and the investigation's outcomes in the last 12 months. The facility is in compliance with this provision.

115.373 (d) DHJDC Zero Tolerance Policy states that following a resident's allegation

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| | <p>that he has been sexually abused by another resident, DHJDC will inform the alleged victim whenever the following events occur:</p> <ul style="list-style-type: none"> · DHJDC learns that the alleged abuser has been indicted on a charge related to the sexual abuse; or · DHJDC learns that the alleged abuser has been convicted on a charge related to the sexual abuse. <p>The PREA Coordinator stated during her interview that there have been zero resident-on-resident sexual abuse allegations that have risen to a criminal level in the last 12 months resulting in zero resident abusers being indicted and zero of resident abusers being convicted on a charge of sexual abuse. A review of the investigation files did not reveal any copies of an investigative reports because there were none. The facility is in compliance with this provision.</p> <p>115.373 (e) The PREA Coordinator and the Facility Director stated during their interviews that the staff has, and will continue to document all attempts to notify a resident regarding the outcome of an administrative or criminal sexual abuse investigation. A sample copy of the notification was provided to this auditor during the pre and onsite phase of the audit. The facility is in compliance with this provision.</p> <p>115.373 (f) DHJDC's Zero Tolerance policy states that their obligation to report under this standard shall terminate if the resident is released from DHJDC's custody. The Facility Director and PREA Coordinator stated during their interviews that there have not been a resident who had been released from the facility that had not received an investigative notification in the last 12 months, therefore their obligation to report has met this provision. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.376 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that staff members are subject to disciplinary sanctions up to and including termination of employment for violating DHJDC sexual abuse or sexual harassment policies. The PREA Coordinator stated during her interview that there have been zero staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. The Facility Director did provide to this auditor a</p> |

memorandum corroborating this assertion. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.

115.376 (b) DHJDC's Zero Tolerance Policy states that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. The PREA Coordinator and the Facility Director stated during their interviews that there have been zero staff disciplinary actions, including termination, taken against staff in the last 12 months for violating the Zero Tolerance policy. The Facility Director did provide a memorandum to this auditor corroborating this assertion. A review of the employee personnel files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The Human Resource personnel corroborate this assertion during his interview. The facility is in compliance with this provision.

115.376 (c) DHJDC's Zero Tolerance Policy states that disciplinary sanctions for violations of DHJDC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PREA Coordinator stated during her interview that there have been zero staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy whereas the sanctions imposed for comparable offenses by other staff with similar history would be taken into consideration. A review of the employee personnel files revealed that zero staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.

115.376 (d) DHJDC's Zero Tolerance Policy states that DHJDC will report the following actions to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies:

- Terminations of employment for violations of agency sexual abuse or sexual harassment policies; and
- Resignations by staff members who would have been terminated if they had not resigned.

The PREA Coordinator stated during her interview that there have been zero staff resignations in lieu of termination or disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy or were referred to the local law enforcement agency i.e., San Benito Police Department or TJJJ's OIG. A review of the employee personnel files revealed that zero staff in the last 12 months had resigned, who would have been terminated for violating the agency's Zero Tolerance policy and that no licensing bodies were also notified of any PREA violations. The facility is in compliance with this provision.

The facility is in compliance with this standard.

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| | Corrective Action Required: None |
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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.377(a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that if a contractor or volunteer engages in sexual abuse, DHJDC will:</p> <ul style="list-style-type: none"> · Prohibit the contractor or volunteer from having any contact with DHJDC resident; · And report the finding of abuse to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. <p>The PREA Coordinator stated during her interview that there have been zero contractors and zero volunteers where disciplinary action was taken against them in the last 12 months for violating the Zero Tolerance policy. A review of the contractor and volunteer personnel files revealed that zero contractors and zero volunteers that have been employed or provided service to residents in this facility in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>115.377(b) DHJDC's Zero Tolerance Policy states that if a volunteer or contractor violates DHJDC sexual abuse or sexual harassment policies that MCDJC will take appropriate remedial measures and considers whether to prohibit further contact with DHJDC resident., in the case of any other violation of DHJDC's sexual abuse and sexual harassment policies by a contractor or volunteer. The PREA Coordinator stated during her interview that there have been zero contractors and zero volunteers where disciplinary actions were taken against them in the last 12 months for violating the Zero Tolerance policy. The Facility Director did provide to this auditor a memorandum corroborating this assertion. A review of the contractor and volunteer personnel files revealed that zero contractor and zero volunteers that have been employed or provided service to residents in this facility in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard</p> <p>Corrective Action Required: None</p> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1417 461">115.378 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that states a resident may be subject to disciplinary sanctions for engaging in sexual abuse only when:</p> <ul data-bbox="280 497 1474 712" style="list-style-type: none"> · There is a criminal finding of guilt or an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a <ul style="list-style-type: none"> · criminal finding of guilt for resident-on-resident sexual abuse. · The discipline is determined through an administrative due process hearing. <p data-bbox="280 752 1474 1034">The PREA Coordinator stated during her interview that one resident had received disciplinary sanctions against them in the last 12 months for engaging in sexual abuse for violating the Zero Tolerance policy. A review of the resident files revealed that one resident in the last 12 months have received disciplinary sanctions against him for engaging in sexual abuse. The perpetrator was placed on a safety plan, was kept separated from the victim and no other disciplinary action was taken. The facility is in compliance with this provision.</p> <p data-bbox="280 1075 1474 1317">115.378 (b) DHJDC Zero Tolerance Policy states that any disciplinary sanctions are 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. The PREA Coordinator stated during her interview that there has been one disciplinary sanction taken against one resident in the last 12 months for engaging in sexual abuse and that this resident was not:</p> <ul data-bbox="280 1357 1474 1608" style="list-style-type: none"> · Denied daily large muscle exercise · Denied legally required educational programming or special education services · Denied daily visits from a medical or mental health care clinician · Denied access to other programs and work opportunities <p data-bbox="280 1648 1474 1886">A review of the resident files revealed that only this one resident in the last 12 months that had disciplinary sanctions taken against him for engaging in sexual abuse, was not denied daily large muscle exercise, legally required educational programming or special education services; did receive daily visits from medical and or mental health practitioners or was not denied access to other programming or work opportunities. The facility is in compliance with this provision.</p> <p data-bbox="280 1926 1474 2083">115.378 (c) DHJDC Zero Tolerance Policy states that when determining what types of sanctions, if any, should be imposed, that DHJDC would consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The PREA Coordinator</p> |

stated during her interview that there has been one disciplinary sanction taken against a resident in the last 12 months for engaging in sexual abuse and that DHJDC always would consider whether a resident's mental disabilities or mental illness contributed to his behavior when imposing disciplinary sanctions. A copy of the Resident Handbook lists the types of sanction to be imposed for a resident's violation of DHJDC's Zero Tolerance policy. During the interview with the Mental Health Practitioner, she corroborated this policy practice indicating that she is consulted when disciplinary sanctions would be imposed on a resident who violated the agency's Zero Tolerance policy. The facility is in compliance with this provision.

115.378 (d) DHJDC's Zero Tolerance Policy states that the facility does offer resident abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. DHJDC may require participation in such counseling and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming or education. The mental health practitioner corroborated this policy practice.

During the interview with the PREA Coordinator, she indicated that the offer of therapy, counseling, or other intervention services to an offending resident, as well as to the victim, would be provided and that such participation in these interventions would be a condition of access to any reward-based behavior management systems or other behavior-based incentives but not as a condition to access general programming or education. A review of the resident files revealed that only one resident had been offered therapy, counseling or intervention services in the last 12 months and that his participation in that service was not as a condition to access general programming or education services. The facility is in compliance with this provision.

115.378 (e) DHJDC's Zero Tolerance Policy states a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During the interview with the PREA Coordinator he stated that zero residents had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. A review of the resident files revealed that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. The facility is in compliance with this provision.

115.378 (f) DHJDC's Zero Tolerance Policy states DHJDC may not discipline a resident if the resident made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of the resident investigation files revealed that zero residents had been disciplined in the last 12 months for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred. The PREA Coordinator corroborated this finding and policy assertion. The facility is in compliance with this provision.

115.378 (g) DHJDC's Zero Tolerance Policy states that DHJDC may also discipline a

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| | <p>resident for engaging in prohibited sexual activity, this includes activity that constitutes sexual activity if it determines that this activity is not coerced. During the interview with the PREA Coordinator she stated that zero residents that had been disciplined for engaging in prohibited sexual activity that was not coerced. A review of the resident investigative file revealed that zero resident had been disciplined in the last 12 months for engaging in prohibited sexual activity that did not meet the definition of abuse. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.381 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.381 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that DHJDC will conduct medical and mental health screenings pursuant to § 115.341 inclusive of the resident’s history of sexual abuse. The Intake staff indicated during her interview that if a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, that she would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. She further stated that there was one resident who were referred for a follow up with a mental health practitioner within 14 days of the intake screening. The facility is in compliance with this provision.</p> <p>115.381 (b) DHJDC Zero Tolerance Policy states that 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, that staff would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the interview with the Intake staff, she stated during her interview that there had been zero residents in the last 12 months who had previously perpetrated a sexual abuse in an institutional or community setting, as documented during the intake screening, requiring a referral to medical or mental health practitioner. A review of the resident files revealed that zero residents had perpetrated a sexual abuse, whether it occurred in an institutional setting or in the community, who was offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is in compliance with this provision.</p> <p>115.381 (c) The PREA Coordinator and the Intake staff all indicated during their interviews that any related sexual victimization or abusiveness that may occur in an</p> |

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| | <p>institutional setting is strictly limited to mental health practitioners and the administrative management staff as necessary to inform them of treatment plans, security management decisions including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. A review of the resident files revealed that zero residents had related sexual victimizations or abusiveness that occurred in an institutional setting or in the community, that required a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the interviews with the random staff, they all indicated that they are only informed about a resident's treatment plans and security management decisions as it pertains to housing, bed, work, education and program assignments. The facility is in compliance with this provision.</p> <p>115.381 (d) DHJDC's Zero Tolerance Policy states that medical and mental health practitioners must obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. A review of the resident's files revealed that all of the residents in DHJDC are under the age of 18 and therefore medical and mental health practitioners are not mandated by law to report any prior sexual abuse that did not occur in an institutional setting. The PREA Coordinator, the Intake staff, medical and mental health practitioners all indicated during their interviews that they are mandated reporters to report sexual abuse of a resident whether it occurred in an institutional setting or in the community by law. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.382 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.382 (a) Darrell B Hester Juvenile Detention Center (DHJDC) Zero Tolerance Policy states that resident victims of sexual abuse will 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 judgement. The Medical and Mental Health Practitioners stated during their interviews that a resident victim will receive and be provided with 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 judgement. A review of the Memorandum of Understanding between DHJDC and Cameron County Children's Advocacy Inc and the Valley Baptist hospital substantiated this policy assertion. A</p> |

review of the medical records revealed that there were zero victim residents of sexual abuse who needed to receive timely, unimpeded access to emergency medical treatment and crisis intervention services in the last 12 months with documentation being provided for this auditor's review. The Facility Director did provide to this auditor a memorandum corroborating this policy practice. The facility is in compliance with this provision.

115.382 (b) DHJDC Zero Tolerance Policy states that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, the staff first responder will take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner. The PREA Coordinator indicated during her interview that all staff, including medical and mental health practitioners, have been trained as first responders who will immediately take steps to protect the victim, contact the PREA Coordinator, the Facility Director, local law enforcement and TJJD's OIG, and transport the victim to the Valley Baptist hospital for medical and mental health care including services being provided by the Children's Advocacy Center of Cameron and Willacy Counties Inc, which is the rape crisis center agency. The medical and mental health practitioners explained their first responder responsibilities during their interviews indicating that they would take the protocol steps required to protect the victim resident. DHJDC reported three sexual abuse allegations in the last 12 months where a first responder, including when a non-security staff member was the first responder. A review of the sexual abuse incident reports in the last 12 months corroborated this assertion. The facility is in compliance with this provision.

115.382 (c) DHJDC's Zero Tolerance Policy states that residents are provided with timely information about including timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate at the Valley Baptist hospital since this is a coed facility. During the interview with the medical staff, she corroborated that a victim resident would receive timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care.

A review of the Memorandum of Understanding with the Children's Advocacy Center of Cameron and Willacy Counties substantiated his assertion. The facility is in compliance with this provision.

115.382 (d) DHJDC's Zero Tolerance Policy states that treatment services to the victim will be provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Valley Baptist hospital's SANE Nurse also indicated during her interview that forensic medical services are provided at no cost to a resident victim. The PREA Coordinator also stated during her interview that the above services are provided at no cost to a resident victim. The facility is in compliance with this provision.

This facility is in compliance with this standard.

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| | Corrective Action Required: None |
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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>115.383 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PREA Coordinator indicated during her interview that appropriate medical and mental health evaluations and treatment will be provided to all residents who have been victimized by sexual abuse in a juvenile facility. No resident had been offered medical and mental health evaluations and or treatment who had been victimized by sexual abuse in this and when housed in another juvenile facility in the last 12 months. The facility is in compliance with this provision.</p> <p>115.383 (b) DHJDC Zero Tolerance Policy states that 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 will be offered. The PREA Coordinator indicated during her interview that victim residents, as appropriate, would be and are offered to receive follow-up services, treatment plans, and, when necessary, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the resident files indicated that zero residents that needed follow up services due to a sexual abuse, prior to being released from the facility. The facility is in compliance with this provision.</p> <p>115.383 (c) DHJDC's Zero Tolerance Policy states that states that DHJDC will provide such victims with medical and mental health services consistent with the community level of care. The medical and mental health practitioners stated that a resident sexual abuse victim would receive care that is consistent with the community level of care in the facility. Additional medical and or mental health services required would be provided at the Valley Baptist hospital and from the Children's Advocacy Center of Cameron and Willacy Counties Inc, the advocacy agency for Cameron and Willacy County. This was corroborated by both the medical and mental health practitioners during their interviews and the Memorandum of Understanding with the Children's Advocacy Center of Cameron and Willacy Counties Inc. upon this auditor's review The facility is in compliance with this provision.</p> <p>115.383 (d) The PREA Coordinator indicated during her interview that since DHJDC is a coed facility, that a pregnancy test would be appropriate following any sexually</p> |

abusive vaginal penetration of a female resident. The facility's Medical Health Coordinator and the SANE nurse at the Valley Baptist hospital confirmed that they would offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. DHJDC's Zero Tolerance policy also corroborates this assertion. The facility is in compliance with this provision.

115.383 (e) The PREA Coordinator indicated during her interview that a resident would receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services following any sexually abusive vaginal penetration specified in paragraph (d) of this section. The SANE nurse at Valley Baptist hospital confirmed that they would offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. DHJDC's Zero Tolerance policy also corroborates this assertion. The facility is in compliance with this provision.

115.383 (f) DHJDC Zero Tolerance Policy states that DHJDC will ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while in their facility. The SANE nurse at Valley Baptist hospital confirmed that they would ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse. A review of the resident files revealed that no resident had been referred to the Valley Baptist hospital for tests for sexually transmitted infections as a sexual abuse victim in the last 12 months. The facility is in compliance with this provision.

115.383 (g) According to DHJDC's Zero Tolerance Policy, DHJDC will provide treatment services to the victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The PREA Coordinator indicated during her interview that all services received by a resident referred to the Valley Baptist hospital would be at no cost to the resident. A review of the resident files revealed that no victim resident that had been referred to the Valley Baptist hospital for any of their services in the last 12 months incurred a financial cost for those services. The Medical practitioner in the facility corroborated this assertion. The facility is in compliance with this provision.

115.383 (h) DHJDC Zero Tolerance Policy states that DHJDC will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. These services would be sought through the Children's Advocacy Center of Cameron and Willacy Counties Inc. The PREA Coordinator did indicate during her interview that once they learn or become aware of a known resident on resident abuser's abuse history, that within 60 days they would refer the resident to mental health practitioners and or to the Children's Advocacy Center of Cameron and Willacy Counties for these services. An average confinement stay for a resident in this facility is 3 months. This facility is in compliance with this provision.

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| | <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.386 | Sexual abuse incident reviews |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.386 (a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC 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. The PREA Coordinator stated during her interview that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse investigation, including for allegations that are substantiated and unsubstantiated, unless the allegation has been determined to be unfounded. DHJDC reported one allegation for staff-on-resident sexual abuse that was investigated administratively and there were no allegations for sexual abuse and sexual harassment that were investigated criminally. The PREA Coordinator did provide a memorandum from the Facility Director to this auditor indicating that in the last 12 months that there have only been one sexual abuse incident review (i.e., SART) to have occurred. A review of the resident, employee and investigative records revealed that there was one unsubstantiated allegation of staff-on-resident sexual abuse that occurred in the last 12 months, requiring a sexual abuse review upon the completion of the investigation. A copy of this review was provided to this auditor during the pre and onsite audit phase. The facility is in compliance with this provision.</p> <p>115.386 (b) DHJDC Zero Tolerance Policy states that DHJDC conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, within 30 days, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PREA Coordinator indicated that there was three sexual abuse incident reviews (i.e., SART) that occurred within 30 days of the conclusion of the investigation in the last 12 months. A review of the resident, employee and investigative records revealed that there was one unsubstantiated allegation of staff-on-resident sexual abuse that occurred in the last 12 months, which was unsubstantiated, where a SART review was held in accordance to this provision. The facility is in compliance with this provision.</p> <p>115.386 (c) The DHJDC's Sexual Abuse Review Team (SART) does includes upper-level management officials, with input from line supervisors, investigators, JSO's and medical or mental health practitioners. The DHJDC team consists of the following individuals:</p> <p>a. Facility Director</p> |

b. PREA Coordinator

c. Local Investigator

d. Medical and or Mental Health Staff

e. JSO

f. Deputy Director

During the interviews with the PREA Coordinator and the staff who is a member of the Sexual Abuse Review Team (SART) stated that once a meeting would convene, that input would be provided by them regarding how to prevent further incidents of sexual abuse and sexual harassment from occurring. A review of the resident, employee and investigative records revealed that there was one unsubstantiated allegations of staff-on-resident sexual abuse that occurred in the last 12 months. A SART was held for this staff-on-resident sexual abuse incident based on the unsubstantiated investigative finding, with no recommendations for improvement to occur i.e. policy changes, technology installment, etc.. The staff who is a Member of the Sexual Abuse Review Team (SART) corroborated this policy practice and assertion. The facility is in compliance with this provision.

115.386 (d) DHJDC Zero Tolerance Policy states that DHJDC would:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- 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 Coordinator.

The PREA Coordinator did provide proof documentation for the last 12 months of the SART reviews had occurred. A copy of a sexual abuse review (SART) was provided to this auditor for his review during the pre and onsite audit phase. The facility is in compliance with this provision.

115.386 (e) DHJDC Zero Tolerance Policy states that DHJDC would submit a report of

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| | <p>its findings to the Facility Director and to the Deputy Director to implement the recommendations for improvement, or document its reasons for not doing so. The PREA Coordinator did provide to this auditor the SART team finding over the last 12 months that outlined any recommendation(s), as applicable, for any improvements and the reason why those improvements were not implemented as required, as applicable. There were no recommendations or facility improvement made by the SART team for the unsubstantiated staff-on-resident finding. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.387 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.387(a) Darrell B Hester Juvenile Detention Center (DHJDC)'s Zero Tolerance Policy states that DHJDC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Coordinator indicated during her interview that she does collect accurate data on every allegation from other facilities not under their control using a standardized instrument and set of definitions. CCJDC currently have three facilities and there have been sexual abuse and sexual harassment data aggregated in the last 12 months of which, the PREA Coordinator did provide copies. The 2021 and 2022 aggregated data reports were provided to this auditor during the pre and onsite audit phase. The facility is in compliance with this provision.</p> <p>115.387 (b) DHJDC Zero Tolerance Policy states that DHJDC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the data at least once each year. During the interviews with the PREA Coordinator and the Facility Director it was ascertained that they have aggregated the incidents annually that occurred in calendar year of 2021 and 2022, which were posted on the agency's website. CCJDC has three facilities and there have been one sexual abuse and zero sexual harassment allegations made in the last 12 months to report. This facility is in compliance with this provision.</p> <p>115.387 (c) The PREA Coordinator and the Facility Director both indicated during their interviews that they do participate in the Survey of Sexual Violence (SSV) conducted by the Department of Justice (DOJ) the incident-based data collected would, at a minimum, have answered the questions on the said survey. The PREA Coordinator did provide a copy of their Survey for Sexual Violence for 2021 to this auditor during the pre-audit phase. The facility is in compliance with this provision.</p> |

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| | <p>115.387 (d) The PREA Coordinator and the Facility Director both indicated during their interviews that they do maintain, review, and collect data as needed from available incident-based documents, including reports i.e., SSV, investigation files and sexual abuse incident reviews. A review of the collected data revealed that, DHJDC has maintained, reviewed, and collected data from the reports, investigation files for sexual abuse and sexual harassment incidents and subsequent sexual abuse reviews in the last 12 months. The facility is in compliance with this provision.</p> <p>115.387 (e) The PREA Coordinator and the Facility Director both indicated during their interviews that they do not contract for the confinement of their residents with another private or county facility, therefore there is no incident-based and aggregated data from other contracting facilities. The facility is in compliance with this provision.</p> <p>115.387 (f) The PREA Coordinator and the Facility Director both indicated during their interviews that they do provide, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30. They further stated that DOJ has requested agency data in the last 3 years as well as in the 12 months, of which they have provided. The PREA Coordinator did provide DHJDC's SSV reports for 2020, 2021 and 2022 to this auditor. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.388 (a) The PREA Coordinator stated during her interview that she has reviewed any and all 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:</p> <ul style="list-style-type: none"> · Identifying problem areas · Taking corrective action on an ongoing basis. <p>She stated that she has collected and prepared an annual report for 2020, 2021 and for 2022 of her findings and has recommended to the Facility Director any corrective actions required for the facility. The PREA Coordinator did provide to this auditor copies of these annual reports during the pre and onsite audit phase. The facility is in compliance with this provision.</p> <p>115.388 (b) The PREA Coordinator stated during her interview that she did complete</p> |

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| | <p>annual reports for 2020, 2021 and 2022 which compares the current year’s data and corrective actions, which were compared with those from prior years, and did provide an assessment of the agency’s progress in addressing sexual abuse and sexual harassment in these reports. She did provide to this auditor copies of these reports during the pre-audit phase of the audit. The facility is in compliance with this provision.</p> <p>115.388 (c) The PREA Coordinator stated during her interview that she did prepare and complete annual reports for 2020, 2021 and 2022, removing all personal identifiers, which was approved by the Facility Director, and that they were and are made readily available to the public through the agency’s website. This auditor did visit the agency’s website at www.CCJDC.org and did observe that these reports had been posted for public review. The facility is in compliance with this provision.</p> <p>115.388 (d) The PREA Coordinator stated that during her interview that she did complete an annual report for 2020, 2021 and 2022, that the annual report would indicate the nature of the material redacted and where it redacts specific material from the reports when publication which would present a clear and specific threat to the safety and security of the facility. This auditor did receive a copy of these reports during the pre and onsite audit phase. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.389 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.389 (a) Darrell B Hester Juvenile Detention Center (DHJDC)’s Zero Tolerance Policy states that the DHJDC will collect and retain sexual abuse and sexual harassment data pursuant to 115.387 in a secure manner. The PREA Coordinator indicated during her interview that all sexual abuse and sexual harassment data collected is securely retained pursuant to 115.387 through their JCMS client management system. She further stated that this information is securely retained in her office under lock and key as well as being password protected on the computer, of which only higher-level administrative staff have access to it. The Facility Director corroborated this assertion during his interview. The facility is in compliance with this provision.</p> <p>115.389 (b) The PREA Coordinator indicated during her interview that all aggregated sexual abuse data collected pursuant to 115.387, will be maintained for at least 10 years after the date of its initial collection unless Federal, State, per local laws</p> |

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| | <p>requires otherwise. A review of all of the past sexual abuse data was review by this auditor dating back to FY 2013 through FY 2022 that corroborated this policy and practice assertion. This facility is in compliance with this provision.</p> <p>115.389 (c) The PREA Coordinator stated during her interview that she did complete the annual reports for 2020, 2021 nor for 2022 and that she did remove all personal identifiers before making the aggregated sexual abuse data available to the public though the agency’s website at www.CCJDC.org. This auditor did receive copies of these reports during the pre and onsite audit phases and found no personal identifiers in these reports. The facility is in compliance with this provision.</p> <p>115.389 (d) DHJDC’s Zero Tolerance policy states that they will maintain all sexual abuse and sexual harassment data collected pursuant to 115.387 for at least 10 years after the date of its initial collection unless Federal, State or local laws require otherwise. The PREA Coordinator and the Facility Director stated during their interviews that DHJDC will maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. A review of all of the past sexual abuse data was review by this auditor dating back to 2013 that corroborated this policy and practice assertion. This facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.401(a) The Facility Director and the PREA Coordinator both stated during their interviews that DHJDC has been audited in 2020. The PREA Coordinator did provide to this auditor a copy of the Final Report dated 11/2/2020 of which it is posted on the agency’s website. The facility is in compliance with this provision.</p> <p>115.401 (b) The Facility Director and the PREA Coordinator both stated during their interviews that this is the 3rd year of the current audit cycle. The facility is in compliance with this provision.</p> <p>115.401 (h) During the onsite phase of this audit this auditor did have access to, and the ability to observe, all areas of DHJDC’s administrative building, housing areas, interior, exterior, etc. of this facility The facility is in compliance with this provision.</p> <p>115.401 (I) During the onsite phase of this audit this auditor was permitted to</p> |

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| | <p>request and receive copies of any relevant document including electronically stored information from DHJDC’s administrative files and records. The facility is in compliance with this provision.</p> <p>115.401 m. During the onsite phase of this audit this auditor was able to conduct interviews with the residents and staff members in a private setting (e.g., in an office with a door for privacy) away from the earshot of staff and residents. The facility is in compliance with this provision.</p> <p>115.401 n. During the pre-audit, onsite and post-audit phase of this audit, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, this auditor has not received any confidential information or correspondence from a resident and or staff from DHJDC to date. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |
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| 115.403 | Audit contents and findings |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.403 (f) A review of CCJDC’s website at www.CCJDC.org as well as interviews with the Facility Director and the PREA Coordinator revealed that this facility had been previously PREA audited on August 20th, 2020 by a certified PREA Auditor. There was proof documentation to be found on the facility’s website as well as provided by the PREA Coordinator, of the Final Report dated 11/2/2020 to corroborate this assertion. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p> |

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

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| | 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 |

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| | 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.) | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | |

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| (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? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |
| 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 |

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| | 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.) | yes |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |

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| | 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 |

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

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| 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 |

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| | 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 |

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| 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 |

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| | 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 | |

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| | 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 |

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

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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. | no |
| 115.352 (b) | Exhaustion of administrative remedies | |

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

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

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

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| | 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 |

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| | 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 | yes |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| 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 | |

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| (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 |

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| | 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 |

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| | 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 |

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| 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 |

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| 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 | na |

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| | 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.) | yes |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when | yes |

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| | 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.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |

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| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 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 |