

PREA Facility Audit Report: Final

Name of Facility: Meurer Intermediate Sanctions Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/19/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon Pette	Date of Signature: 09/19/2024

AUDITOR INFORMATION	
Auditor name:	Pette, Sharon
Email:	sharon@rapidesi.com
Start Date of On-Site Audit:	07/22/2024
End Date of On-Site Audit:	07/23/2024

FACILITY INFORMATION	
Facility name:	Meurer Intermediate Sanctions Center
Facility physical address:	2515 S Congress, Austin, Texas - 78704
Facility mailing address:	

Primary Contact

Name:	Stanley Odoms
Email Address:	stanley.odoms@traviscountytexas.gov
Telephone Number:	512-854-5685

Superintendent/Director/Administrator	
Name:	Frederick Wilson
Email Address:	Frederick.Wilson@traviscountytexas.gov
Telephone Number:	512-854-7051

Facility PREA Compliance Manager	
Name:	Stanley Odoms
Email Address:	stanley.odoms@traviscountytexas.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Miranda Foran
Email Address:	miranda.foran@traviscountytexas.gov
Telephone Number:	512-854-5683

Facility Characteristics	
Designed facility capacity:	118
Current population of facility:	33
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	13-19
Facility security levels/resident custody levels:	security level 3-5, custody level maximum
Number of staff currently employed at the facility who may have contact with residents:	60
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	45

AGENCY INFORMATION

Name of agency:	Travis County Juvenile Probation Department
Governing authority or parent agency (if applicable):	Texas Juvenile Justice Department and the Travis County Juvenile Board
Physical Address:	2515 S Congress, Austin, Texas - 78704
Mailing Address:	
Telephone number:	512-854-7000

Agency Chief Executive Officer Information:

Name:	Cory J. Burgess
Email Address:	cory.burgess@traviscountytexas.gov
Telephone Number:	512-854-7005

Agency-Wide PREA Coordinator Information

Name:	Kris Johnson	Email Address:	kris.johnson@traviscountytexas.gov
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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:

5

- 115.313 - Supervision and monitoring
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.335 - Specialized training: Medical and mental health care

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-22
2. End date of the onsite portion of the audit:	2024-07-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted the SAFE Alliance which is the community victim advocacy organization. I interviewed a rape crisis advocate to confirm they have a relationship and an active MOU with Travis County Probation Department. They reported that they have not received a call from an ISC resident in the past several years.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	118
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<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>As previously mentioned, on the initial day of the onsite audit there were 34 residents in the facility (29 male and five female). There were no youth who had disclosed prior sexual victimization during the risk screening at intake. There was one youth who scored "highly sexually aggressive" on the Housing Screener. There was one low cognitive functioning youth and two youth who identified as bisexual and questioning. All targeted youth in the facility at the time of the onsite audit were interviewed.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>61</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The ISC program has several contractors, interns, and volunteers. As previously mentioned, at the time of the onsite audit the program was contracting with the Austin Independent School District (AISD) and two licensed barbers for vocational instruction. The program also has a variety of volunteers who provide services to include mentoring, religious services, vocational instruction, and yoga instruction. The ISC program also has four psychology interns. The auditor was able to interview a sample of contractors, interns, and volunteers.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>14</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor was provided a list of residents that included the housing assignment and date of admission. The auditor pulled out all targeted residents to be interviewed. The remaining resident names were used to select the random sample. The auditor selected every fourth name on the current youth roster. The auditor confirmed with the PREA Compliance Manager that the selected sample included ethnic diversity as well as a range of ages. The interview sample included both male and female residents as well as LGBTQI youth.</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 auditor interviewed a total of 14 residents (10 randomly selected and four targeted). There were only five female youth in the facility at the time of the onsite review. Interviews were conducted with only three of the female residents as two declined to be interviewed.</p>

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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>At the time of the onsite audit, there was one youth whose initial language was Spanish fluently but who also spoke English fluently. This individual was interviewed and the auditor confirmed this individual was not considered Limited English Proficient. Interviews with staff and youth confirmed the facility has not had specialized populations of youth other than low cognitive functioning and LGBTQI.</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>1</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>Interviews with facility administrators and staff verified the facility has not had a blind or low vision resident in the facility to date.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with facility administrators and staff verified the facility has not had a deaf or hard-of-hearing resident in the facility to date.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As previously mentioned, at the time of the onsite audit there was one youth whose initial language was Spanish fluently but who also spoke English fluently. This individual was interviewed and the auditor confirmed this individual was not considered Limited English Proficient.</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>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff verified there were no youth identify as transgender or intersex at the time of the onsite audit. Staff did report that the facility did have one transgender resident several years ago.</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>There were three allegations of sexual abuse in the 12-month period preceding the onsite audit. All of these youth had been discharged months prior to the audit and therefore, the auditor was unable to interview these residents. All 14 residents interviewed (random and targeted) denied reporting sexual abuse while at the ISC program.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>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>There were no youth who disclosed sexual victimization at intake. There was one youth who did score high for sexual aggression. This individual was interviewed. A sample of the Housing Screening Tool (N=12) provided evidence that youth did not disclose prior sexual victimization at the time of admission.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff and youth interviews verified that victims of sexual abuse are not placed in isolation. There were three allegations of sexual abuse prior to the onsite audit. Review of investigation reports and supporting documents (i.e., incident reports) verified that the three youth who alleged sexual abuse were not placed in isolation.</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>As previously mentioned, the auditor interviewed four targeted youth (i.e., one low cognitive functioning, one sexually aggressive, and two LGBTQI). Ten youth were randomly chosen for interviews by selecting every fourth name on the housing assignment roster. The auditor confirmed the sample was ethnically diverse as well as other diversity factors (i.e., range of ages, housing location, etc.) by verifying the sample with the PREA Compliance Manager.</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>20</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>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor randomly selected staff from each job title by selecting every third or fourth name on the list (depending on the number of individuals in the specific job category). The auditor ensured a minimum of one person was selected in each job category. The auditor oversampled the Shift Supervisors and RTO Leads, as these individuals are ultimately responsible for ensuring the shift runs smoothly and PREA response protocols are followed. The auditor interview 13 direct care staff (Residential Treatment Officers) and seven Shift Supervisors and RTO leads. These interviews included day as well as overnight shifts.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>24</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <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 <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	<p>In addition to the 20 random staff interviews, the auditor interviewed 24 specialized staff interviews as listed above. In total, the auditor conducted 43 interviews remotely and in-person consistent with the PREA Auditor Handbook expectations. Additional interviews included a Case Work Manager and two Intake staff/Unit Coordinators. The auditor also interviewed a Community Advocate with SAFE Alliance.</p>
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
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 checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>As previously mentioned, in addition to the 20 random staff interviews, the auditor interviewed 24 specialized staff interviews as listed above. In total, the auditor conducted 43 interviews remotely and in-person consistent with the PREA Auditor Handbook expectations. The auditor randomly sampled these staff making sure there was at least one individual selected for each job title/role. The sample also included interviews with a Case Work Manager, two Intake staff/Unit Coordinators, and a Community Advocate with SAFE Alliance. The auditor also interviewed contracted teachers. The auditor attempted to make contact with a sample of volunteers and a vocational services contractor but was unable to connect prior to issuing the audit findings report. The auditor interview three contracted teachers. The auditor placed calls and left messages for the contracted barber and two volunteers but did not receive a call back. The auditor made two attempts to contact these individuals. As such, the auditor was not able to interview any volunteers as part of this audit.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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>The auditor had full access to all areas of the facility. An official audit tour was conducted with agency and facility administrators. As mentioned in the audit findings report the auditor tested the grievance process and found the ISC practice of checking grievance boxes daily is in place. The auditor also had the individuals responsible for providing the youth PREA education and completing the vulnerability tool walk her through these processes. There were no new intakes during the onsite audit and therefore, the auditor was unable to observe these processes.</p>
Documentation Sampling	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor was provided a list of full-time and part-time employees currently employed and those who left employment in the 12 months preceding the onsite audit. The sample also included two individuals who were promoted within the 12-month time period. A total of 25 staff files were reviewed. The auditor was also provided a list of current ISC youth as well as youth who were discharged from the program in the past 12 months. The auditor randomly selected 12 youth files by selecting every fifth name on the discharged list and every fourth name for the current youth. The auditor reviewed the Housing Screener done at intake and the PREA education attestation forms for all youth in the sample (i.e., at intake and the comprehensive education).</p> <p>The auditor also reviewed two investigative files and supporting documents; a sample of unannounced rounds forms; criminal history and abuse background checks for staff, volunteers, interns, and contractors; and training attestation forms verifying First Responder and Culture of Safety training completion for staff, contractors, interns, and volunteers.</p>

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	3	0	3	0
Total	3	0	3	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	2	0	1
Total	0	2	0	1

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:

2

<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>2</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>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>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of sexual harassment in the 12-month period preceding the onsite audit.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input 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>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor reviewed two of the three investigation files. There were no sexual harassment allegations in the 12 months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AS-901 Reporting Child Abuse and Neglect and Exploitation • AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • AS-209 Code of Ethics Staff-Juvenile Relationships • RS 2.50 First Responder Duties • RS 9.10 Discipline Plan • Travis County Juvenile Probation Department Residential Services Resident Handbook • Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake) • Spanish version of A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)

- Agency’s “Abuse Education for the Orientation Process” (at intake)
- Agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” (at intake)
- “Acknowledgment of Receipt of Orientation Information and Materials” (at intake)
- Travis County Juvenile Probation Department: ISC Intake Packet
- Organizational and Facility Charts showing Agency PREA Coordinator and Facility PREA Compliance Manager
- Interview with Chief of Juvenile Probation
- Interview with Agency PREA Coordinator
- Interview with ISC PREA Compliance Manager
- Interview with Director of Residential Services
- Observations during facility audit tour

Provision (a)

Travis County Juvenile Probation Department has several agency policies that set forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The Travis County Juvenile Probation Department’s Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” provides specific definitions for sexual abuse by contact; sexual abuse by non-contact; and sexual harassment.

The ISC facility also has Policy RS 9.10 “Discipline Plan” which includes a detailed definition of sexual misconduct. More specifically, this policy states, “Sexual Misconduct: intentionally and knowingly engaging in any of the following: 1. Causing contact, including penetration (however slight), between the penis and the vagina or anus; between the mouth and penis, vagina or anus; or penetration (however slight) of the anal or genital opening of another person by hand, finger, or other object; 2. Touching or fondling, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person; 3. Kissing for sexual stimulation; 4. Exposing the anus, buttocks, breasts, or genitals to another or exposing oneself knowing the act is likely to be observed by another person; or 5. Masturbating in an open and obvious way, whether or not the genitals are exposed.” These definitions are consistent with PREA expectations.

The agency and facility policies uphold a zero-tolerance policy for all forms of sexual abuse and sexual harassment. More specifically, evidence of a zero-tolerance culture includes Policy AS-209 Code of Ethics Staff-Juvenile Relationships’ (page 2) which states, “juvenile justice professionals must not....be designated as a perpetrator in an abuse, exploitation, and neglect investigation conducted by TJJD under Chapter 350 of this title and Texas Family Code Chapter 261.....interfere with or hinder any abuse, exploitation, and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under Chapter 350 and Chapter 358 of this title or Texas Family Code Chapter 261” This same policy also states, “A violation of the Code of Ethics is basis for disciplinary action up to and including termination....A violation may include, but is not limited

to suspension, revocation or denial of a Juvenile Probation Officer's or Juvenile Supervision Officer's certification by TJJD."

Additional evidence supporting this PREA provision can be found in Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation." This policy requires, "1. Signs reflecting the Department's zero tolerance policy concerning the abuse of juveniles shall be prominently displayed in public areas as determined by the Chief or designee. Signs will include methods for juveniles to have unimpeded access to report allegations directly to TJJD. 2. In programs licensed by DSHS, the Department shall post a legible copy of the following documents in a prominent public location that is readily available to clients, visitors, and staff: a. the Client Bill of Rights; the TDSHS's current poster on reporting complaints and violations; and c. The client grievance procedure. 3. These documents shall be displayed in English and in Spanish." This same policy also directs, "F. Required training: All Department personnel shall be trained annually on procedures for reporting abuse, neglect and exploitation. G. Reporting requirement: Failure to adhere to the reporting requirements as described in this policy may result in disciplinary action up to and including termination. H. Disciplinary sanctions for staff that engage in abuse, neglect and exploitation will be in accordance with AS-214: Disciplinary Procedures."

Furthermore, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 4) directs: "To prevent sexual abuse or sexual harassment and provide a safe and secure environment, each staff member at the Department will provide the highest level of protection." In addition, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 8) emphasizes disciplinary actions for staff who engage in sexual abuse and/or harassment. Specifically, the policy states, "If a staff member engages in sexual abuse or sexual harassment, he / she will be subject to disciplinary action, up to and including termination."

This information is also included throughout the Travis County Juvenile Probation Department Residential Services Resident Handbook. More specifically the handbook (page 17) clearly states, "Engaging in any type of sexual activity is prohibited" and "You have the right NOT to be subjected to corporal punishment, humiliating punishment, harassment, threats, intimidation, physical/sexual assaults, physical/sexual abuse, verbal harassment of a sexual nature, exploitation, neglect, retaliation or embarrassment by another resident or staff. If you feel you have been subjected to any of the above treatment either outside or within the facility, please report it immediately to a staff member." The handbook also explains a zero tolerance for retaliation. More specifically, the handbook states, "You have the right NOT to be punished or retaliated against for reporting incidents of abuse, neglect, exploitation or retaliation." In the Abuse Education section of the handbook the program's zero tolerance policy is clearly articulated by stating, "The Travis County Juvenile Probation Department - Residential Services are committed to maintaining a zero-tolerance policy regarding sexual abuse and sexual harassment. As a resident of this facility, you have the right to be free from abuse, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive and/or harassing behavior from staff and other residents."

Interviews with the executive leaders, facility leaders, the Agency PREA Coordinator, and the PCM provided sufficient evidence that all staff understand the zero-tolerance policy; mandatory reporting responsibilities; and avenues for reporting abuse. In addition, during the facility tour the auditor observed three versions of zero-tolerance posters (i.e., “Zero Tolerance for Abuse” and “Break the Silence.” These posters included the hotline number for reporting abuse (to the Texas Juvenile Justice Department – TJJD). The auditor also noted signs stating “We protect your rights” from the Ombudsman’s office. This zero-tolerance information is also provided in the Residential Services Resident handbook. Additionally, the Travis County Deputy Chief Juvenile Probation Officer and other agency leaders articulated that keeping youth safe while in the care of the ISC facility is a top agency priority. The auditor concludes there is a zero tolerance “tone” which permeates the facility.

Provision (b)

The Travis County Juvenile Probation Department has a designated Agency PREA Coordinator, Mr. Kris Johnson. Mr. Johnson is responsible for ensuring two facilities (Intermediate Sanctions Center and the Gardner-Betts Detention facility) are PREA compliant. An interview with Mr. Johnson verified he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. Mr. Johnson is currently serving in an “acting” capacity and will be hiring another individual to assume the Agency PREA Coordinator responsibilities in the next two months.

In further support of this provision, the agency has formal policy language establishing the Agency PREA Coordinator position. Specifically, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” states: “The Chief Juvenile Probation Officer designates a staff to serve as the Department-wide PREA Coordinator.... These staff member’s duties must be structured to allow sufficient time and authority to develop, implement, and oversee Department efforts to comply with PREA standards in each facility. These staff member’s duties must be structured to allow sufficient time and authority to develop, implement, and oversee Department efforts to comply with PREA standards in each facility.... Their responsibilities include, but are not limited to: 1. ensuring Department policies and procedures are compliant with PREA standards; 2. ensuring that the Department offers the appropriate PREA material in training; 3. ongoing reviews of Department practices; 4. conducting periodic walk-throughs of the facilities; and 5. coordinating the Department’s annual effort to assess the facilities’ staffing plans as outlined in D.”

Provision (c)

The ISC facility has a designated PREA Compliance Manager, Mr. Stanley Odoms is an Accreditation and Compliance Officer and a specialized investigator. Although Mr. Odoms has a range of job responsibilities, he reported that he has sufficient time to perform the PREA-related job responsibilities. In addition, the fact that the facility met federal PREA expectations on over 95% of the standard provisions provides

	<p>additional evidence supporting he has enough time and authority to ensure the ISC facility is PREA-compliant.</p> <p>In further support of this provision, the agency has formal policy language establishing the Facility PREA Compliance Manager. Specifically, agency policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” states, “Each facility has a designated PREA Manager....These staff member’s duties must be structured to allow sufficient time and authority to develop, implement, and oversee Department efforts to comply with PREA standards in each facility....Their responsibilities include, but are not limited to: 1. ensuring Department policies and procedures are compliant with PREA standards; 2. ensuring that the Department offers the appropriate PREA material in training; 3. ongoing reviews of Department practices; 4. conducting periodic walk-throughs of the facilities; and 5. coordinating the Department’s annual effort to assess the facilities’ staffing plans as outlined in D.”</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Review of a sample of Travis County contracts with residential providers (N=6) • Review of a sample of PREA sexual abuse and sexual harassment data for all contracted providers (2023) • Review of a sample of final audit PREA reports for 3 contracted providers • Interview with Chief of Juvenile Probation • Interview with Administrative Services Senior Director (Human Resources) • Interview Agency PREA Coordinator • Interview with the PREA Compliance Manager <p>Provision (a)</p> <p>The agency has a formal policy, AS-902 “Preventing and Detecting Sexual Abuse and harassment” (page 7) which outlines requirement for contract to house Travis County youth. Specifically, this policy requires: “The Department will ensure all juveniles under Department supervision who are housed in contracted placements are safe. 1. New or renewed contract requirements will specify that placements shall</p>

be fully compliant with PREA standards. 2. The contracted placements will be reviewed on a regular basis for general health, safety and compliance with standards promulgated by oversight agencies, to include PREA standards. In the event a contracted agency is not demonstrating appropriate compliance, the Department will take the necessary steps to address concerns that arise.”

Travis County Juvenile Probation Department currently has executed contracts with 6 residential providers to house and treat juvenile justice youth. The auditor reviewed five contracts to verify compliance with requirements outlined in this standard. A detailed review of contracts verified Travis County requires all contracted providers to comply with federal DOJ PREA standards. More specifically, the executed contracts state, “Contractor shall comply with all federal, state, county, and city laws, rules, ordinances, regulations and standards applicable to the provision of services described herein and the performance of all obligations undertaken pursuant to this Contract, including the Prison Rape Elimination Act of 2003 (PREA), which establishes a zero-tolerance standard against sexual assault of incarcerated persons, including juveniles, and addresses the detection, elimination, prevention, and reporting of sexual assault in facilities housing adult and juvenile offenders. Under PREA, Contractor must make available to the County Placement Officer all incident-based and aggregated data reports for every allegation of sexual abuse at its facility or facilities, and all such data may be requested by the Department of Justice from the previous calendar year no later than June 30.”

A review of the sample executed contracts and interviews with Travis County staff verified compliance with this standard.

Provision (b)

An interview with the ISC Placement Coordinator verified that she shares responsibility with the Travis County Accreditation and Compliance Officers for monitoring contracted residential providers for PREA compliance. The process includes facilities submitting a facility monitoring packet twice per year to be reviewed by the Placement Coordinator. Contracted programs are required to submit specific program information including TJJD monitoring site visit reports (which includes some PREA items); the most recent PREA audit report; and facility incident data. In addition, the Placement Coordinator conducts two visits to each of the programs throughout the year. The Coordinator uses the Travis County Juvenile Placement Monitoring Tool to identify areas of compliance and areas for improvement. These site visits include interviews with youth and staff; file reviews; a facility tour; and document review. In addition to these site visits, Travis County Juvenile Probation Officers are required to conduct monthly site visits to placement facilities to check for youth safety.

The auditor reviewed a sample of final PREA audit reports by going to the contracted providers website and verifying audits had been conducted (n=3). The auditor also reviewed sexual abuse and sexual harassment data from all providers (N=6). These data confirm there is a process in place to monitor these programs for PREA compliance.

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy RS 7.20 “Supervision and Movement of Residents” • ISC Facility Staffing Plan Review (12/19/2023) • ISC Annual Staffing Plan Review Sign In Sheet (December 2023) • Facility schematic/layout • Facility staffing schedules • Unannounced rounds Excel tracking sheet • Random sample of completed Travis County Juvenile Probation Management Walk-Through forms (unannounced rounds) • Completed Sexual Abuse Incident Review Committee form • Interview with Division Director of Residential Services (ISC) • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Interviews with intermediate and high-level staff who conduct unannounced rounds • Interviews with Residential Treatment Officers (direct care staff) • Observations during facility tour <p>Provision (a)</p> <p>The ISC facility has over 40 cameras strategically placed throughout the resident units; the school; the cafeteria; the gymnasium; visitation areas; the inside courtyard; the breezeways; and outside of the building structures. The facility tour revealed only a few blind spots although the auditor observed staff positioned appropriately to address these blind spots. Since the last audit, the program has installed several additional cameras and replaced many of the standard cameras with four-way cameras to address the identified blind spots (i.e., the seating/waiting area and the hallway of the infirmary; the gym; etc.). The existing camera surveillance system provides adequate monitoring and is a good supplement to staff supervision. All cameras are monitored 24 hours a day, seven days a week from a central control area. Video is automatically recorded and is stored for up to 90 days.</p> <p>Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (page 3) requires its facilities to operate with adequate staffing levels. The policy states, “The Department will ensure that each facility has an adequate level of staffing to protect residents against sexual abuse and sexual harassment. Factors considered in the review include, but are not limited to: 115.313(a)-1 1. Standards promulgated by oversight agencies including PREA, TJJJ, ACA, or DSHS or any other state or local law, regulation or standard that applies to the Department, to include staff gender and ratio requirements; 2. Generally accepted juvenile detention and</p>

correctional / secure residential practices; 3. Judicial or Federal investigative agencies findings of inadequacy, if any; 4. Any findings of noncompliance from oversight agencies to include, but not limited to TJJD, ACA, and DSHS; 5. The number and placement of JSOs to enhance supervision; 6. Programs or activities occurring on a particular shift; 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment; 8. Any other relevant factors, such as the composition of the resident population, facility culture, gang presence, and specific programming for target population needs..." During the onsite facility tour, the auditor noted a sufficient staffing during the day and nighttime shifts. Interviews confirmed the facility exceeds the minimum staff-to-youth ratios required by PREA standards.

The auditor reviewed the "ISC Annual Facility Staffing Plan Review (12/19/23)." A review of the plan provided substantial evidence that the annual review is comprehensive and addresses all items in provision (a) of this PREA standard. More specifically, the staffing plan review document describes the physical plant layout. More specifically, the ISC Residential Services program is located on the first and third floors of the Meurer Intermediate Sanctions Center (ISC). Classrooms are located on the first and third floors of the ISC. The GED classroom is located on the second floor of the Detention expansion and the vocational area is adjacent to the courtyard. The most recent annual staffing plan review report (12/19/2023) states, "All on-duty Residential Treatment Officers (RTOs) and Shift Supervisors (Supervisors) have hand-held radios to access additional personnel and respond in the event of an emergency; the proximity of the program and housing areas minimizes the response time. When supervising youth, staff should position themselves so that they can see all residents, mitigating any potential blind spots. All housing units, common areas, stairwells, hallways, and multi-purpose areas have video surveillance with playback capability. The strategic placement of cameras augment staff supervision, mitigates blind spots, and enhance the Department's ability to review incidents, including any sexual abuse allegations." The annual staffing plan review document also describes the composition of the juvenile population to include ages of youth, mental health needs, gangs, physical issues, etc. and the impact this has on staff training and facility operations. All areas required by this provision are discussed and documented in the annual staffing plan review.

In further support of this standard, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" specifically addresses the areas outlined in this PREA provision. This same policy also provides (Page 3 - 4) details how physical plant reviews should be conducted and how information should be used to prevent incidents of sexual abuse. More specifically the policy describes, "The physical plant review includes: a. Blind spots on the housing units or the areas around the facilities; b. Access to areas that are not in use after hours; and c. The deployment of a video monitoring system to augment and enhance supervision. d. The Department will review any addition, remodeling or repurposing of the physical plant to ensure the modification will enhance the protection of residents. 10. Resources will be made available to accommodate the adjustments of the staffing

plan as indicated in the review.”

Staff interviews provided evidence that staff understood the importance of staff positioning and “eyes on, ears on” supervision. The auditor concludes that the high staff-to-youth supervision ratio, the extensive camera system, the existing staffing plan, the 2023 annual staffing plan review, and agency/facility policies supports compliance with provisions in this standard.

Provision (b)

As is the case in 24/7 operated facilities, all Residential Treatment Officer positions are mandatory posts – staff are not permitted to leave their post until another staff member relieves them of their duty. Onsite observations verified the facility exceeded DOJ expectations regarding staff-to-youth ratios. Again, the auditor noted on several occasions in which there were two staff members for seven youth and other situations in which there was one staff to five youth. Interviews with direct care staff, facility managers, and youth confirmed that the facility never violates its staffing ratios or mandatory post requirements.

Provision (c)

Travis County Juvenile Probation Department has formal policies dictating staff-to-youth ratios. More specially, facility Policy RS 7.20 “Supervision and Movement of Residents” states: “Supervision Ratios: 1. The staff-to-resident ratio shall not be less than: a. One staff to every 8 residents during program hours on or off-premises; and b. One staff to every 16 residents during non-program hours.” The ISC facility has a formal staffing pattern that includes at least one Residential Treatment Officer and a Team Lead for each unit seven days a week. In addition, there is always a Shift Supervisor on duty who oversees all units. As previously mentioned, the facility population was 34 on the first day of the onsite review (July 22, 2024) and as such, youth were housed on only six units. Onsite observations verified the facility exceeded DOJ expectations regarding staff-to-youth ratios (i.e., the auditor noted on several occasions when youth were moving throughout the facility there were two staff for five youth). Currently, the facility exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during sleeping hours. In addition, youth reported they are never left alone with other youth and are not able to “get away with” being in another resident’s room because staff are supervising. The facility’s commitment to ensure staff ratios are maintained and youth are safe is further exemplified by securing additional staff when needed (i.e., youth with significant mental health issues, suicidal ideation, etc.).

In support of this standard, the ISC Annual Staffing Plan Review (12/18/2020) explains:

- “Staffing ratios for program hours: TJJD standards 343.628 require the facility have enough RTOs on campus to maintain a “facility-wide staffing ratio” to be no less than one (1) RTO to every eight (8) residents (1:8) during program hours. State standards (TJJD) TAC 343.630 require officers to

maintain a constant physical presence while providing supervision and maintain a “supervision ratio” of one (1) juvenile supervision officer for every 12 residents. However, the Department employs a supervision ratio of one (1) RTO for every eight (8) residents during waking hours to meet PREA Standards.

- Staffing ratios for non-program hours: TJJD standards 343.628 require the facility have enough RTOs on campus to maintain a “facility-wide staffing ratio” to be no less than one (1) RTO to every 20 residents during non-program hours. State standards (TJJD) TAC 343.630, require officers to maintain a constant physical presence while providing supervision and maintain a “supervision ratio” of one (1) juvenile supervision officer for every 24 residents during non-program hours. However, the Department employs a supervision ratio of one (1) RTO for every 16 residents during sleeping hours to meet PREA Standards.”

Interviews with staff and youth verified that PREA staffing ratios are always maintained and often there are more than two staff working with eight youth. During the school day, a RTO is required to supervise the classrooms while the teachers are educating the students. There are typically no more than 8 or 9 youth per classroom.

Provision (d)

The program uses a formal documented structure to review the staffing plan on an annual basis. The annual facility staffing plan review includes a detailed discussion of each of the 11 areas outlined in PREA standard 115.313 (a). The auditor reviewed the most recent annual staffing plan review (ISC Juvenile Justice Center Facility Staffing Plan Review - 12/19/2023) to verify compliance with this standard provision. The annual staffing plan review document captured discussion on each of the required areas including current state, progress to address deficiencies, and actions taken. For example, the annual staffing plan review explains, “The Department reviewed the investigation findings concerning sexual misconduct from October 1, 2019 – September 30, 2023. Since the last staffing plan review, December 16, 2022, there were two allegations of staff sexual misconduct. One of the incidents was substantiated and appropriate corrective action was taken. This was the only substantiated staff allegation in the previous four years....the incident did reveal potential blind spots in the day areas of the dorms, prompting a re-assessment of the type and placement of electronic surveillance equipment within the units.” During the facility tour ISC leadership pointed out the new four-way cameras referenced in this staffing plan review (that allow for additional coverage).

In addition, a copy of the annual staffing plan review meeting attendance sheet was submitted to the auditor as further evidence for compliance. The auditor noted signatures from the Chief Juvenile Probation Officer, General Counsel, Agency PREA Coordinator, and Deputy Chief and Interim of Residential Services Director to name a few which verified participation in the 2023 annual staffing plan review. There were a total of 18 mid-to-high-level managers who participated in the review.

Interviews also provided additional evidence that the staffing plan is reviewed a minimum of annually and that participants discuss sexual abuse incident data and facility staffing needs.

Provision (e)

The agency has a formal policy to ensure unannounced rounds are conducted. Agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 4-5) states: "Shift Supervisors will go through the facilities throughout their shifts to ensure the staff are positioned appropriately and are providing the appropriate levels of supervision....The management team will make unannounced rounds in order to detect and deter sexual abuse and sexual harassment. (a) Rounds will be made routinely during all three shifts. (b) On-duty staff will not alert other staff of the rounds unless it is related to legitimate operational functions of the facility such as compliance monitoring visits or tours of non-Department officials. (c) Issues will be noted and immediately addressed. (d) The rounds and any corrections will be documented accordingly." This same policy (page 2) also states, "Resources will be made available to accommodate the adjustments of the staffing plan as indicated in the review."

The ISC Annual Staffing Plan Review document (12/19/2023) also describes unannounced rounds and provides the number of rounds conducted per shift. The document (page 6) states, "A shift supervisor is on duty 24 hours a day in Residential Services. Shift supervisors are expected to go through the facilities several times a shift to ensure that the staff is providing appropriate supervision. The facility has also hired Lead RTOs to assist the supervisors in monitoring the placement, number and adequacy of staff supervision. The Division Director and the Division Manager also conduct unannounced rounds to enhance the safety and security of the facility and ensure the sexual safety of the juveniles. There will be a minimum of two (2) unannounced rounds in each facility every month and all three shifts will be covered during the year. The division management is on call after regular business hours and during holidays and weekends for emergencies."

This staffing plan review report also states, "The CFR 115.313(e) requires each secure facility to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds (management walk-through) to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. The Department Policy AS-902 requires the Division Director, Division Managers, Casework Mangers, and Shift Supervisors to make unannounced rounds routinely on all three shifts. The PREA Resource Center suggest that unannounced rounds occur, at a minimum of once per month to comply with the standard."

The auditor reviewed the Management Walk-Through Tracking Sheet maintained by the Compliance Team. There was a total of 136 walk-throughs conducted in an eight-month period (7/01/2023 through 4/30/2024). The Excel tracking sheet documents the date of the walkthrough, the day of the week, the time it was conducted, and by whom. The auditor also reviewed a sample of completed

	<p>Management Walk-Thru forms to confirm rounds were conducted and documented and deficiencies identified. Review of the documents verified that the pattern for conducting these rounds are random. The Travis County Juvenile Probation Management Walk-Through form requires the manager to indicate which units were visited (although managers typically visit all units within the facility); whether staff were properly supervising youth; whether staff were appropriately positioned to allow adequate supervision; and note other observations/ comments about the walkthrough. Review of the completed forms verified managers conduct thorough walkthroughs as evidenced by their comments related to graffiti in the bathroom; youth activities occurring; staff appropriately positioned, etc. These walk-throughs are conducted by the Shift Supervisors. The review of the random sample of forms verified rounds are conducted by intermediate and high-level managers (as evidenced by the signature on the completed forms). Additionally, these rounds are conducted across all shifts and on weekends and weekdays.</p> <p>Review of the Excel tracking sheet and completed rounds forms indicated there are a minimum of two rounds a month with an average of 17 rounds per month. Staff interviewed reported that facility managers walk through the units unannounced multiple times throughout their shift. Staff also reported that these visits are unexpected, and they are not alerted to when these rounds will occur. Youth and staff interviews confirmed that supervisors are always conducting rounds and there is no consistent pattern to these rounds (the rounds are not predictable).</p> <p>The fact that the facility far exceeds the staff-to-youth ratios; conducts unannounced rounds several times throughout all shifts; routine unannounced rounds are conducted daily by Division Managers; and the agency/facility has formal policies and an accompanying form to guide and document these rounds, allows the auditor to conclude the facility “exceeds” this PREA standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy RS 7.20 “Supervision and Movement of Residents” • Policy RS 6.120 “Searches” • Policy AS-1203 “LGBTQI Juveniles” • Annual Staffing Plan Review Report (dated 12/19/2023) • Travis County Juvenile Probation Department Detention Housing Screening tool • Cross-gender searches training produced by the Moss Group and that is

available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0)

- Review of the Power Point training slides for the Cross-Gender Searches training
- Interview with Director of Residential Services
- Interviews with direct care staff across all shifts
- Interviews with Shift Supervisors
- Interviews with youth
- Observations during facility tour

Provisions (a)

The ISC facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances. ISC has a formal policy addressing several provisions in this standard. Policy RS 6.120 "Searches" states, "Female RTOs will frisk search female residents and male RTOs will frisk search male residents." The policy also clearly states that all resident searches must be documented and include the reason for and the result of the search. The policy also provides clear directives regarding strip searches and states, "Strip searches will be conducted by a staff member of the same gender as the resident. Another staff member, also of the same gender of the resident, will be present as a witness to the search." This same policy also directs, "d. A strip search will be performed in an area that ensures the privacy and dignity of the individual.....e. The RTOs will not touch the resident. The strip search shall be performed visually." All body cavity searches are required to be documented in the youth's medical record. The Shift Supervisor is also required to document anal or genital body cavity searches in the youth's file. Interviews with youth and staff verified the program does not conduct cross-gender searches.

Provision (b)

The ISC facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances. However, Residential Treatment Officers (RTOs) are formally trained on how to conduct cross-gender pat searches in the event a transgender or intersex youth prefers to be searched by the opposite gender. The county uses the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). Review of the Power Point slides for the cross-gender searches training verified all topics are covered. Staff and youth interviews verified cross-gender searches are prohibited except in exigent circumstances (or as preferred by transgender and intersex youth).

To ensure cross-gender searches are not conducted, the ISC program is required to have one female and one male staff member on each shift. If needed, the program can also call the Travis County Gardner-Betts Juvenile Detention Center located next door to have trained staff come over to the ISC program to conduct the search.

The Annual Staffing Plan Review Report (dated 12/19/2023) explains the gender supervision requirement. More specifically, the report states, "TJJD standards 343.626 require juvenile supervision officers of both genders be on duty and available to the residents for every shift; Residential Services has male and female RTOs assigned to each shift. Same-gender supervision is required during showers, strip searches, disrobing, 1:1 supervision, and other times that may require the presence of an officer of the same gender. Opposite-gender supervision and visual observation is prohibited during the times described above. TJJD standards are consistent with the requirements outlined in PREA."

Provision (c)

Policy AS-1203 "LGBTQI Juveniles" explains the process for ensuring that transgender and intersex youth are searched by the gender of staff with whom they are most comfortable. The policy states, "Staff will ask the juvenile his or her gender. a. If a juvenile discloses that he or she is transgender or intersex, the staff will document the information on the housing screener and ask the following information: i. preferred name and gender pronoun; and ii. the preferred sex of the staff performing searches. Staff will ask the juvenile his or her gender. a. If a juvenile discloses that he or she is transgender or intersex, the staff will document the information on the housing screener and ask the following information: i. preferred name and gender pronoun; and ii. the preferred sex of the staff performing searches." Interviews with supervisors and RTOs confirmed that they are required to document who conducted the search in the search log.

Provision (d)

Youth residing in the ISC facility have privacy when using the bathroom and when changing their clothes. The facility is designed with one bathroom that has two stalls, each with a toilet and a shower. Staff and youth interviews confirmed that only one youth are permitted in the bathroom at a time (only one stall is used). Youth are required to shower individually with the bathroom door closed. Staff are required to knock and verbally communicate with youth before entering the bathroom. Observations during the facility tour and youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Youth are required to change clothes in the bathroom or in their individual rooms with the door closed. They are not permitted to come out of their rooms unless they are fully clothed. Before entering a youth's room, all staff are trained to first knock and ask to enter. If a youth replies that s/he needs a few minutes, then the staff will not enter the room (unless a clinician feels youth is in danger of harming himself). In addition, prior to entering the residential living unit staff are required to announce themselves. All youth verified staff follow this procedure of knocking and asking before entering the individual youth's room as well as when they are about to enter the living unit. In addition, there are signs outside the unit door reminding staff of the opposite gender to announce themselves. While onsite, the auditor observed female staff announcing themselves prior to entering a male residential unit.

Policy RS 7.20 states, "Staff shall be prohibited from supervising and visually

observing residents of the opposite gender during certain times except when the viewing is incidental to routine room checks or during exigent circumstances. Same gender staff shall be the sole supervisors of residents during these instances: a. Showers or performing bodily functions; b. Changing clothing or disrobing of residents; c. Physical searches and pat downs; d. Off-campus supervision, to include hospitalization; and e. Other instances requiring same gender supervision.”

In further support of this provision, the agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 5) states, “To ensure the privacy of the residents, staff of the opposite gender will announce their presence when entering the housing units.”

Additionally, the ISC Annual Staffing Plan Review Report (dated 12/19/2023) explains the gender supervision requirement. The report describes, “TJJD standards 343.626 require juvenile supervision officers of both genders be on duty and available to the residents for every shift; Residential Services has male and female RTOs assigned to each shift. Same-gender supervision is required during showers, strip searches, disrobing, 1:1 supervision, and other times that may require the presence of an officer of the same gender. Opposite-gender supervision and visual observation is prohibited during the times described above. TJJD standards are consistent with the requirements outlined in PREA. To reinforce same-gender supervision, staff are required to announce their presence when entering a housing unit of the opposite gender.”

Provision (e)

Agency and facility policies support provision (e) that places restrictions on searching transgender and intersex youth. Specifically, facility Policy 6.120 “Searches” (page 6) states, “Transgender or intersexed residents will not be searched or physically examined for the sole purpose of determining the resident’s genital status. In further support of this provision, Policy AS-1203 “LGBTQI Juveniles” directs, “4. Staff will ensure that transgender or intersex juveniles are not subjected to strip searches solely to determine genital status or invasive medical procedures to identify an individual’s sex. Information about a juvenile’s genital status will be determined through conversations with the juvenile, review of available medical records or through a broader medical examination conducted privately by a medical practitioner.

Staff interviews verified this policy is closely adhered to. In addition, review of vulnerability risk tool (“Travis County Detention Housing Screening Tool”) also indicates the gender of staff that transgender and intersex youth prefer to be searched.

Provision (f)

As previously mentioned, Travis County requires all Residential Treatment Officers be formally trained on how to conduct cross-gender pat searches in the event a transgender or intersex youth prefers to be searched by the opposite gender. Policy 6.120 “Searches” requires all RTOs be trained on an annual basis and that the

	<p>search policy be reviewed at least annually. The county uses the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). Staff and youth interviews verified cross-gender searches are prohibited except in exigent circumstances (or as preferred by transgender and intersex youth). Staff interviews also verified they have been formally trained on how to conduct cross-gender searches and that these searches are only conducted in exigent circumstances (or as preferred by transgender or intersex youth).</p> <p>Information regarding a transgender or intersex youth’s preference for being searched is gathered at intake and documented on the Travis County Juvenile Probation Department Detention Housing Screening tool. The form has questions specifically for transgendered and intersex residents. The intake screener is required to ask all youth their sexual orientation and to ask transgender and intersex youth what his/her preferred pronoun (he/him or she/her) and by whom s/he prefers to be searched. The facility practice is consistent with this standard and includes communicating the transgender and intersex youth’s preference to Shift Supervisors and the facility’s control center. This information is documented on the youth population sheet (note says “preferred to be searched by female”) and Shift Supervisors are responsible for ensuring daily compliance with this expectation. At the time of the onsite review there were no transgendered or intersex youth in the facility. However, interviews with staff verified that the program did have a transgender male who preferred to be searched by female staff several years ago and that all staff complied with this request. All staff interviewed understood they must comply with a transgender and intersex youth’s preference for searches.</p> <p>All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-903 “First Responder Duties” • Policy RS 1.35 “Housing Classification Plan” • Spanish version of A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)

- Spanish version of zero-tolerance posters
- Interview with Deputy Chief Juvenile Probation Officer
- Interview with ISC Facility Director
- Interview with PREA Compliance Manager
- Interview with staff who provide youth PREA education
- Interviews with random direct care staff across all shifts

Provisions (a) and (b)

The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with the Deputy Chief Juvenile Probation Officer, Facility Director, PCM, and facility managers verified interpreter services are available telephonically. In addition, interviews with intake staff and other direct care staff verified that if the facility housed youth with a disability or who are limited English proficient, these youth would be provided with translation services (provided either by a bilingual staff or through the Language Line).

The facility’s current practice is to read PREA education materials to youth at intake and to check for understanding. Interviews revealed that in the event a youth was limited English proficient or had a disability, certified translators would be provided to interpret this education information individually to youth. The facility currently has PREA education materials (i.e., abuse hotline posters, youth handbook, etc.) in English and Spanish available on all residential living units. Youth interview confirmed that the residential handbook is available to them on the living unit.

In addition, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 5) describes that youth will receive information on how to avoid high-risk situations and how to report incidents of sexual abuse and sexual harassment. More specifically the policy directs, “Appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps taken include, but are not limited to: a. Ensuring the information uses terminology appropriate to the residents’ age, sophistication, and intelligence; b. Ensuring the information is accessible to residents with physical or intellectual disabilities; c. Providing formats in English and Spanish; d. Providing interpreters as needed; and e. Ensuring the staff read the information out loud if the resident has limited reading skills or a literacy issue exists.”

Policy RS 1.35 “Housing Classification” states, “Time out rooms meet the Americans with Disabilities Act (ADA) requirements for the housing of disabled juveniles. Juveniles with disabilities will be provided the following: 1. Housing that provides for their safety and security; and 2. Rooms or housing units designed to provide for

	<p>integration with other residents”</p> <p>Youth and staff interviews verified these practices are in place.</p> <p>Provision (c)</p> <p>The Policy AS-903 “First Responder Duties” clearly states, “Juveniles will not be used to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation. c. If a juvenile interpreter is used, staff will include the information in the documentation.” Interviews with program managers, direct care staff, and agency leaders all verified they would not allow residents to interpret for other youth, except in emergency situations.</p> <p>At the time of the onsite review, there were a few youth with cognitive disabilities but no youth who were deaf, blind, or who had physical disabilities. All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-203 “Personnel Selections, Retention, and Promotion” • Travis County Affirmative Duty to Disclose form • Policy AS - 1001 “Citizen, Volunteer, and Intern Services” • Facility list of volunteers, contractors, and interns • Volunteer/Intern Handbook 2020 • Interview with Human Resources Manager • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Personnel file reviews (staff, volunteers, and contractors) - criminal background and child abuse registry checks • Personnel file reviews for staff receiving promotions • Personnel file reviews verifying professional reference checks <p>Provision (a)</p> <p>The ISC facility does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The facility also does not hire any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. The Travis County Juvenile Probation Department Policy AS-203 “Personnel</p>

Selections, Retention, and Promotion” (page 3-4) clearly states, “An individual will not be eligible for employment and will be disqualified from performing services if the following information is disclosed on the person’s criminal history or background check. The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure; The individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; The individual 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; The individual has been civilly or administratively adjudicated to have engaged in the activity described in 3 g and 3 h; or the individual is listed on a child abuse registry.

The Travis County Juvenile Probation Department Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 3-4) clearly upholds PREA expectations outlined in standard 115.317 (a). The policy specifically states, “An individual will not be eligible to perform services and will be disqualified from performing services if the following information is disclosed on the person’s criminal history or background check: a. A current felony or jailable deferred adjudication, probation or parole; b. A felony conviction against the laws of any state or the United States (US) within the past ten (10) years; c. A deferred adjudication for a felony against the laws of any state or the US within the past ten (10) years; d. A jailable misdemeanor conviction against the laws of any state or the US within the past five (5) years; e. A deferred adjudication for a jailable misdemeanor against the laws any state or the US within the past five (5) years; f. The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure; g. The individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; h. The individual 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; i. The individual has been civilly or administratively adjudicated to have engaged in the activity described in 2 g and 2 h; or j. The individual is listed on a child abuse registry.”

In further support of DOJ PREA expectations, agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 2) states, “Initial selection and promotion will be made based on experience, education, training, performance, and physical condition as required for specific positions.....4. Prior to being hired, must successfully pass a background check, which includes: a. a local, state and federal criminal history check; b. a sex offender registry check; c. a child abuse registry check; d. professional reference checks; and e. other screening processes adopted by the Department.”

Interviews with human resource staff, agency leaders, and facility managers confirmed the agency’s practices related to background checks. In addition, a review of a random sample of staff criminal background, child abuse registry records, and attestation forms (n=25) verified the agency does not hire or promote anyone who meet the criteria outlined in provision (a) of this standard. This sample also included two staff files of individuals who were considered for promotion in the

past 12 months.

Provision (b)

The PREA standard provision 115.317 (b) requires the agency to 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. Currently, the facility requires employees to disclose incidents of sexual harassment prior to hire and promotion by completing the Affirmative Duty to Disclose form every year. In support of this practice, the agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 4) upholds, “The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of any contractor or staff that may have contact with residents.” The agency also requires contractors and volunteers to complete this form annually.

Interviews with human resource staff, agency leaders, and facility managers confirmed the agency’s practices related to considering incidents of sexual harassment in determining whether to hire or promote individuals. An interview with the HR Specialist revealed the agency’s practice of conducting reference checks. During the onsite portion of the audit the auditor reviewed two files of individuals who were promoted in the past 12 months. All files had documentation to verify reference checks (and those required in provision (c) were conducted prior to hiring or promoting these individuals.

Provision (c)

Policy AS-203 “Personnel Selection, Retention, and Promotion” requires: “Prior to being hired, applicants must complete a background check, which includes: a. A local, state, and federal criminal history check; b. A sex offender registry check; c. A child abuse registry check; d. Professional reference and employment verification checks; and e. Other screening processes adopted by the Department.” As previously stated, interviews highlighted the agency’s practice of conducting criminal background and child abuse registry checks prior to hiring new employees. The agency conducts these requisite checks prior to hire and every two years for all ISC employees. The agency requires all Residential Treatment Officers to be recertified every two years and includes these checks as part of the certification process. In addition to this practice, an interview with the Travis County Administrative Services Senior Director (human resources) verified the agency is fulfilling its obligations set forth in this provision.

Prior to making a job offer, human resources staff contact previous employers to gather information. This practice is supported by agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 4) which directs, “The Department will 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.”

As previously mentioned, while onsite the auditor randomly selected a sample of

personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every third or fourth name on separate lists organized by job title. The sample includes all current ISC employees, part-and full-time positions. A total of 25 staff files were reviewed and the auditor verified all current employees received a criminal background check and child abuse registry check prior to beginning working with youth. Since these checks are conducted every two years as part of the certification process, this exceeds federal PREA expectations which require background checks be conducted once every five years.

Provision (d)

As previously stated, Policy AS-203 “Personnel Selection, Retention, and Promotion” requires: “Prior to being hired, applicants must complete a background check, which includes: a. A local, state, and federal criminal history check; b. A sex offender registry check; c. A child abuse registry check; d. Professional reference and employment verification checks; and e. Other screening processes adopted by the Department

The Agency Policy AS- 1001 “Citizen, Volunteer, and Intern Services” (page 3) states, “Volunteers and interns must meet the age requirements and be of good moral character. 1. Applicants must successfully pass a background check, which includes: a. a local, state and federal criminal history check; b. a sex offender registry check; c. a child abuse registry check; professional reference checks; and d. other screening processes adopted by the Department.” An audit of a sample of contractor, volunteer, and intern files verified these checks are done prior to engaging these individuals in services.

DOJ PREA standards require that agencies perform criminal background checks and child abuse registry checks prior to enlisting the services of contractors who may have contract with residents. Travis County has a contract with the local school district to provide youth education services onsite at the ISC facility. The agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 5) directs, “Criminal history and child abuse registry checks will be conducted every two (2) years for certified officers and at least every five (5) years for non-certified staff, contractors, interns and volunteers. Interviews and file reviews both verified these checks are completed at these designated increments for employees, contractors, and volunteers.

In addition, this Policy AS-203 clearly explains that an individual is not eligible for hire if they have: “The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure; g. The individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; h. The individual 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; i. The individual has been civilly or administratively adjudicated to have engaged in the activity described in 3. g. and 3. h.; or j. The individual is named on a child abuse registry.” Interviews with agency and facility staff confirmed

this policy is adhered to.

Travis County has a clear process for ensuring that all contractors, interns, and volunteers receive the requisite criminal background and child abuse registry checks. Any contractor, volunteer, or intern who expresses interest, is identified, or is otherwise selected to provide services within the facility is contacted by the Community Liaison. They conduct an interview with the volunteer and provide application materials. The Human Resources unit sends the contractor, volunteer, or intern CCH authorization forms via DocuSign and runs a FACT/fingerprint report and DFPS child abuse/neglect registry check. Once the background checks come back clear, the contractor, volunteer, or intern is notified and can begin to provide services. As part of this process, the Community Liaison provides, explains, and has the individual (s) sign the Affirmative Duty to Disclose form. The individual is also notified that this document is an annual requirement to be kept on file.

To further support compliance with this standard's provisions, TCJPD has "Contractor, Intern, and Volunteer Documentation Checklist" to ensure these steps are followed and the appropriate documentation is obtained consistent with federal PREA requirements. The auditor reviewed the checklist and verified all key pieces are included. The checklist includes the information below:

- Question and answer session conducted. Move Forward? Y / N
- Application for services within TCJPD provided.
- CCH authorization forms via DocuSign sent; run a FACT/fingerprint report and DFPS child abuse/neglect registry check
- Affirmative Duty to Disclose form provided. The individual is notified that this document is an annual requirement to be kept on file
- Service Contract created by the Contract's Manager in TCJPD Financial Services. (If Applicable)
- A copy of the Service Contract is provided to Human Resources.
- Provide the individual (s) the Orientation material and TCJPD Contractor, Volunteer, and Intern training, which will be kept on file
- PREA Prevention and Response to Sexual Abuse and Harassment acknowledgment form is provided, explained and any questions answered

The checklist also outlines the specific responsibilities of the Community Liaison. The Community Liaison is also responsible for providing the contractor, volunteer or intern annual PREA refresher trainings. The checklist also reiterates that contractors, volunteers, and interns are required to undergo criminal history checks and child abuse registry checks.

Review of a sample of contractor and volunteer files (N=8) revealed that all individuals had a recent criminal history and a child abuse registry check and individuals who started after 2022 all had a completed criminal history and child abuse check prior to working at ISC.

Provision (e)

Agency Policy AS-203 "Personnel Selections, Retention, and Promotion" (page 4) requires, "criminal history and child abuse registry checks be conducted every two (2) years for certified officers and at least every five (5) years for non-certified staff, contractors, interns and volunteers." An interview with the HR Manager verified that these background checks are conducted on employees consistent with agency policy and DOJ PREA expectations. Travis County conducts these requisite checks on all contracted teachers.

As part of the audit determination process, the auditor reviewed two volunteer and six contractor files to verify all individuals received a background check a minimum of every five years.

Provision (f)

PREA standard 115.317 (f) requires, "The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." The agency has several policies and documents to support compliance with expectations set forth in this provision. More specifically, Travis County agency policy AS-203 "Personnel Selections, Retention, and Promotion" (page 3) requires the Travis County Juvenile Probation Department to "... ask prospective employees directly about any previous sexual harassment allegations and misconduct...during the application process."

Interviews with human resource staff verified the agency requires all potential staff members complete the Affirmative Duty to Disclose form prior to hire and all staff complete the form on an annual basis. A sample of two files of staff who were promoted in the past 12 months also confirmed these individuals completed this form. The auditor's review of the random 25 staff files and 2 promotions verified all staff have completed this form every year as per policy.

The Travis County Juvenile Probation Department also requires an affirmative duty to disclose previous or recent misconduct for volunteers and interns. More specifically, agency Policy AS-1001 "Citizen, Volunteer, and Intern Services" (page 5) requires volunteers and interns to inform the Volunteer Coordinator of any law violation charges within 48 hours. All volunteers and interns sign a form acknowledging they understand this requirement. In addition, the agency Policy AS-1001 "Citizen, Volunteer, and Intern Services" (page 7) explains, "Any volunteer or intern that fails to maintain the appropriate qualifications or criminal history as outlined in B (1) and (2) of this policy will be subject to termination or suspension of the person's services." The policy (pages 7-8) also clearly states, "Any volunteer or intern that engages in any form of abuse, neglect or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be reported to the appropriate authorities per AS-901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics

/ Staff - Juvenile Relationships. 4. Any identification card will be returned to the Department upon termination or suspension of a person's services."

Provision (g)

The agency sets clear expectations regarding staff omitting misconduct information. More specifically, the Travis County agency Policy AS-203 "Personnel Selections, Retention, and Promotion" (page 3) states, "The Department will ask prospective employees directly about any previous sexual harassment allegations and misconduct...during the application process. Material omissions regarding misconduct or providing false information will be grounds for termination." Staff interviews verified they understand they will be terminated if they do not disclose this information.

Provision (h)

Interviews with the Human Resources Manager revealed that after seeking counsel from the agency legal representative, the agency would provide information to future employees regarding substantiated cases of sexual abuse or sexual harassment. The program has not had a request from another institutional employer and therefore, has not had to provide this information.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none">• Interview with Deputy Chief Juvenile Probation Officer• Interview with Director of Accreditation and Compliance• Interview with Director of Residential Services• Interview with PCM• Interview with internal PREA investigators• Sexual Abuse Committee Review Documentation held on 7/24/23• Observations during facility audit tour <p>Provision (a)</p> <p>During the facility tour it was observed that that the library was being renovated. The individuals leading the tour explained the future layout of the library and the camera placement that will allow for better supervision. In addition, it was revealed that were tall bookshelves in one corner of the residential living unit that obscured part of the camera view. In response to this identified deficiency, the program removed all of the tall bookshelves, replaced them with shorter ones, and installed four way cameras in high-risk facility areas. The auditor concludes that the program</p>

carefully considers youth safety when designing or modifying the facility.

Provision (b)

In 2019, the ISC facility installed additional surveillance cameras throughout the facility - i.e., residential units, school classrooms/areas, cafeterias, etc. as well as cameras to monitor outside of the buildings. In addition, in response to a substantiated allegation of sexual abuse in 2023, the facility conducted a formal sexual abuse incident review. From this incident review, it was determined that additional four-way cameras would be purchased to better ensure youth and staff safety. Interviews with agency and facility leaders verified that the decision to install more modern cameras in higher risk areas was made based on the desire to better ensure youth and staff safety. Examples provided during staff interviews clearly demonstrate the facility is intentional about addressing all potential blind spots and securing the needed resources for these upgrades.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none">• Policy AS-217 B "Conducting Administrative Investigations"• Policy AS-904 "Corrective Action and Notifications"• Policy AS-905 "Services for Victims of Sexual Abuse"• MOU between Travis County Juvenile Probation Department and Safe Alliance (executed February 22, 2019)• Interview with the Director of Residential Services• Interviews with mental health staff• Interviews with direct care staff across all shifts• Interview with PREA Compliance Manager• Interviews with facility nurses• Interview with SAFE Alliance Advocate• Travis County Juvenile Probation Department website describing investigative responsibilities of the agency and who conducts criminal investigations - Juvenile Court (traviscountytx.gov)• Review of investigation files <p>Provision (a)</p> <p>The Travis County Compliance Officers who have received specialized investigations training are responsible for conducting administrative/personnel investigations related to any violations of agency policies, including ethical misconduct. In cases of sexual abuse, first responders are required to secure the scene and contact the</p>

State of Texas Juvenile Justice Department and local law enforcement. Travis County Sheriff's Office has an officer located at the ISC facility and therefore, are able to respond quickly to allegations of sexual abuse. The agency Policy AS-904 "Corrective Action and Notifications" (page 2) supports the practice that all allegations are investigated. More specifically, the policy states, "The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations."

In further support of this provision, Policy AS-217B "Conducting Administrative Investigations" states:

- "The Travis County Juvenile Probation Department (Department) conducts Administrative Investigations of alleged violations of Department policy, procedure, contract, or standard; as well as allegations of abuse, neglect, or exploitation (ANE), or the death of a juvenile" (page 1).
- "2. The investigator will gather, preserve, and review any available direct and circumstantial evidence. Evidence includes, but is not limited to: a. Incident reports; b. Correspondence with law enforcement; c. Correspondence with oversight agencies such as TJJD; d. Training records of staff member(s); e. Demographic information of the juvenile(s) involved; f. Medical information as available; g. Staff or juvenile rosters; h. Photographs or other physical evidence; i. Electronic monitoring data as available; and j. Any other relevant information" (page 3).

Although the Travis County Juvenile Probation Department is not responsible for conducting criminal investigations, staff are trained on first responder duties which includes securing the scene and preserving evidence (i.e., telling youth not to shower, wash, brush teeth, use toilet, or change clothes) prior to law enforcement arriving to the scene. Local law enforcement is responsible for formally collecting physical evidence. During the onsite visit, staff interviews revealed staff understood the protocol and verbalized the process of separating youth and protecting evidence in the event of a sexual abuse allegation.

An interview with the SAFE Alliance Advocate verified that SANE exams are conducted at the local hospital by a Certified SANE. These specialized individuals are specially trained on how to properly gather physical evidence from a sexual assault victim.

Provision (b)

The ISC facility employs 15 Registered Nurses (RNs) and a Medical Director/Head Nurse. None of the RNs are qualified Sexual Assault Nurse Examiner (SANE). Interviews revealed that the facility's coordinated response protocol requires that in the event of alleged abuse, the youth would be transported to the local hospital for a forensic examination by a SANE. As mentioned, an interview with a SAFE Alliance Advocate as well as ISC facility staff interviews verified that sexual assault victims

are examined by certified SANEs at the local hospital.

The Travis County Juvenile Probation Department's Policy AS-905 "Services for Victims of Sexual Abuse" (page 3) requires, "a. As available, the forensic exam will be provided by a Sexual Assault

Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or another qualified medical practitioner. b. The forensic protocol will be developmentally appropriate for youth and to the extent possible, be based on the protocol for sexual assault medical forensic examinations."

Provision (c)

As previously mentioned, although the ISC facility employs more than a dozen Registered Nurses (RNs), none of the RNs are qualified Sexual Assault Nurse Examiner (SANE). Therefore, in response to allegations of sexual abuse, youth would be transported to the local hospital for a forensic examination by a certified SANE. This process was confirmed through interviews with ISC staff and with Sexual Assault Advocate from SAFE Alliance.

To further support provisions in this standard, Travis County Probation agency policy AS-905 "Services for Victims of Sexual Abuse" (page 2) states, "a. Referrals to medical providers, to include an individual that is appropriately trained and qualified to perform a forensic examination." In addition, this policy (pages 2-3) also upholds: "Medical Services will be made available to juvenile victims of sexual abuse. 1. Determinations as to what testing and treatment services are medically necessary and appropriate will be made by a medical professional in accordance with their professional judgement. 2. If the abuse occurred in a facility or juvenile justice program, the cost of the treatment services will not be assessed to the victim or his or her family and will be provided whether or not the victim names the abuser and / or cooperates with any administrative or criminal investigation. As evidentiarily or medically appropriate, the Department will transport juvenile victims of sexual abuse to a hospital, clinic, or emergency room that can provide a forensic examination. As available, the forensic exam will be provided by Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or other qualified medical practitioner."

Interviews with agency leaders, the Director of Residential Services, PCM, facility nurses, and the Sexual Assault Victim Advocate from SAFE Alliance all verified SANE services would be provided without cost to the victim.

Provision (d)

In support of provisions in this standard, the Travis County Juvenile Probation Department has secured an executed Memorandum of Understanding (MOU) with a local victim advocacy center, SAFE Alliance. The MOU was executed in February 2019. The MOU provides details regarding the responsibilities of each party. For example, the MOU states that SAFE will provide victim support services seven days a week; complete specialized training regarding the prevalence and dynamics of

sexual abuse while in custody; provide juveniles with referrals for treatment after release from custody or upon transfer to another facility; provide a victim advocate upon request from the Travis County Juvenile Probation Department or youth; allow the victim advocate to accompany and support the victim during the SANE exam and during investigatory interviews; etc. Interviews with facility managers verified that sexual abuse victims would be offered emotional support services - ISC mental health counselors and SAFE crisis support services.

Provision (e)

The Travis County Juvenile Probation Department Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) states, “Mental Health Services and Crisis Intervention Counseling will be made available to juvenile victims of sexual abuse. The mental health professional will make the determination of appropriate counseling referrals, to include crisis intervention services, follow-up services, treatment plans and referrals for continued care.” Interviews with clinical staff, nurses, and facility managers verified youth would be offered a victim advocate as part of the facility’s coordinated response protocol.

Other agency policies support this provision. More specifically, agency Policy AS 217B “Conducting Administrative Investigations states “...victim advocate or a support person of the victim’s choosing shall be allowed to be present during the interview unless it would be harmful to the investigation” (page 5). Similarly, agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) states, “E. Victim advocate services providing support, crisis intervention, information, and additional referrals are available to all victims of sexual abuse. 1. If requested by the juvenile, a victim advocate or qualified individual from a community-based organization will accompany and support the juvenile through the forensic medical examination and investigatory interviews.”

In further support of PREA expectations and as previously mentioned, the MOU between Travis County Juvenile Probation Department and Safe Place (executed February 2019) states that Safe Place will: “Provide a victim advocate upon request from TCJPD or a juvenile who will receive a forensic medical examination as a result of suffering sexual violence. They victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.” In addition, an interview with a Sexual Assault Advocate for the SAFE Alliance verified that victim advocates are permitted to accompany the youth throughout the forensic medical exam and during investigatory interviews.

Provisions (f) and (g)

As previously mentioned, the Travis County Sheriff’s Office and the State of Texas Juvenile Justice Department are responsible for conducting sexual abuse investigations. It is understood that individuals from these agencies who lead investigations have received specialized training related to the requirements in this provision.

	<p>Provision (h)</p> <p>Interviews with the mental health staff and human resources staff confirmed that all individuals have at least a master’s degree in the field of counseling, social work, or psychology. An interview with the victim advocate with SAFE Alliance verified that all advocates are required to complete specialized training. The ISC program would contact a mental health clinician either in the facility or through SAFE Alliance, both parties which are qualified to provide emotional support services and basic information regarding sexual assault and the forensic examination.</p> <p>All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-217 “Administrative Investigations” • Policy AS-217 B “Conducting Administrative Investigations” • Policy AS-901 “Abuse and Neglect Prevention and Response” • Policy AS-904 “Corrective Action and Notifications” • Referrals of Allegations for Investigations document posted on the Travis County website Juvenile Court (traviscountytexas.gov) • Texas Juvenile Justice Department website (https://www.tjjd.texas.gov) • Travis County Grievance Review Form • Grievance Excel tracking chart • TJJD Policy “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” • PREA training Power Point for staff (“Creating a Culture of Safety”) • Review of two investigation reports and supporting documents • Interview with Deputy Chief Juvenile Probation Officer • Interview with Direction of Residential Services • Interviews with Residential Treatment Officers (direct care staff) • Interview with the ISC Grievance Coordinator/Case Work Manager • Interviews with Travis County PREA Investigators <p>Provision (a)</p> <p>The Travis County Sheriff’s Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the ISC program. When an allegation of sexual abuse or sexual harassment is made, first</p>

responders are required to make a report to TJJJ within four hours. If the allegation involves potentially criminal behavior first responders must contact the Travis County Sheriff's Office within one hour of receiving the allegation. In those instances, investigators employed by the Department and who are responsible for conducting PREA investigations at the ISC facility would receive the go-ahead from TJJJ and the local Sheriff's office regarding when to proceed with the administrative investigation. Interviews with the PREA investigators revealed that at times the TJJJ or the Sheriff's office assumes the Lead Investigator role and ISC Investigators pause their investigation (i.e., refrain from interviewing the victim, witnesses, etc.). In other cases, the Travis County PREA investigators are permitted to conduct the administrative investigation simultaneously. These roles and responsibilities are detailed in the document titled, "Referrals of Allegations for Investigations" which is posted on the Travis County website (Juvenile Court (traviscountytexas.gov)). This process was verified by reviewing investigation files and through interviews with ISC investigators and facility administrators.

The Travis County Juvenile Probation Department requires all allegations of sexual abuse to be reported to the appropriate authorities and thoroughly investigated. The agency has several policies that support provisions in this standard. Agency Policy AS-904 Corrective Action and Notifications (page 2) puts forth, "The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations. 2. All allegations of sexual abuse and sexual harassment will be investigated regardless of how much time has passed since the alleged incident. All third-party reports will be investigated regardless of the approval or agreement of the alleged victim."

In addition, agency Policy AS-217 "Administrative Investigations" directs:

- "The Travis County Juvenile Probation Department (Department) conducts Administrative Investigations of alleged violations of Department policy, procedure, contract, or standard; as well as allegations of abuse, neglect, or exploitation (ANE), or the death of a juvenile" (page 1).
- "The Chief Juvenile Probation Officer (Chief) or designee will designate an investigator to review and investigate any allegation(s) made against an employee, volunteer, intern, or contractor. Allegations may include, but are not limited to: 1. ANE of a juvenile, to include sexual abuse and sexual harassment. 2. Discrimination, harassment, retaliation, or sexual harassment. 3. Violation(s) of the Department's Code of Ethics. 4. Falsification of work-related documentation. 5. Use or abuse of alcohol and drugs. 6. Employee grievance or complaint. 7. Other incidents as determined by the Chief or designee" (page 2).
- "A thorough and competent investigation into the allegation(s) will be conducted. Whenever possible, Investigations will clearly support or refute the allegations" (page 2).

In the past 12 months (June 2023 – May 2024) there were three allegations of sexual abuse and no allegations of sexual harassment. All three allegations were fully investigated and two were found not to have occurred and one was substantiated.

The facility has a form titled, “Travis County Grievance Review Form” on which the ISC Case Work Manager logs the information obtained during the investigation; the date youth was notified of the outcome; and action taken. The form also includes a question asking youth whether they wish to appeal the decision and requires the youth to sign and date that they have received/discussed this information.

As mentioned, the auditor also reviewed the Excel Grievance Tracking sheet which details the number of grievances, the type of grievance, the outcome/resolution, and whether there was an appeal to the grievance resolution. An interview with the Grievance Coordinator confirmed she maintains the tracking sheet and ensures all grievances are resolved in a timely manner. She also ensures that PREA related allegations are referred for investigation immediately. The auditor determined the facility has a clear process in place for addressing grievances and that PREA related allegations are thoroughly investigated by the appropriate parties.

Provision (b)

As stated previously, the Travis County Juvenile Probation Department has several policies that require all allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling TJJD within four hours and if there is potentially criminal behavior, calling law enforcement within one hour. The agency Policy AS-901 “Abuse and Neglect Prevention and Response” (page 5) states, “The staff will follow the guidance of the Department supervisor in reporting information within the required time frames. 1. For the following incidents, call local law enforcement within one (1) hour and TJJD within four (4) hours: a. Serious physical abuse as defined in 37 TAC 358; b. Sexual abuse by contact and sexual abuse by non-contact; and / or c. Death, to include suicide and non-custodial death defined in 37 TAC 358. 2. Report the following ANE allegations to TJJD within 24 hours: a. Emotional abuse; b. Verbal abuse; c. Exploitation.” Staff are required to document these referrals/notifications on the incident report.

Interviews with the PREA investigators verified that all allegations of sexual abuse and sexual harassment are referred for investigation. At times the TJJD or the Travis County Sheriff’s Office assumes the Lead Investigator role and ISC investigators pause their involvement (i.e., refrain from interviewing the victim, witnesses, etc.). In other cases, the Travis County PREA investigators are permitted to conduct the administrative investigation simultaneously. These roles and responsibilities are detailed in the document titled, “Referrals of Allegations for Investigations” which is posted on the Travis County website (Juvenile Court (traviscountytexas.gov)). This document clearly states, “The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded.” The auditor verified the link to the

	<p>document referenced is in working order.</p> <p>Interviews with PREA investigators, specialized staff, and ISC direct care staff verified they understand the requirement to report all allegations of sexual abuse, sexual harassment, and retaliation to the proper authorities immediately.</p> <p>Provision (c)</p> <p>The document “Referrals of Allegations for Investigations” defines the roles and responsibilities of the Travis County Juvenile Probation Department, Travis County Sheriff’s Office (TCSO), and the Department’s specialized investigators. This document is posted on the Travis County website (Juvenile Court (traviscountytexas.gov)).</p> <p>Provision (d)</p> <p>The Travis County Juvenile Probation Department has several policies to guide and govern how administrative investigations are conducted. Policy AS-217 “Administrative Investigations” and Policy AS-217 B “Conducting Administrative Investigations” provide detailed guidance regarding who will lead these investigations; evidence to be collected; criteria for substantiation; etc.</p> <p>The state of Texas Juvenile Justice Department (or Travis County if directed by TJJD) is responsible for conducting investigations of sexual abuse and sexual harassment. Texas Juvenile Justice Department has a policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” which includes language regarding conducting investigations. The auditor reviewed the state’s policy to verify compliance with this PREA provision.</p> <p>Provision (e)</p> <p>The Department of Justice (DOJ) does not conduct investigations at the ISC facility.</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-401 “Staff Training and Development Plan” • Training Acknowledgment Form: PREA – Creating a Culture of Safety

- Review of Power Point used for staff PREA training
- Review of “First Responder Role” Staff Training Power Point
- Review of the “Creating a Culture of Safety” Staff Training Power Point
- Review of training records verifying staff completed required PREA training on annual basis
- Review of training records verifying staff completed the required attestation form
- Interviews with Residential Treatment Officers (direct care staff)
- Interviews with specialized staff

Provision (a)

The Travis County Juvenile Probation Department requires all staff to receive annual training on PREA. This expectation is memorialized in Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” which states, “The staff will receive annual training on sexual abuse and sexual harassment as outlined in AS-401” (page 3). In addition, agency Policy AS-401 “Staff Training and Development Plan” (page 10) also directs:

“In addition to the topics listed in Subsection F 4. above, the Department requires the staff assigned to facilities to have training on PREA information (sexual abuse, assault and harassment) during orientation and on an annual basis. Training includes, but is not limited to: a. The Department’s zero-tolerance policy for sexual abuse and sexual harassment; b. Fulfilling the responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Residents’ right to be free from sexual abuse and sexual harassment; d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. Dynamics of sexual abuse and sexual harassment in juvenile facilities; f. Common reactions of juvenile victims of sexual abuse and sexual harassment; g. Detecting and responding to signs of threatened and actual sexual abuse and distinguishing between consensual sexual contact and sexual abuse between residents; h. Avoiding inappropriate relationships with residents; i. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and j. Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and k. Relevant laws regarding the applicable age of consent. l. Certified officers shall be trained on conducting searches of transgender and intersex residents in a professional and respectful manner in the least intrusive manner possible that is consistent with security needs.”

Review of the “Creating a Culture of Safety” slide deck provided clear evidence that all required DOJ training topics are covered in detail. The Power Point presentation training includes 75 slides and the training lasts approximately three hours. Some of the topics included in the training are: Definitions of sexual abuse, sexual harassment, and voyeurism; ISC zero-tolerance policy; dynamics of sexual abuse; staff obligation to report all allegations and suspicions of sexual abuse; methods for

reporting (including external entities); role of the first responder; vulnerable populations; avoiding inappropriate relationships; how to appropriately interact with LGBTQI individuals; effectively responding to allegations of sexual abuse and sexual harassment; grooming behaviors; and identifying signs of abuse, to name a few. The “Creating a Culture of Safety” training is mandatory for all ISC staff (in fact, for all departmental staff) and is required to be completed every year. Review of a sample of staff training records (n= 25) verified staff have received this training on an annual basis.

In addition, the auditor reviewed the First Responder training Power Point slide deck and verified this training also covers several of the critical topics required by federal PREA standards. Some of these topics included in the training are: Obligation of staff to report all allegations and suspicion of sexual abuse; methods for reporting (including external entities); role of the first responder; accessing interpreters; preserving the crime scene; the ISC coordinated response plan; immediately protecting youth; contacting medical and mental health staff as part of the response process; grooming behaviors; identifying signs of abuse; and nine specific scenarios about sexual harassment and sexual abuse that allows the trainer to facilitate discussion among training participants. This training is mandatory for all ISC staff and is required to be completed every year. Review of a sample of staff training records (n=25) verified staff have received this training on an annual basis.

Although, the PREA standards only require an annual refresher during the in-between years, the ISC facility requires all employees to complete the comprehensive online “Creating a Culture of Safety,” the “First Responder” training; and complete the attestation form each year (see Provision d). These trainings are very comprehensive and exceed PREA expectations.

The auditor reviewed a sample of staff training records (N = 25) that included full and part-time positions (i.e., RTOs, facility managers, nurses, and other specialized staff). The auditor confirmed all staff have received the PREA training upon hire and every year thereafter. In addition, staff interviews further verified they have received this training and they understand their responsibilities related to maintaining a zero-tolerance environment; mandatory reporting; responding to allegations of sexual abuse, sexual harassment, and retaliation; and other key topics.

Since the facility requires all staff to complete two specific PREA-related trainings (“Creating a Culture of Safety” and the “First Responder” trainings) every year, the auditor determines the facility “exceeds” the expectation outlined in this standard provision.

Provision (b)

A review of the PREA Power Point presentation used to train staff on PREA expectations verified this training addresses the dynamics of abuse within facilities; communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and working with female residents.

Provision (c)

As previously mentioned, the ISC facility requires all staff to complete the Creating a Culture of Safety PREA training and the First Responder trainings and to sign the attestation form on an annual basis. This practice is supported by Travis County Policy AS-901 "Reporting Child Abuse, Neglect, and Exploitation" (page 10) which directs, "Required training: All Department personnel shall be trained annually on procedures for reporting abuse, neglect and exploitation. The staff will receive annual training on sexual abuse and sexual harassment as outlined in AS-401." Review of a random sample of signed acknowledgment forms (n=16) confirmed staff have received the training consistent with Travis County policy and exceeding DOJ PREA standards.

Provision (d)

Upon completing the PREA training ISC employees are required to sign the "Training Acknowledgment Form: PREA - Creating a Culture of Safety" which reads:

"I have received training on the elements of PREA Standard 115.331 (a) and had the opportunity to ask questions about:

- The Department's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill my responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Resident's right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- The common reactions of juvenile victims of sexual abuse and sexual harassment;
- 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;
- How to avoid inappropriate relationships with 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; and
- Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

"I understand this training, the importance of these topics and the responsibilities for reporting any instance of sexual abuse or sexual harassment and reporting any retaliation for reporting."

As previously mentioned, the auditor reviewed a sample of staff training records and

	<p>signature forms that included full and part-time positions (i.e., RTOs, facility managers, nurses, and other specialized staff). The auditor confirmed all staff have received the PREA training and have signed the “Training Acknowledgment Form: PREA – Creating a Culture of Safety” upon hire and every year thereafter.</p> <p>All evidence reviewed (i.e., training records, policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard. Since the facility requires all staff to complete two specific PREA-related trainings (“Creating a Culture of Safety” and the “First Responder” trainings) ever year, the auditor determines the facility “exceeds” the expectations outlined in this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AS-902 “Preventing and Detecting Sexual Abuse and harassment • AS-1001 “Citizen, Volunteer, and Intern Services” • Travis County Juvenile Probation Department Volunteer/Intern Handbook 2024 • Review of completed “Recognizing and Reporting Abuse, Neglect, and Exploitation: Contractor Acknowledgement Form” for a sample of contractors (including contracted teachers) • Review of the “Affirmative Duty to Disclose” form • Review of the “Travis County Volunteer and Intern Responsibilities” • “Prison Rape Elimination Act, Abuse, Neglect and Exploitation” (within the Volunteer/Intern Handbook 2024) • Review of “Travis County Juvenile Probation Department Confidentiality Agreement” • Review of PREA training rosters for a sample of contracted teachers and volunteers (n=23) • Demonstration of tracking database/dashboard to ensure contractors, volunteers, and interns complete annual training each year • List of contractors, volunteers, and interns • Sample of signed PREA acknowledgment forms from contractors and volunteers (N=8) • Interview and communications with Community Liaison/Volunteer Coordinator • Interviews with sample of contractors and interns <p>Provision (a)</p>

All volunteers and contractors are required to participate in the agency PREA training. Expectations are detailed in the agency Policy AS-1001 "Citizen, Volunteer, and Intern Services" by stating "Volunteers and interns will receive orientation training to include, but not limited to: 2. Identifying and reporting abuse, neglect, and exploitation. 3. Prison Rape Elimination Act (PREA) and the Department's sexual abuse prevention, detection, and response policies and procedures (to include the Department's zero tolerance policy towards sexual abuse).

Clear expectations regarding zero-tolerance for sexual abuse and sexual harassment are also set forth in the Travis County Juvenile Probation Department Volunteer/Intern Handbook 2024. The handbook explains in detail the agency/facility expectations regarding zero tolerance and details the orientation training (page 26) which includes specific information regarding zero-tolerance and healthy boundaries. More specifically, the orientation training instructs volunteers to NOT "Accept gifts, favors or other advantages that could give the appearance of impropriety or impair the impartial and objective exercise of professional responsibilities; Maintain or give the appearance of maintaining an inappropriate relationship with a juvenile including, but not limited to, bribery or solicitation or acceptance of gifts, favors or services from juveniles or their families..." This orientation also requires volunteers to "Maintain the integrity and confidentiality of juvenile information, not seek more information than is needed to perform their duties, and not reveal information to any person who does not have authorized access to the information for a proper, professional use" (page 26).

An interview with the Community Liaison/Volunteer Coordinator verified the process for onboarding volunteers, interns, and contractors. The process includes an initial interview with the potential volunteer/interns/contractor to determine in what capacity they are interested in serving ISC youth. They are provided the application and forms providing the agency permission to conduct a child abuse registry check as well as a disclosure form (attesting they have not engaged in sexual abuse and the other requirements as outlined in standard 115.317). Potential volunteers/interns/contractors are also required to submit their fingerprints. Once the individual is cleared on all background checks they are invited to attend an orientation. At this time the potential volunteer/intern/contractor are required to bring the signed attestation form (consistent with requirements in standard 115.317). The in-person orientation includes the expectation that the individual has read the Volunteer/Intern Handbook (2024) although an interview with the Community Liaison verified he reviews the entire handbook with the volunteer/intern/contractor, including the specific sections related to PREA. The individual is required to sign two additional PREA-related forms ("Volunteer/Intern Training confirmation" and the "Volunteer and Intern Responsibilities" forms) that outline on what they have been trained and verifying they understand the detailed training they have received. The auditor reviewed a sample of these training records confirming that these individuals not only receive the training at hire but also receive this training on a yearly basis. This practice exceeds the PREA standards.

As previously mentioned, volunteers, interns, and contractors are required to read a one-page document that outlines their responsibilities (found in the volunteer

handbook). The training attestation form titled, "Travis County Volunteer and Intern Responsibilities" states, "Volunteers/Interns will be asked to sign an agreement requiring them to: a) Abide by the policies and procedures of the Department; b) Abide by the Department's Code of Ethics Policy; c) Maintain security and confidentiality of juvenile information; d) Act within the approved scope of responsibility and authority; e) Understand and acknowledge the Department's zero tolerance policy regarding sexual abuse and sexual harassment and be informed about how to report sexual abuse." Volunteers and interns are required to sign and date this document prior to working with youth. The auditor reviewed completed signature forms from two volunteers and eight contractors to verify the practice is in place.

The volunteer/intern training also includes PREA specific information (pages 29-36) titled, "Recognizing and Reporting Abuse, Neglect, and Exploitation" which includes detailed information about sexual abuse and sexual harassment definitions; zero tolerance policy for all forms of abuse and harassment; specific procedures for reporting sexual abuse, neglect, sexual harassment, or other serious negative behaviors; list of vulnerable populations; reporting dynamics (why boys or girls may not report); how to recognize red flags for staff sexual misconduct; signs of sexual abuse; signs of grooming and behaviors related to potential perpetration; and entities to which a report can be made (and the corresponding contact information). One example of the detailed information provided is the document clearly states, "Anyone with cause to believe a juvenile is a victim of abuse, neglect or exploitation shall immediately report such allegations as required by law, standards, and TCJPD policy. TCJPD has a policy of zero tolerance towards all forms of abuse, which includes sexual abuse and sexual harassment." The document also includes anonymous and third-party reporting information; the ISC response protocol (individuals are required to report allegations/disclosures to the supervisor immediately); and phone numbers for TJJD. Again, this information is reviewed in person with the volunteer/intern/contractor by the Community Liaison prior to engaging the individual services as well as on an annual basis.

Interviews with a volunteer and three contractors verified they have received the PREA training and understand they are mandatory reporters. Interviews also verified that they understand how to report allegations of sexual abuse. A review of a sample of contractor, intern, and volunteer files verified compliance with this provision.

Provision (b)

The ISC Volunteer Coordinator is responsible for ensuring volunteers and contractors are trained consistent with agency and DOJ PREA standards. This responsibility is supported by formal agency Policy AS-1001 "Citizen, Volunteer, and Intern Services" (page 2) which directs the Volunteer Coordinator to: "5. Document program activities, including maintaining required records, files, and database of volunteers...8. Provide or make provisions for the orientation and ongoing training of organizations, volunteers and interns required by standards." This same policy (pages 5) also states volunteers and interns will receive orientation training to

include, but not limited to “7. Report, in accordance with Department policy, any belief that abuse, neglect, or exploitation of a juvenile has occurred.” As described in Provision (a) above, a review of the volunteer/intern/contractor PREA signed training forms and training rosters verified the training includes the requisite topics - i.e., the agency’s zero-tolerance policy, how to report incidents, healthy boundaries, signs of abuse, etc. (see narrative in provision (a) of this audit findings report).

Review of a sample of contractor files verified all individuals have completed the PREA training “Culture of Safety” and/or the specific one-on-one training provided by the Community Liaison/Volunteer Coordinator (and corresponding training attestation forms described in provision (a) of this standard). The auditor determines the program “exceeds expectations” on this PREA provision as file reviews provide strong evidence that volunteers/interns/contractors have not only received the appropriate level of PREA-related training/information but they are required to complete this training on an annual basis (as per the signed training attestation forms). It is important to note that a special group of contractors - the contracted teachers/educational providers through the Austin School District - are required to complete the same training as ISC employees (i.e., “Culture of Safety”) each year. This exceeds PREA expectations. The auditor reviewed a sample of contracted teacher files and determined the program “exceeds standard” on this provision.

Provision (c)

The Travis County Juvenile Probation Department Policy AS-1001 “Citizen, Volunteer, and Intern Services” (pages 4-5) specifically states, “The volunteer or intern signs an agreement which includes provisions to.... . Report, in accordance with Department policy, any belief that abuse, neglect, or exploitation of a juvenile has occurred.” Interviews with a sample of volunteers and contractors verified they have received and understood the PREA training.

As previously stated, upon completing the facility’s zero-tolerance training, all contractors and volunteers are required to complete the “Recognizing and Reporting Abuse, Neglect, and Exploitation: Contractor Acknowledgement Form.” The form specifically states, “By signing this form, I acknowledge that the information related to my obligation to report abuse, neglect and exploitation, to include sexual abuse and sexual harassment prevention, detection, and response policies and procedures was explained to me and I was allowed to ask questions. I understand the contents of this training and understand the importance and responsibilities for compliance with the mandatory reporting laws.” Review of contractor, intern, and volunteer records (n=8) verified there is a process in place that requires individuals to attest that they understand the training they have received.

Contractors and volunteers are also required to sign and date the “Travis County Juvenile Probation Department Confidentiality Agreement” and the “Affirmative Duty to Disclose” form each year. The Community Liaison/Volunteer Coordinator reported that a new electronic database/dashboard was built last year to help him track when trainings were due; the status of the volunteer/intern/contractor in the onboarding

	<p>process (i.e., cleared for background checks); whether individual is inactive or active; type of volunteer; etc. The auditor applauds the Travis County Probation Department for investing the resources necessary to ensure that proper training is provided prior to as well as annually to all volunteers/interns/contractors.</p> <p>The program has a “Contractor, Intern, and Volunteer Documentation Checklist” (described earlier) to better ensure that all individuals are properly screened and that they receive the required PREA-related information. Specifically, the form specifically states: “Provide the individual (s) the Orientation material and TCJPD Contractor, Volunteer, and Intern training, which will be kept on file. PREA Prevention and Response to Sexual Abuse and Harassment acknowledgment form is provided, explained and any questions answered.”</p> <p>All evidence previously discussed confirms the program exceeds compliance with provisions in this PREA standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Travis County Juvenile Probation Department Residential Services Resident Handbook • Policy AS-1203 LGBTQI Juveniles • Youth Education Video shown at intake PREA Youth Educational Video (English) (youtube.com) • Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake) • Spanish version of A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake) • Agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” (at intake) • “PREA: What you Need to Know Resident Education” acknowledgment form • “Acknowledgment of Receipt of Orientation Information and Materials” (at intake) • Sample of signed youth “Acknowledgment of Receipt of Orientation Information and Materials” (at intake) • Travis County Juvenile Probation Department: ISC Intake Packet • Interview with the Travis County Deputy Chief of Probation (Acting PREA

Coordinator)

- Interview with the PREA Compliance Manager
- Interview with Unit Coordinator/Intake Workers responsible for conducting comprehensive PREA training for youth
- Interview with Case Work Manager
- Interviews with youth

Provision (a)

The ISC facility provides several avenues by which youth receive zero-tolerance information. At intake, the Unit Coordinators/Intake Workers verbally review PREA information with youth. An interview with the Case Work Manager and two Unit Coordinators revealed that they are responsible for reviewing zero-tolerance information to include how to report incidents of sexual abuse and sexual harassment. These individuals review the information with all youth at intake. To ensure understanding, this PREA education involves reading the information from the Residential Services Resident Handbook and checking with youth for understanding (by asking the youth questions throughout the education process). Youth are required to initial the bottom of each page to demonstrate they have received this information and have an understanding of the content. Interviews with the Case Work Manager and Unit Coordinator verified that if English was the youth's second language, they would have a Spanish speaking officer review/translate this information for youth. An interview with the Travis County Deputy Chief of Probation confirmed that staff who are fluent in Spanish receive a stipend when translation services are provided. All staff interviewed also understood they have access to a 1-800 Language Line, in the event a youth's primary language is other than English or Spanish or if the youth is deaf or hard of hearing.

The information selected from the Travis County Juvenile Probation Department Residential Services Resident Handbook and that is reviewed with all youth at intake states (page 3):

6. You have the right to receive a well-balanced, nutritional diet.

7. You have the right NOT to be subjected to supervision and control by other residents.

8. You have the right NOT to be subjected to corporal punishment, humiliating punishment, harassment, threats, intimidation, physical/sexual assaults, physical/sexual abuse, verbal harassment of a sexual nature, exploitation, neglect or embarrassment by another resident or staff. If you feel you have been subjected to any of the above treatment either outside or within the facility, please report it immediately to a staff member.

9. You have the right to report any allegations or incidents of abuse, neglect or exploitation that may occur in this facility or any other juvenile justice program directly and confidentially to the Texas Juvenile Justice Department. You may call them at: 1-877-786-7263 or 1-877-STOP-ANE.

10. You have the right to report allegations or incidents of abuse, neglect or exploitation occurring outside of the juvenile justice setting (e.g., in a home or school) to the Department of Family and Protective Services at 1-800-252-5400 or (512) 834-3784. Report abuse that has occurred while receiving services from a substance abuse program to the Department of State Health Services at 1-888-973-0022.

11. You have the right to confidentiality when reporting incidents of abuse, neglect, or exploitation.

12. You have the right NOT to be punished or retaliated against for reporting incidents of abuse, neglect, or exploitation.”

The Resident Handbook provides specific definitions of physical abuse; sexual abuse; sexual harassment; emotional abuse; retaliation; and other important definitions related to youth safety. These definitions are consistent with DOJ expectations.

The Resident Handbook also explains resident’s right to report abuse and the process for making an abuse report. More specifically, the handbook (pages 20-21) states:

“If you feel you have been abused here, at home or in another facility, DON’T BE SILENT! TELL SOMEBODY IMMEDIATELY!”

- Report to an adult you can trust.
- Write a grievance.
- You will be allowed to report by phone at a reasonable time upon your request.
- Report by phone to:
 - Report abuse that occurred within the facility to the Texas Juvenile Justice Department by calling their Hotline: 1-877-786-7263 or (1-877-STOP ANE).
 - Report abuse that occurred at home to the Department of Family and Protective Services at: (800) 252-5400 or (512) 834-3784.
 - Report abuse that has occurred while receiving services from a substance abuse program to the Department of State Health Services at (888) 973-0022.”

The Resident Handbook also has a full page (page 8) graphic and description of the SAFE Alliance. This page describes, “Travis County Juvenile Probation Department has a zero-tolerance policy towards any type of abuse. The SAFE hotline can give you emotional support and access to counseling, so you can begin to heal from the trauma of sexual abuse. The hotline crisis intervention specialists are staff and volunteers trained to handle calls from sexual abuse survivors. This hotline features a relay/VRS for the Deaf community, Spanish-speaking advocates and can use interpretations services to respond to callers who speak other languages. Servicios disponibles en Español. You can call the SAFE hotline 24 hours a day, 7 days a

week.” This page also provides the mailing address for SAFE Alliance as well as the phone number that victims can call or text for support.

The Resident Handbook also describes how to protect oneself from sexual abuse, assault, or harassment while at the facility. Among the strategies listed are: Avoiding isolated or secluded areas; not entering other resident’s rooms and not allowing others to enter their room; not sharing personal information with other residents; not giving or accepting gifts or favors from resident or staff; following your instincts (if someone makes you feel uneasy, keep your distance and speak with a Shift Supervisor privately); and other important safety tips. The Resident Handbook also clearly states that all staff are Mandatory Reporters and explains that “this means if we receive an allegation of abuse; we must report it.”

After the information is reviewed with the youth, the resident is required to sign and date the agency’s “Acknowledgment of Receipt of Orientation Information and Materials.” This form specifically states, “I understand that I have the right to confidentiality in the grievance process and reporting any type of suspected abuse, which includes sexual abuse and assault, neglect or exploitation (ANE). I also have the right to confidentiality for preventing and intervening in suspected sexual abuse, minimizing the risks of sexual abuse, and accessing treatment and counseling. I also understand that I will not be punished for participating in any activity stated above or reporting any concerns. I understand that anytime I have a question about any part of the program, I can check the handbook or ask staff. My signature below confirms the listed orientation information was read and explained to me by Department Staff and that I have access to copies of the listed information.” The auditor reviewed signed intake orientation forms for all current youth as well as a sample of those youth discharged in the past 12 months (N=12; 10 current youth and 2 discharged youth) to verify youth received this initial PREA information.

In support of these practices the agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 5) states, “Residents in facilities will receive information on how to avoid risk situations, how to safely report sexual abuse and sexual harassment and their rights to be free of retaliation.” This same policy (page 6) also requires, “Orientation materials will be provided within 12 hours of intake and include explanations of: a. the Department’s zero tolerance policy on any form of abuse; b. the right to be free from sexual abuse and sexual harassment; c. systems in place to protect them from harm to include accessing the grievance process, accessing outside parties such as parents / guardians, attorneys and the court system and methods of contacting oversight agencies such as TJJD or DSHS; d. being free from retaliation when utilizing the Department’s methods of reporting complaints.”

Youth interviews verified they received this comprehensive education when they first arrived at the facility. They also confirmed they were required to sign that they understood the information. File reviews confirmed that 100% of youth in the random sample received and understood the PREA related information (signed signature forms).

Provision (b)

As previously mentioned, there is an abundance of information provided to youth at intake through the Resident Handbook. In addition to providing information for making a report, the handbook (page 21) explains:

- “If you are sexually assaulted, abused, or harassed by any staff or resident(s) you are encouraged to immediately report the incident so that the facility can ensure your safety and the safety of other residents. You have the right to confidentially report sexual assault, abuse, or harassment to a Department staff directly, you may use the facility’s grievance process and/or utilize the abuse hotline number listed above. You will not be punished or retaliated against for reporting incidents of sexual assault, abuse, or harassment.
- You will be provided any emergency or on-going medical treatment needed as result of being the victim of sexual assault or abuse that occurs in the facility. You will also be provided a mental health assessment by one of the facility’s counselors and provided any needed mental health services as a result of being the victim of sexual assault or abuse that occurs in the facility. All you need to do is fill out a Counselor referral form. We can also assist you with speaking to counselors outside of our Department. These medical and mental health services will be provided at no cost to you or your family. You will not be punished or retaliated against for requesting or receiving these services.”

As part of the comprehensive education, the ISC requires youth to view a video: PREA Youth Educational Video (English) ([youtube.com](https://www.youtube.com/watch?v=...)). The auditor viewed the video (PREA: What You Need to Know - YouTube) and determined it covers the key pieces of PREA. Last year, the PREA Resource Center produced two videos – one to be shown at intake and one that can be used to provide the comprehensive PREA education. Although the current video are sufficient, the program is strongly encouraged to explore this new resource and consider adopting these videos as part of its PREA education to youth. The link is provided here for reference: [New PREA Education Videos for Adult and Juvenile People in Confinement | PREA \(prearesourcecenter.org\)](https://www.prearesourcecenter.org/)

Interviews with youth verified they have viewed the video and received comprehensive PREA education shortly after arriving. Interviews with the Case Manager and Intake Worker revealed that these staff ask youth if they have any questions after the youth has finished watching the video. Youth are required to sign and date the “PREA: What you Need to Know Resident Education” form to acknowledge this training has been received and the information understood. All youth interviewed confirmed they viewed the video and understood PREA related information (i.e., zero tolerance, how to report, mandatory reporting, emotional support services available, etc.). Youth file reviews (N=12) also verified all youth have received the comprehensive education within ten days of arriving to ISC.

The agency's "Prevention, Intervention, and Minimizing Your Risk for Abuse" document embedded in the youth handbook also outlines the Travis County Juvenile Probation Department's responsibility to prevent and intervene when suspected or confirmed sexual abuse. Some of these listed include offering the victim access to sexually transmitted infections testing; offering mental health assessment and crisis intervention counseling; separating the victim and alleged perpetrator; and referring substantiated allegation of misconduct that appear to be criminal referred for prosecution, to name a few.

To support these practices the agency has several policies mandating youth be provided with PREA education. More specifically, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 6) states, "Information and comprehensive education will be provided to residents housed in facilities within 10 days of intake. a. Signs and posters are provided throughout the housing areas to remind the residents of their right to report sexual abuse or sexual harassment to TJJD and / or DSHS. b. Education will be age-appropriate and provided in formats to ensure all residents may fully benefit from the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Documentation of participation in the resident education sessions will be maintained. c. Residents will be provided periodic updates and reminders throughout their stay in the facilities....The staff will ensure the resident comprehends the information and is able to articulate their understanding." Onsite interviews with youth verified they understand the key pieces of PREA - zero tolerance; how to report; youth are mandatory reporters; etc.

More specifically, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 6) states, "Signs and posters are provided throughout the housing areas to remind the residents of their right to report sexual abuse or sexual harassment to TJJD and / or DSHS; b. Education will be age-appropriate and provided in formats to ensure all residents may fully benefit from the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment... Residents will be provided periodic updates and reminders throughout their stay in the facilities."

All youth interviewed verified they understood zero-tolerance; how to report sexual abuse and sexual harassment; that staff are mandatory reporters; and other important safety and youth rights information.

Review of a sample of 10 current and 2 discharged youth files (total N=12) revealed that all youth received the comprehensive PREA training within the requisite 10-day timeframe.

Provision (c)

As previously stated, youth training records, signed acknowledgement forms, and youth interviews verified all residents have received the comprehensive PREA information at intake and comprehensive education shortly after arriving to the facility.

Provision (d)

Agency Policy AS-902 ““Preventing and Detecting Sexual Abuse and harassment” (Page 6-7) clearly describes how youth with disabilities and/or ESL will be provided with PREA educational material. More specifically, the policy states, “Appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps taken include but are not limited to: a. Ensuring the information uses terminology appropriate to the residents’ age, sophistication, and intelligence; b. Ensuring the information is accessible to residents with physical or intellectual disabilities; c. Providing formats in English and Spanish; d. Providing interpreters as needed; and e. Ensuring the staff read the information out loud if the resident has limited reading skills or a literacy issue exists.”

A Spanish-version of the orientation and PREA education materials reviewed with youth at intake are available (i.e., the resident handbook). An interview with the Case Work Manager and Unit Coordinators verified if a youth was limited English proficient, they would engage a staff member who was fluent in the youth’s language to review the material with the youth. They also stated that they could access formal translation services through Travis County or through the toll-free Language Line. During the audit tour the auditor observed zero-tolerance posters/ TJJJ ANE hotline posters in Spanish.

To ensure youth with limited reading skills and/or cognitive disabilities understand the information, staff are required to verbally review the PREA-related information with youth and to check youth’s understanding of the information provided.

Provision (e)

As previously stated, the auditor reviewed a sample of youth training records (n=12) verifying youth completed the required PREA education sessions and confirming the ISC facility is formally documenting participation in these sessions. In support of this practice, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 6) directs “documentation of participation in the resident education sessions will be maintained.”

Provision (f)

As previously mentioned, the Travis County Juvenile Probation Department reviews the contents of the Residential Services Residential Handbook with youth at intake. While youth are not provided a copy of the handbook to take back to their living unit, a copy of this handbook is available in the common area in each residential living unit. The auditor observed these handbooks on each residential unit during the facility tour. In addition, all youth interviewed knew the handbook was available and how to access it. Youth interviewed also understood the zero-tolerance policy; how to report abuse; their right to call the TJJJ abuse hotline privately; etc. During the facility tour the auditor also noted zero-tolerance posters in English and Spanish posted throughout the facility.

115.334	Specialized training: Investigations
	<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="280 340 919 376"><i>Evidence Used in Compliance Determination:</i></p> <ul data-bbox="354 443 1436 855" style="list-style-type: none"> • Agency Policy AS-217B “Conducting Administrative Investigations” • Agency Policy AS-401 “Staff Training and Development” • Agency Policy “Referrals for Allegations” on Travis County website • Specialized Investigator Training (2-day training) records confirming PREA investigators have received specialized investigation training (12/02/2020 and 12/09/2020) • Texas Juvenile Justice Department policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” • Review of the NIC online Specialized Investigations curriculum • Interviews with Internal Travis County PREA Investigators <p data-bbox="280 891 485 927">Provision (a)</p> <p data-bbox="280 963 1474 1375">As previously mentioned, the ISC facility is not responsible for conducting criminal sexual abuse investigations. The Travis County Sheriff’s Office and TJJD are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. However, Travis County Juvenile Probation Department Accreditation and Compliance Officers are responsible for conducting internal administrative investigations. All Travis County internal investigators have been formally trained on conducting sexual abuse investigations. The three investigators most often assigned to conduct PREA investigations at the ISC facility, have completed the National Institute of Corrections online course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting.”</p> <p data-bbox="280 1411 1461 1823">In addition, in December 2020, eleven Travis County staff participated in a two-day (16 hours) in-person PREA Specialized Investigator Training through the PREA Resource Center. Among the topics covered included PREA investigative standards; first responder and evidence collection; understanding trauma; conducting interviews (victim, perpetrator, and witnesses); addressing sexual harassment; and writing a comprehensive investigation report, to name a few. The auditor reviewed the training roster to verify training completion, particularly for the three main investigators assigned to the ISC facility. The auditor also reviewed the Power Point slide decks used for both training days. Interviews with investigators verified they attended the two-day training.</p> <p data-bbox="280 1859 1468 2060">The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B (page 2) requires, “Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2.</p>

sexual abuse evidence collection in confinement settings; 3. criteria and evidence required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral.” In addition, the document titled, “Referrals of Allegations for Investigations” which is posted on the Travis County website (traviscountytexas.gov) states, “The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded.” The auditor verified the link to the document referenced is in working order.

Provision (b)

The agency Policy AS-217B “Conducting Administrative Investigations” (page 2) defines the specialized training required of PREA investigators who conduct administrative investigations. The policy states, “Investigators will receive specialized training in topics to include: 1. Actions that constitute abuse, neglect and exploitation; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection and review; 4. Document review and interpretation; 5. Interviewing techniques; and 6. Preparation of investigative reports.” In addition, this same policy states, “Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2. sexual abuse evidence collection in confinement settings; 3. criteria and evidence required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral.

Interviews with Travis County Probation PREA Investigators verified they understand the nuances of interviewing juvenile sexual abuse victims, the use of Miranda and Garrity warning, evidence collection, and preponderance of evidence criteria used for substantiation. The auditor also reviewed the specialized training materials as additional evidence of compliance with this PREA provision.

Provision (c)

As previously mentioned, the auditor reviewed training records from the two-day specialized investigation training provided by the PRC. These records verified all internal investigators leading administrative investigations related to PREA, have been sufficiently trained on the required topics.

All evidence provided verifies that investigators at TJJD and Travis County Probation have received specialized training on conducting sexual abuse investigations in confined settings.

Provision (d)

The State of Texas Juvenile Justice Department (TJJD) or local law enforcement typically lead sexual abuse investigations. TX TJJD is required to demonstrate

	<p>compliance with federal DOJ PREA standards. The TJJD policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” specifically requires specialized training for their investigators. More specifically, the policy states: “(A) TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes: (i) techniques for interviewing juvenile sexual abuse victims; (ii) proper use of Miranda and Garrity warnings; (iii) sexual abuse evidence collection in confinement settings; and (iv) criteria and evidence required to substantiate a case for administrative action or prosecution referral. (B) TJJD maintains documentation that such training has been completed.”</p> <p>Review of all evidence and due to the fact that Travis County requires ongoing training in specialized investigations, allows the auditor to determine the facility is in compliance on this PREA standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-401 “Staff Training and Development” • Sample of training records and signed acknowledgment forms verifying Nurses and mental health professionals understood PREA training • Interview with Human Resources • Interview with Medical Director/ChargeNurse • Interviews with random sample of facility nurses • Interview with ISC Mental Health Clinicians • Interview with Victim Advocate from SAFE Alliance <p>Provision (a)</p> <p>A review of training records verified facility nurses and mental health staff are required to complete the agency PREA training. As previously described in Standard 115.331, this training includes information about how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom report allegations or suspicions of sexual abuse and sexual harassment. In addition, interviews with medical staff and the mental health clinician verified they have received specialized training in these areas as part of their academic degree and credentialing processes. All specialized staff interviewed understood the signs of sexual abuse; how to respond effectively to victims of sexual abuse; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>

In support of PREA requirement outlined in this standard, the agency Policy AS-401 “Staff Training and Development” (page 10-11) states, “In addition to the topics listed in Subsection F 4. above, the Department requires the staff assigned to facilities to have training on PREA information (sexual abuse, assault and harassment) during orientation and on an annual basis. Training includes, but is not limited to: a. The Department’s zero-tolerance policy for sexual abuse and sexual harassment; b. Fulfilling the responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Residents’ right to be free from sexual abuse and sexual harassment; d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. Dynamics of sexual abuse and sexual harassment in juvenile facilities; f. Common reactions of juvenile victims of sexual abuse and sexual harassment; g. Detecting and responding to signs of threatened and actual sexual abuse and distinguishing between consensual sexual contact and sexual abuse between residents; h. Avoiding inappropriate relationships with residents; i. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and j. Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and k. Relevant laws regarding the applicable age of consent. l. Certified officers shall be trained on conducting searches of transgender and intersex residents in a professional and respectful manner in the least intrusive manner possible that is consistent with security needs”

In support of this standard, the agency Policy AS-401 “Staff Training and Development” (page 9) states, “All professional specialists must receive a total of 160 hours of training in the first year of employment. Every calendar year thereafter, each employee in this category must receive 40 hours of training to include the Department’s mandatory training topics....Detention Services Division: Professional specialists working with Detention must have training on the topics listed for the juvenile care workers. 2. All professional specialists that are medical or mental health staff shall have training on the following: i. How to detect and assess signs of sexual abuse and sexual harassment; ii. How to preserve physical evidence of sexual abuse; iii. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and iv. Additional PREA training topics as outlined in Subsection F 5. below.”

Provision (b)

The facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the local hospital to be examined by a certified SANE. An interview with the Director of Sexual Assault Victim Advocacy for SAFE Alliance verified that SANE professionals working at the local hospital are required to maintain their certification including ongoing education.

Provision (c)

Interviews with Human Resources staff verified the agency requires credentialed staff to keep up to date on their licensing requirements. An interview with the

	<p>Charge Nurse verified she is responsible for ensuring the dozen or so RNs complete their required CEUs needed to maintain their license. During annual performance appraisals, Charge Nurse reviews this information. Up-to-date licenses/certifications are submitted to the Travis County Juvenile Probation Department Human Resources unit for placement in staff files.</p> <p>To support this practice, the agency Policy AS-401 “Staff Training and Development” (page 12) directs, “Training and certification records are updated and maintained on file by the Training Unit.”</p> <p>Provision (d)</p> <p>A review of training records and signed acknowledgement forms verified facility Nurses and mental health professionals have completed the agency PREA Culture of Safety training. These individuals are required to complete the full training every year.</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, training records, etc.) and the fact that mental health and medical staff are required to complete the comprehensive PREA training annually (not just every other year with a refresher in between) allows the auditor to conclude the facility “exceeds expectations” on this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-905 “Services for Victims of Sexual Abuse” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Sexual harassment” • Policy RS 1.35 “Housing Classification Plan” • Travis County Juvenile Probation Department Residential Housing Screening • Youth file reviews verifying vulnerability assessments completed within 72 hours of intake • Copies of a sample of completed vulnerability assessment instruments • Review of the Housing Screening Tool Power Point presentation • Interview with Case Work Manager • Interview with Intake Worker/Unit Coordinator • Interview with RTOs (direct care staff) • Interviews with youth • Interview with PREA Compliance Manager • Observations during facility tour that vulnerability information is accessible

only to limited staff

Provision (a)

All ISC youth are assessed for vulnerability risk the day they arrive to the program. Numerous information sources are reviewed by the Case Work Manager and Unit Coordinators to determine the level of risk. Among these documents are court and legal documents, previous treatment reports, and behavior reports, to name a few. Within 24 hours of the youth arriving to ISC, the Case Work Manager and/or Unit Coordinator meets with youth to gather and review information needed to complete the “Travis County Juvenile Probation Department Detention Housing Screening” tool. This instrument assesses specific factors associated with risk to be sexually victimized and/or perpetrate (see provision (c) for more information). The auditor reviewed 12 youth files (10 current and 2 discharged youth) and verified a vulnerability assessment was completed within 72 hours of arrival (all vulnerability tools were completed the day the youth arrived to the program). Interviews with facility staff verified this assessment process is fully institutionalized.

In support of DOJ PREA expectations, the agency has a policy AS-905 “Services for Victims of Sexual Abuse” (page 2) which states, “during the facilities’ intake process and before being placed on a housing unit, all juveniles will be screened for prior sexual victimization or sexual abusiveness.” In addition, the ISC facility has Policy RS 1.35 “Housing Classification Plan” which sets forth definitions related to this standard including: “Housing Screener: An assessment tool utilized to obtain information from residents about potential vulnerabilities to physical and sexual assault or potential for acting out in a sexually or physically aggressive manner.” In addition, Policy RS 1.35 states, “Within the first two (2) hours of admission and prior to any program or room assignment, a member of the Treatment Team will conduct a screening to determine housing and program placement... A housing screener will be used to determine potential vulnerabilities for or tendencies of acting out with sexually aggressive or assaultive behavior.”

Provision (b)

Review of the “Travis County Juvenile Probation Department Residential Housing Screening” tool verifies that all areas listed in provision (c) are addressed using standardized questions. The Travis County housing tool was adapted from the “Prison Youth Vulnerability Scale” created and modified by the New Zealand Department of Corrections, the Florida Department of Juvenile Justice, and the State of New Hampshire. The scale includes a total score; a vulnerability/victimization risk score; a sexually aggressive risk score; and cut scores placing youth in one of three categories: Low, Medium, or High. Following the previous audit in 2022, the PREA Compliance Manager explained future plans to engage the social work program at the University of Texas to assist in validating the screening tool. The auditor encourages the program to pursue this goal of developing an objective and validated screening tool aimed at keeping youth safe.

Review of a sample of 10 current and 2 discharged youth files (N=12) revealed that

no youth disclosed previous sexual victimization. Two of the youth scored high for Sexual Aggressiveness. It was determined the tool was comprehensive, scored properly, and consistent with PREA expectations.

Provision (c)

Review of the Travis County Juvenile Probation Department Detention Housing Screening tool verified that key variables associated with risk for sexual perpetration and/or victimization are explored using standardized questions. More specifically, the tool asks whether youth have ever had a sexual experience they did not want; ever been arrested on a sexual offense; ever engaged in behavior that may be considered sexually aggressive; whether they make friends easily; whether they feel at risk from attack or abuse from other youth, etc. The screening tool also requires the person completing the instrument to document observations of intellectual or developmental disabilities, mental disabilities, cognitive or emotional issues, as well as physical appearance (i.e., smaller build, non-gender conforming, etc.) to name a few. The vulnerability assessment requires the screener to make one of three determinations: Vulnerable to Victimization; Sexually Aggressive; or None.

As previously mentioned, the Case Work Manager and the Intake Work/Unit Coordinator are responsible for completing the vulnerability risk screening tool at intake. Interviews with these staff members, review of the risk screening tool, and review of completed vulnerability risk assessments in youth files provides sufficient evidence for compliance with this standard provision.

An interview with the Case Work Manager revealed that ISC formally trained all staff responsible for conducting the Housing Screener instrument in May 2022. Interviews with Unit Coordinators confirmed revealed that the training was two hours in length and included a formal Power Point presentation; a detailed discussion about the assessment process; and discussion about individual assessment items. One Unit Coordinator specifically noted points of discussion to include youth's preferred pronouns; by whom transgender and intersex youth are most comfortable being searched; new items on the tool - i.e., physical stature; intellectual disability; cognitive issues; etc.

During the previous audit the auditor reviewed the training roster with signatures for verification. A description of the training was also submitted for review. The training description detailed the objectives of the training including teaching participants how to "facilitate and score the screener, where to store the data and....the monthly housing review procedure for residents of the ISC. Specifically, to include detailed information any time a resident is relocated to another unit or room." During the corrective action period in the previous audit (2022), the auditor conducted an extensive review of the Power Point presentation used to train staff and determined the training provided clear guidance and sufficient information to those staff who are responsible for conducting and interpreting the new vulnerability tool.

Provision (d)

The PREA standard requires staff complete these assessments by considering multiple sources of information (not solely rely on verbal responses from the youth). More specifically, PREA standard 341 (d) requires "...information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files."

To ensure the most accurate vulnerability risk information is obtained from the resident Policy RS 1.35 "Housing Classification Plan" requires individuals conducting the vulnerability tool to ensure youth understand the questions posed. More specifically, the policy directs, "Staff completing the housing screener will be open and willing to explain the questions about sexual orientation and gender identity using terminology appropriate to the juvenile's age, sophistication, and intelligence."

The vulnerability risk tool requires the screener to use other sources to corroborate youth testimony regarding previous history of sexualized behavior (adjudicated or non-adjudicated) and/or history of sexualized aggression or sexual assault. During interviews with the Unit Coordinators they explained that they gather information for the tool by asking the youth questions, reviewing psychological reports sent by the detention center; reviews the youth's arrest record; and gathers information about youth behaviors through conversations with detention staff. The intake workers explained that if collateral information reveals that there is a history of sexual abuse victimization or perpetration they are required to change the answer on the housing screener. This is often done by crossing out the original answer, putting the correct answer, and initialing the item. The auditor reviewed 12 youth files and found evidence that this practice is in place - i.e., 3 of the assessments showed an original score of 0 that was later changed and the collateral sources was clearly noted. The tool has a specific section to help ensure the individual conducting the screener reviews collateral sources. More specifically there is a comments section that specifically prompts the reviewer to: "Include observations from this assessment and any known historical behavior / case history; including known applicable experiences by the juvenile."

At the bottom of the screening tool the person conducting the screener is required to sign the document affirming "...that prior to making this housing assignment the juvenile's case history has been reviewed with special attention focused on current charges, offense history, physical size and stature, current medical concerns, and previous behavior history" (page 4).

As previously mentioned, the auditor also reviewed the Power Point presentation used to train staff in 2022 on the new tool. The requirement to review collateral information was emphasized during this training. The auditor concludes the program is in compliance with this PREA standard.

Provision (e)

Completed vulnerability tools are stored in hardcopy in a locked cabinet in the Unit

	<p>Coordinator’s office. Only the Case Work Manager, Unit Coordinators, and Shift Supervisors have access to this office. Direct care staff are only provided limited information, more specifically: 1) On what unit the youth is being placed; 2) if youth is at risk for sexual perpetration or victimization; and 3) youth’s preference for the gender of the staff they wish to be searched (for transgender and intersex youth only). Interviews with Unit Coordinators and the Case Work Manager verified this process is fully institutionalized. Additionally, interviews with RTOs (direct care staff) provided evidence that they do not have access to the completed vulnerability tools and only limited information is shared to ensure youth and staff safety. In addition, direct care staff interviews verified they are required to uphold confidentiality and follow strict guidelines regarding protecting client information.</p> <p>To further support this provision, the agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 5) states, “The needs of each resident in the facility will be reviewed to ensure appropriate housing, programming, education and potential work assignments are made based on risk of vulnerability or likelihood to exploit or victimize others. 1. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.”</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-1203 “LGBTQI Juveniles” • Policy RS 9.40 “Isolation, Seclusion, and Separation” • Policy RS. 1.35 “Housing Classification Plan” • Review of sample of Housing Screening Tools (N=12) • Interview with the Director of Residential Services (Program Director/ Superintendent) • Interview with PREA Compliance Manager • Interview with Case Work Manager (who is responsible for conducting vulnerability risk assessments) • Interviews with Unit Coordinators (responsible for conducting vulnerability risk assessments) • Interviews with Shift Supervisors • Interviews with staff who supervise youth 1:1

Provision (a)

As mentioned previously, the Policy RS 1.35 “Housing Classification Plan” (page 3) directs, “D. Within the first two (2) hours of admission and prior to any program or room assignment, a member of the Treatment Team will conduct a screening to determine housing and program placement. A housing screener will be used to determine potential vulnerabilities for or tendencies of acting out with sexually aggressive or assaultive behavior.” This same policy also states, “The housing screener will be reviewed periodically throughout a resident’s stay at the facility. The review will be documented in the resident’s file by a member of the Treatment Team....Residents transferring from the secure program to the non-secure program will have a new housing screener conducted within two (2) hours of admission and prior to any room assignment.”

Furthermore, this policy provides clear guidance on how single and double occupancy rooms should be used based on information obtained from the vulnerability risk tool. More specifically, the Policy RS. 1.35 “Housing Classification Plan” states: “Single Occupancy Rooms will be used for the following: a. Residents with severe medical disabilities; b. Residents diagnosed with serious mental illness; c. Residents who are likely to be exploited or victimized; d. Residents who are likely to act out in a sexually aggressive or abusive manner; and e. Residents who have other special needs requiring a single occupancy room.” This same policy also explains, “Double Occupancy Rooms will be used for the following: a. Residents of the same sex; b. Residents of similar size and stature; c. Residents who have not been adjudicated for a serious/violent offense; d. Residents who have not been identified to be vulnerable to others who are physically or sexually aggressive or abusive; and e. Residents who have been identified not to be physically or sexually aggressive or abusive. f. Residents who are eligible to occupy double occupancy rooms once they have been in the facility for 72 hours and the housing screener has been reviewed.”

DOJ PREA standard 115.342 requires all information from the vulnerability tool be used to inform placement decisions. The current vulnerability risk screening tool requires staff to document the initial housing assignment (unit and room #) and the housing level classification (i.e., Classes A, B, or C). Review of a sample of youth files (n=12) verified that staff are consistently documenting the initial housing/room assignment on the housing screening tool the housing screening tool. That said, only a handful of the housing screener tools clearly provided an explanation for why the housing/bedroom assignment recommendation was made. While not required, best practices support documenting the rationale for the housing/room assignment. The ISC program is encouraged to set the expectation for individuals conducting the screening tool to notate why youth was placed in a particular unit and/or bed (i.e., “It is recommended that the youth is placed on Unit X with younger more vulnerable youth because the youth is 13 years old and is high risk for vulnerability. Youth should be placed in a room closest to the staff office for extra eyes on/ears on supervision”). While in compliance, the ISC program is encouraged to train staff conducting the housing screener to document the rationale for the placement as further evidence for compliance with this provision.

Interviews with the Unit Coordinators, Shift Supervisors, and Case Manager verified they consider the information from the Residential Housing Screener.

Provision (b)

Interviews with the Program Director, Shift Supervisors, and RTOs revealed that the ISC facility uses isolation minimally. If a youth exhibits severe negative behavior and is a safety risk to other youth, the youth may be placed on the Time-Out Room (TOR) and be under one-on-one supervision until their behavior stabilizes. However, if the isolation exceeds 90 minutes, approval from the Director of Residential Services must be obtained and a written incident report created. Since the ISC facility has several unoccupied units, staff also stated that if youth were in immediate danger, the alleged perpetrator might be taken to an empty unit and separated from the group (with 1:1 supervision from staff). During this time the youth would have full access to the dayroom, his/her sleeping quarters, daily exercise, education programming, and treatment related services offered by the facility. The youth would not be in a locked isolation.

Interviews with youth verified that “time out” rooms (TORs) are used only when necessary with most youth stating the longest they have been isolated is three days. Staff and youth interviews confirmed that isolation is rarely used and when it has been used, youth receive visits from nurses at least once per shift. In addition, RTOs are required to conduct and document safety checks every 10-15 minutes. Youth reported that if there are safety issues (i.e., youth continues to be violent) then they would not be allowed to participate in school or recreate with other youth. All youth interviewed who reported having experienced the “time out” room reported that once they calm down they are allowed to rejoin the group to include school and recreation.

Policy RS 9.40 “Isolation, Seclusion, and Separation” describes the expectations for using isolation for protective custody or disciplinary reasons. More specifically, the policy states, “Disciplinary Sanctions that would require isolation, seclusion and separation: Room Restriction/Disciplinary Restriction. Room restriction/disciplinary restriction may be utilized to briefly restrict a resident to a room in order to allow the resident the opportunity to self-correct inappropriate behavior, prevent potentially disruptive behavior or when the resident’s behavior could be deemed dangerous to themselves or others. a. Residents will be allowed to rejoin programming as soon as the potentially disruptive behavior is corrected. b. Room restriction/disciplinary restriction will not exceed 90 minutes. c. Reasons for each room restriction will be documented....Disciplinary seclusion will be limited to 48 hours in duration. Disciplinary separation will be limited to 24 hours in duration. a. The time limits include program and non-program hours. b. The time a resident spends in disciplinary seclusion/ disciplinary separation starts from the time he/she is placed in a room until formally released, which will include non-programming hours.”

Policy RS 9.40 “Isolation, Seclusion, and Separation” further supports this PREA provision by stating, “...4. A mental health provider will be consulted before

disciplinary seclusion/disciplinary separation is imposed if a resident has a current designation as moderate or high risk suicide (SP or SW). 5. Disciplinary seclusion/disciplinary separation will not be issued to a resident with a known diagnosis of severe or profound intellectual disability and/or a serious mental illness. 6. Residents in disciplinary seclusion/disciplinary separation will receive daily visits from a medical or mental health care clinician.

7. Residents in disciplinary seclusion/disciplinary separation will also be allowed to participate in educational and treatment opportunities to the extent allowed by their behavior” (page 4).

Similarly, Policy RS 9.40 “Isolation, Seclusion, and Separation” also explains, “Residents on protective isolation will be afforded living conditions and privileges approximating those available to residents in the general population except when justified by clear evidence that the resident’s safety is at risk. While on protective isolation the resident will receive a. All legally required educational programming and daily large-muscle exercise; b. Daily visits from medical or mental health care staff; and c. Access to other programs and services to the extent possible” (pages 5-6).

Provision (c)

Staff interviews (facility managers and RTOs) verified the facility does not assign LGBTQI youth to a particular housing unit based solely on their gender identity. In support of this provision, agency Policy AS-1203 “LGBTQI Juveniles” (page 4) specifically directs, “A screener will be used to determine appropriate housing and program assignments in facilities. LGBTQI juveniles will not be placed in particular housing, bed, or other assignments solely on the basis of identification or status.” In addition, this same policy (page 5) states, “LGBTQI identification or status will not be considered an indicator or likelihood of being sexually abusive.” Youth file reviews also verified that LGBTQI youth are placed on various units throughout the facility.

Provision (d)

Interviews with facility managers and RTOs provides evidence that housing and programming decisions for transgender and intersex youth are made on a case-by-case basis. More specifically, facility managers provided an example of a transgendered male (a few years ago) who felt most comfortable programming with female residents. The program housed the youth on the female unit as per his request. In support of the practice Policy AS-1203 “LGBTQI Juveniles” states, “The MDT will develop the Individual Classification Plan (ICP) for each transgender and intersex juvenile on a case-by-case basis.”

Provision (e)

PREA standards require specific practices when working with transgendered and intersex youth. Standard 115.342 (e) requires: “placement and programming assignments for each transgender or intersex resident shall be reassessed at least

twice each year to review any threats to safety experienced by resident.” Travis County agency Policy AS-1203 LGBTQI (page 6) supports this provision by stating, “Placement and programming assignments for each transgender or intersex juvenile will be reassessed at least twice each year to review any threats to safety experienced by the resident.” At the time of the onsite review, there were no transgender or intersex residents at the ISC facility. Interviews with the Case Work Manager and other facility leaders verified that all youth (not just transgender and intersex youth) are reviewed regularly to assess youth treatment needs, safety concerns, behavioral progress, and other key factors related to youth’s progress.

Provision (f)

PREA standard 115.342 (f) requires a transgender or intersex resident’s own view with respect to his own safety be given serious consideration. Interviews with the Director of Residential Services, PCM, and the Case Work Manager and Unit Coordinators (who conduct vulnerability risk assessments and who are responsible for placing youth in residential living units) verified that a youth’s own perception of safety is considered when making placement and programming decisions. In addition, a review of the vulnerability risk instrument confirmed there are several questions that gather this information including but not limited to: “Do you feel OK being with groups of people you don’t know well?”

In support of this, agency Policy AS-1203 “LGBTQI Juveniles” (page 5) states, “2. Staff will ask if the juvenile has particular concerns or needs related to being LGBTQI. Staff will sensitively inquire about fears the juvenile may have of being harassed in the facility....F4. Serious consideration will be given to each transgender or intersex juvenile’s own view of his or her safety.”

Provision (g)

As previously explained, all residential living units have a bathroom with two stalls each equipped with a shower and a toilet and that is secured by a closed door. All youth shower separately and have privacy when doing so. When youth change clothes inside their room youth are required to place a paper shield over the window for privacy. Interviews with youth confirmed they have privacy when showering, using the toilet, and changing their clothes.

To support this provision, the agency Policy AS-1203 “LGBTQI Juveniles” (page 6) states, “G. While housed in facilities, transgender and intersex juveniles will have the opportunity to disrobe, shower, and dress apart from other juveniles. Accommodations will be provided in a sensitive manner.”

Provision (h)

Interviews with the Director of Residential Services (Program Director), Shift Supervisors, RTOs, and youth revealed that the ISC facility uses isolation minimally. If a youth exhibits severe negative behavior and is a safety risk to other youth, the youth may be placed on the Time-Out Room (TOR) and be under one-on-one supervision until their behavior stabilizes. Since the ISC facility has several

unoccupied units, staff also stated that if youth were in immediate danger, the alleged perpetrator might be taken to an empty unit and separated from the group (with 1:1 supervision from staff). During this time the youth would have full access to the dayroom, his/her sleeping quarters, daily exercise, education programming, and treatment related services offered by the facility. The youth would not be in a locked isolation cell.

In support of these provisions, Policy RS 9.40 “Isolation, Seclusion, and Separation” (page 6) clearly describes, “If the protective isolation of a resident exceeds 24 hours, the Director or designee will: a. Immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident; b. Make a determination about whether less restrictive protective measures are appropriate and available; c. Document why no alternative means of separation can be arranged if the review indicates that continued protective isolation is appropriate; and d. If continued protective isolation is approved, the Director or designee will ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated resident is afforded all required programming during his or her period of protective isolation. 5. Documentation of the threat faced by the resident and the reason that no alternative means of separation can be arranged will be maintained in the resident’s file.”

Provision (i)

As described in the provision (h) the facility may use protective isolation as per Policy RS 9.40 “Isolation, Seclusion, and Separation” although if there is a need to have youth isolated beyond 24 hours an assessment must be made as to the continued need for the separation; document that no alternative means to establish safety exists; etc. Staff interviews revealed the facility has not yet had to separate a youth from the group for any reason for 30 or more days.

The auditor has determined the program is in compliance with provisions of this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-401 “Staff Training and Development” • Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-903 “First Responder Duties” • Policy RS 2.50 “First Responder Duties”

- Travis County Juvenile Probation Department Residential Services Resident Handbook
- Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department)
- Review of “Travis County Juvenile Probation Department Grievance Review Form”
- Travis County Juvenile Probation Department Resident Rights (read to youth at intake)
- Zero-tolerance/child abuse hotline number posters
- Interviews with RTOs (direct care staff)
- Interviews with youth including those who have filed a grievance (not PREA related)
- Interview with PREA Compliance Manager
- Facility audit tour observations
- Grievance Coordinator tracking sheet

Provision (a)

The Travis County ISC facility has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The Travis County Juvenile Probation Department Residential Services Resident Handbook clearly describes the grievance process. More specifically the handbook states: “If you feel you have been abused here, at home or in another facility, DON’T BE SILENT! TELL SOMEBODY IMMEDIATELY!”

- Report to an adult you can trust.
- Write a grievance.
- You will be allowed to report by phone at a reasonable time upon your request.
- Report by phone to:
 - Report abuse that occurred within the facility to the Texas Juvenile Justice Department by calling their Hotline: 1-877-786-7263 or (1-877-STOP ANE).
 - Report abuse that occurred at home to the Department of Family and Protective Services at: (800) 252-5400 or (512) 834-3784.
 - Report abuse that has occurred while receiving services from a substance abuse program to the Department of State Health Services at (888) 973-0022.”

This information is also reiterated in other sections of the Resident Handbook by stating:

“You have the right to report any allegations or incidents of abuse, neglect, exploitation, or retaliation that may occur in this facility or any other juvenile justice program directly and confidentially to the Texas Juvenile Justice Department. You may call them at: 1-877-786-7263 or 1-877-STOP-ANE.

You have the right to report allegations or incidents of abuse, neglect, exploitation, or retaliation occurring outside of the juvenile justice setting (e.g., in a home or school) to the Department of Family and Protective Services at 1-800-252-5400 or (512) 834-3784. Report abuse that has occurred while receiving services from a substance abuse program to the Department of State Health Services at 1-888-973-0022.

You have the right to confidentiality when reporting incidents of abuse, neglect, exploitation or retaliation.”

Interviews with youth verified all youth knew the various ways they could report and that reports of sexual abuse, sexual harassment, and retaliation could be made directly to outside entities. All youth interviewed articulated that if someone was harming them, they would tell a staff member, their parent/guardian, or call the TJJD hotline number. During the facility tour, the auditor observed posters hung up throughout the program displaying the TJJD abuse hotline number which nearly all youth referenced as one reporting option. All youth interviewed also understood that s/he could write a written grievance using the facility’s grievance form. Youth described the process of writing the grievance, sealing it in an envelope, and handing it to a staff member they trusted. Youth and staff interviewed reported staff are not permitted to open the envelope but instead, are required to give the grievance to the Shift Supervisor. Some youth understood they are able to file an anonymous grievance; that they could file a grievance on behalf of another resident; and that a family member or third party could file a grievance on the youth’s behalf.

Travis County Juvenile Probation Department Policy AS-903 “First Responder Duties” (page 3) supports expectations outlined in this PREA provision. More specifically, the policy (page 3) states, “The Department will provide multiple ways to report allegations of sexual abuse and sexual harassment....Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as Texas Juvenile Justice Department (TJJD), by phone or uncensored letters.”

The facility has a form titled, “Travis County Grievance Review Form” on which the ISC Case Work Manager/Grievance Coordinator logs the information obtained during the investigation into the grievance; the date youth was notified of the outcome; and action taken; the auditor has determined ISC has a clear process in place for addressing grievances and for thoroughly investigating all concerns raised by residents.

Provision (b)

The Residential Services Resident Handbook clearly describes the grievance process and provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The handbook provides the telephone numbers for the TJJD abuse reporting hotline number (1-877-STOP-ANE) and the Ombudsman office. This information is also reiterated in

other sections of the Resident Handbook by stating: "You have the right to report any allegations or incidents of abuse, neglect, exploitation, or retaliation that may occur in this facility or any other juvenile justice program directly and confidentially to the Texas Juvenile Justice Department. You may call them at: 1-877-786-7263 or 1-877-STOP-ANE. You have the right to report allegations or incidents of abuse, neglect, exploitation, or retaliation occurring outside of the juvenile justice setting (e.g., in a home or school) to the Department of Family and Protective Services at 1-800-252-5400 or (512) 834-3784. Report abuse that has occurred while receiving services from a substance abuse program to the Department of State Health Services at 1-888-973-0022." All youth interviewed knew about the abuse reporting hotline number.

RS Policy 2.50 "First Responder Duties" supports expectations outlined in this PREA provision. More specifically, the policy (page 3) states, "Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as Texas Juvenile Justice Department (TJJD), by phone or uncensored letters." This same information also appears in agency Policy AS-903 "First Responder Duties."

As previously mentioned, all youth interviewed articulated that if someone was harming them, they would tell a staff member, a family member, or write a grievance. Almost all youth interviewed was able to reference at least one external source they could contact if they did not feel safe confiding in ISC staff. Most youth stated they would tell their parent/guardian or call the TJJD abuse hotline. Youth were aware of the hotline phone number and knew the contact information for reporting was displayed on posters throughout the facility.

Youth interviewed understood they have the right to privacy when making a report of abuse (calling the hotline number). Youth explained that staff would probably take them to an empty unit to make this call as needed and would observe youth but would not be within ear-shot. Youth also explained that youth are required to go to their rooms when a youth is talking with their lawyer or making a call to the abuse hotline on the unit. Staff interviews confirmed this would be the method to afford youth privacy when reporting.

The agency and facility have formal policies and documents supporting provisions in this standard. More specifically Policy AS-901 "Reporting Child Abuse, Neglect, and Exploitation" (pages 9-10) states, "Signs reflecting the Department's zero tolerance policy concerning the abuse of juveniles shall be prominently displayed in public areas as determined by the Chief or designee. Signs will include methods for juveniles to have unimpeded access to report allegations directly to TJJD." In addition, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 7) explains residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

In addition, the Travis County Juvenile Probation Department Residential Services Resident Handbook also provides a description of SAFE Alliance which is the local community advocacy center. The description in the handbook includes an explanation that the "SafePlace hotline can give you emotional support and access to counseling, so you can begin to heal from the trauma of sexual abuse. The hotline crisis intervention specialists are staff and volunteers trained to handle calls from sexual abuse survivors. This hotline features a relay/VRS for the Deaf community, Spanish-speaking advocates and can use interpretation services to respond to callers who speak other languages." The SafePlace hotline number (#512-267-7233) and mailing address (Safe Alliance, PO Box 19454, Austin, TX 78760) are provided.

Provision (c)

The agency has several policies supporting expectations laid out in this provision. Specifically, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 3) states, "Allegations will be accepted verbally or in writing from juveniles, parents / guardians, a third party or a private or anonymous source. There are no time limits for reporting allegations." This same policy (page 7) also declares, "If an ANE allegation is received from an anonymous source, TJJD, or any outside agency or entity, the staff member receiving the information will follow the steps outlined in C (1-3) of this policy to make the required notifications and reports."

Similar information related to third-party and anonymous reports appear in agency Policy AS-903 "First Responder Duties" (page 3). More specifically, agency Policy AS-903 "First Responder Duties" (page 3 and 4) states, "Juveniles may have third parties file an allegation on their behalf. For those situations, requests may be received from: 115.351 (c)-1 a. Fellow juveniles; b. Staff members; c. Family members; d. Attorneys; e. Outside advocates; and / or f. Oversight agencies (such as TJJD or DSHS)." This policy (page 4) also states, "Staff shall accept reports made verbally and in writing from juveniles, parents / guardians and third parties. Private and /or anonymous reports will also be accepted." Facility policy RS 2.50 "First Responder Duties" also supports this provision by clearly stating: "Staff shall accept reports made verbally and in writing from juveniles, parents / guardians and third parties. Private and / or anonymous reports will also be accepted."

All staff and youth interviewed verified that staff are mandatory reporters and are required to report all allegations including third-party and anonymous reports.

Provision (d)

As previously described, all youth reported that s/he could write a written grievance using the facility's grievance form and hand the sealed envelope to a staff member they trusted. Youth and staff both reported staff are not permitted to open the envelope but instead, are required to give the grievance to the Shift Supervisor to open as soon as possible. This Shift Supervisor is then required to read the grievance and give the grievance to the facility's designated manager - the Case Worker Manager/Grievance Officer. Several agency policies support this standard

provision. During interviews youth explained that if s/he wanted to call the abuse hotline number, staff would transport them to an empty living unit to make this call. Youth explained that they would have privacy – staff would dial the phone and then observe them from afar (not within ear shot). Staff interviews verified this would be the method used to afford youth privacy when making an abuse reporting. Staff and youth also confirmed that written grievances are sealed and not read by RTOs (only Shift Supervisors and the ISC Case Work Manager/Grievance Officer are permitted to read these grievances in private).

Agency Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” (page 3) clearly states, “Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Resources may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; 3. reasonable access to confidential contact with attorneys and designated representatives of attorneys through telephone, uncensored letters and personal visits; and 4. access to oversight agencies and victim advocacy entities, such as TJJD, DSHS and SafePlace, by phone or uncensored letters.” This same language appears in agency Policy AS-903 “First Responder Duties.” In addition, facility Policy RS 2.50 “First Responder Duties” directs, “Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as TJJD, by phone or uncensored letters.”

As previously mentioned, youth who were interviewed understood they have the right to privacy when making a report of abuse (calling the hotline number or writing a grievance that is in a sealed envelope). The auditor reviewed the grievance tracking sheet maintained by the Grievance Coordinator. This provided additional evidence that youth have the tools to make a report and that all grievances (PREA and non-PREA) are responded to swiftly.

Staff and youth interviews confirmed that youth are provided with the tools necessary to make a written report.

Provision (e)

In support of this PREA expectation, Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 8) states, “Staff can report a complaint privately to an individual other than his or her direct supervisor if they believe that following the chain of command will jeopardize the confidentiality or integrity of the complaint. Reports can be made to: a. Department Human Resource personnel, b. Division Manager, c. Division Director, d. Deputy Chief Juvenile Probation Officer, e. Assistant Chief Juvenile Probation Officer, f. Chief Juvenile Probation Officer (Chief), or g. Chair of the Juvenile Board. 4. Staff may anonymously report allegations of sexual abuse or sexual harassment using the TJJD Abuse Hotline.”

In addition, agency Policy AS-903 “First Responder Duties” (page 4) explains, “Staff may report a complaint privately to an individual other than their direct supervisor if they believe that following the chain of command will jeopardize the confidentiality

	<p>or integrity of the complaint.”</p> <p>All ISC staff are mandatory reporters and are required to report abuse. This is conveyed through the annual staff PREA training. All staff interviewed stated they are able to report abuse privately by stepping into the staff office and calling the Texas Juvenile Justice Department directly.</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, training records, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy RS 2.50 “First Responder Duties” • Policy 2-DSRS-2 “Resident Grievance Procedures” details • Policy AS-903 “First Responder Duties” • Policy AS-904 “Corrective Action and Notifications” • Travis County Juvenile Probation Department Residential Services Resident Handbook • Travis County Juvenile Probation Department Resident Rights (read to youth at intake) • Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department) • “Travis County Grievance Review Form” • Review of the Grievance Excel Tracking Sheet • Interviews with youth • Interviews with Shift Supervisors • Interview with RTOs (direct care staff) • Interview with the Grievance Coordinator/Case Work Manager <p>Provision (a)</p> <p>Agency policy 2-DSRS-2 “Resident Grievance Procedures” states, “Residents will be afforded a method of addressing concerns or complaints about their treatment and facility services through a formalized Grievance Process. Grievances shall be confidential with access limited to those Staff involved in providing the appropriate responses and administrative review. Retaliation for filing a Grievance is strictly prohibited.” This same policy also provides detailed information about the formal grievance procedures at ISC. The policy directs each facility to designate a</p>

Grievance Officer who is responsible for maintaining a grievance log and tracking system that documents each grievance submitted; the grievance disposition; whether the grievance was appealed; and the appeal disposition (if applicable). The policy also establishes grievance boxes and describes who is responsible for checking these boxes twice a day (at the end of the AM shift and again at the end of the PM shift).

Youth can file a grievance at any time while at the ISC facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The facility Policy 2-DSRS-2 "Resident Grievance Procedures" outlines basic principles to the process: "A. Basic Principles 1. Upon admission and during the orientation process, staff will explain the grievance process in clear, simple terms the Resident can understand in the Resident's primary language. 2. Staff will make a good faith effort to respond to and resolve Resident Grievances and concerns about their treatment or the services offered by the facility. 3. All Residents will have unimpeded access to the Grievance Process, including forms and methods of submission. 4. A Resident will not be required to submit or have the Grievance referred to the Staff who is the subject of the complaint. 5. Staff will not deny Residents the opportunity to deposit a Grievance form into the Grievance Box, unless doing so would interfere with the safety and security of the facility. 6. There is a zero-tolerance policy for retaliating against a Resident or Staff for participating in the Grievance Process. The policy also provides definitions related to the grievance process (i.e., emergency grievance) consistent with PREA definitions. It also sets forth expectations that resident grievances will be responded to in a timely manner and a written resolution of all grievances provided to youth.

Interviews with the ISC Grievance Coordinator, RTOs, Shift Supervisors, and youth verified the facility has a formal grievance process in place. The process involves youth filling out the "Travis County Grievance Review Form" and placing it in a sealed envelope. Youth can either place the grievance in the numerous grievance boxes located throughout the facility or hand the envelope to a staff member of their choosing. The grievance boxes are locked and only accessible to the Grievance Coordinator, Shift Supervisor, and Facility Director. Policy requires these boxes to be checked twice per day. If youth hand the envelope to an RTO, they are not allowed to open the grievance and are required to submit it to the Shift Supervisor as soon as possible. The Shift Supervisor is required to give the grievance to the facility's designated manager - the Case Work Manager/Grievance Officer for resolution and documentation. Interviews with youth and staff verified this process is fully operationalized.

During the facility tour the auditor noted locked grievance boxes throughout the facility and conducted a test of critical functions (described in provision 115.352 (f) of this report). The grievance process is described in the Travis County Juvenile Probation Department Residential Services Juvenile Handbook and explained to youth at intake.

Provision (b)

The ISC formal grievance process allows youth to file a grievance at any time while at the facility. The designated Case Work Manager/Grievance Officer is responsible for talking with youth and documenting the grievance resolution on the Travis County Grievance Form. In addition, the Case Work Manager logs each grievance in the Grievance Excel Tracking Sheet. The auditor reviewed the Grievance Tracking log and found that grievances are categorized (i.e., staff; point/level system; programming; facility; food services; and medical services) and also include other variables such as: who filed the grievance; brief explanation/reason for grievance; date grievance was first reviewed; outcome of first review; appeal date; and appeal disposition/outcome decision and date. An interview with the Grievance Coordinator and grievance data is aggregated (and corresponding charts created) on a monthly basis. The auditor reviewed the grievance tracking sheet to verify all grievances, not just PREA allegations are responded to in a timely fashion. Staff and youth interviews verified all grievances are addressed in a timely fashion and there is no time limit on when a resident can submit a grievance alleging sexual abuse.

In support of this practice and PREA provision Policy 2-DSRS-2 "Resident Grievance Procedures" also states, "1. Upon admission and during the orientation process, staff will explain the grievance process in clear, simple terms the Resident can understand in the Resident's primary language...3. All Residents will have unimpeded access to the Grievance Process, including forms and methods of submission. 4. A Resident will not be required to submit or have the Grievance referred to the Staff who is the subject of the complaint. 5. Staff will not deny Residents the opportunity to deposit a Grievance form into the Grievance Box, unless doing so would interfere with the safety and security of the facility. 6. There is a zero-tolerance policy for retaliating against a Resident or Staff for participating in the Grievance Process."

The auditor determines the program is in compliance on this standard provision.

Provision (c)

Policy 2-DSRS-2 "Resident Grievance Procedures" clearly states, "4. A Resident will not be required to submit or have the Grievance referred to the Staff who is the subject of the complaint." In further support of this PREA provision, agency Policy AS-903 "First Responder Duties" (page 3) states, "Any juvenile wishing to make a verbal report of abuse may tell any staff member without having to submit it to the staff member who is the subject of the complaint. c. Juveniles may report allegations anonymously by calling the 24 hour tollfree hotline established by TJJJ or DSHS for licensed substance use programs."

All youth and staff interviewed verified they can submit a grievance to any staff member including submitting it directly to the Case Work Manager/Grievance Officer and/or the Facility Superintendent (Director of Residential Services).

Provision (d)

Policy 2-DSRS-2 "Resident Grievance Procedures" provides specific information regarding how grievance and appeals are handled. More specifically, the policy

(pages 6-7) describes the Grievance Officer's First Level Review as: "1. The Grievance Officer will review the Grievance, the Resident's suggested resolution, and interview the aggrieved Resident and any witnesses involved. 2. The Grievance Officer will review their resolution of the Grievance with the aggrieved Resident and provide the Resident a written response within five (5) calendar days of receiving the Grievance. 3. Documentation of the Resident's acknowledgment of the Grievance resolution will be maintained. 4. If the Resident wishes to appeal the Grievance decision, the Resident will initial the appropriate area of the Grievance form. 5. Regardless of the Resident's desire to appeal or not to appeal, the Grievance will be forwarded to the Division Manager or designee for review.

This same policy also describes the Division Manager's Second Level Review as: "1. If the Resident appeals the Grievance Officer's decision, the Division Manager will meet with the Resident to resolve the Grievance appeal. 2. The Division Manager will explain the Grievance resolution decision and provide a written response to the appeal. 3. A supervisory level Staff who provided the initial response to the Grievance or who is named in the Grievance will not provide the appeal response. 4. The Division Manager will review all Grievances, whether resolved or appealed, within 10 calendar days of receiving the Grievance. 5. Following their review/ resolution, the Division Manager will forward all Grievances to the Division Director for review."

As previously described, the auditor reviewed the grievance tracking sheet to verify all grievances, not just PREA allegations are responded to in a timely fashion. An interview with the Grievance Coordinator verified that as per policy, all grievances must be responded to within five days but emergency grievances are responded to immediately. Youth interviews verified all grievances are addressed in a timely fashion and there is no time limit on when a resident can submit a grievance alleging sexual abuse.

As mentioned, the Case Work Manager logs each grievance in the Grievance Excel Tracking Sheet. The auditor reviewed the Grievance Tracking log and found that grievances are categorized (i.e., staff; point/level system; programming; facility; food services; and medical services). The tracking sheet also includes other variables such as: who filed the grievance; brief explanation/reason for grievance; date grievance was first reviewed; outcome of first review; appeal date; and appeal disposition/outcome decision and date. The Grievance Officer or an upper-level administrator is responsible for talking with youth if an appeal is filed and for documenting the grievance resolution on the Travis County Grievance Form (and in the grievance tracking sheet).

A review of the Grievance Review Form supports the three separate levels of reviews, each which has sections for findings; action taken; youth and staff signatures; and date. Review of PREA related grievances provided support that these were responded to within 48 hours. Therefore, all grievances are addressed in a timely manner consistent with PREA expectations. For each of the written grievances, the resolution was written on the grievance form; youth were offered an appeal (which was also documented on the form); and youth signed and dated the

grievance form. This serves as sufficient documentation of compliance with this and other provisions in this standard. Evidence reviewed and interviews confirmed the facility responds quickly to grievances and resolves grievances long before the expected 90-day timeframe. Review of the grievance tracking sheet and a sample of grievance forms verified the program responds quickly to grievances and has not needed to file a 70-day extension as permitted by DOJ PREA standards.

The ISC program “exceeds standard” on this PREA provision.

Provision (e)

Facility Policy RS 2.50 “First Responder Duties” states, “Juveniles may have third parties file an allegation on their behalf. For those situations, requests may be received from: a. Fellow juveniles; b. Staff members; c. Family members; d. Attorneys; e. Outside advocates; and / or f. Oversight agencies (such as TJJD or DSHS).” The majority of youth interviewed stated they understood that a family member or staff member could assist them in filing a grievance. Similarly, all staff confirmed they would assist youth with writing a grievance upon request.

Policy 2-DSRS-2 “Resident Grievance Procedures” (page 3) also states, “Residents may select a Staff or an intermediary to serve as a representative or spokesperson at any time during the Grievance Process and will have the ability to request witnesses.” Third-party reporting information is also provided on the Travis County Probation website.

The program is in compliance with this PREA provision.

Provision (f)

In support of this PREA standard provision, Policy 2-DSRS-2 “Resident Grievance Procedures” details (page 3) “Residents with an Emergency Grievance (e.g., isolation, lack of essential medical care, etc.) will submit their Grievance to the On-Duty Shift Supervisor and will receive an immediate review and resolution. Residents may also verbally inform Staff when an immediate response is needed.¹² The On-Duty Shift Supervisor or Grievance Officer will ensure that Grievances meeting the definition of alleged abuse, neglect, or exploitation, to include sexual abuse and sexual harassment, are reported per Department policy AS-901: Reporting of Child Abuse, Neglect and Exploitation.a. The On-Duty Shift Supervisor or Grievance Officer will immediately notify the Division Manager or designee of all serious complaints against any Staff or other Residents. b. All Grievances that include allegations of abuse, neglect, or exploitation, to include sexual abuse and sexual harassment, will be resolved by indicating that the allegation will be investigated as outlined in Department policy AS-217: Administrative Investigations. c. Any element of the Grievance that does not allege abuse, neglect or exploitation will be addressed internally.” Interviews with staff and youth indicated that emergency grievances are addressed immediately.

Since the program uses the grievance box as one of its methods for receiving emergency grievances, the auditor performed a test of critical function during the

onsite portion of the audit. This process involved the auditor, Sharon Pette, writing a note with her contact information and instructions and asking a night shift staff member (RTO working the 10 PM – 6 AM shift) to place it in one of the grievance boxes throughout the campus. The staff member was instructed not to tell any other individuals about the test. The written note explained the test of critical functions to be conducted by the auditor and the note was dated Monday 7/22/24 at 10:30 PM. An email was received from an AM Shift Supervisor confirming receipt on Tuesday 7/23/2024 at 2:08 PM (less than 48 hours later), providing sufficient evidence that grievance boxes are checked daily. In addition to the testimonies obtained during interviews, this test of critical function provides additional support that the program’s practices ensure that if a youth placed an emergency grievance (i.e., a written allegation of sexual abuse) in a grievance box, it would be responded to within the 48-hour timeline (as put forth in the federal PREA standard 115.352 (f) (2)). The auditor also reviewed a sample of investigation reports (to include the date the allegation was made) which provided further evidence that the facility responds immediately to emergency grievances.

Provision (g)

Agency Policy AS-904 “Corrective Action and Notifications” (page 2) states, “For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to support that the allegation was founded.” The Travis County Juvenile Probation Department Resident Rights is reviewed youth at intake and clearly states, “You have the right NOT to be punished or retaliated against for reporting incidents of abuse, neglect, or exploitation.”

Youth interviews revealed all youth understood they would not be punished or retaliated against for making a report in good faith. Staff interviews also confirmed they understand retaliation is prohibited.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-905 “Services for Victims of Sexual Abuse” • Policy RS 6.210 “Telephone Calls” • Policy RS 6.220 “Visitation” • Policy RS 6.180 “Mail” • MOU between Travis County Juvenile Department and Safe Place – Travis

County Domestic Violence and Sexual Assault Survival Center (executed February 2019)

- Travis County Juvenile Probation Department Residential Services Resident Handbook
- Travis County Juvenile Probation Department Resident Rights (read to youth at intake)
- Interview with PREA Compliance Manager
- Interview with Case Work Manager/Grievance Coordinator
- Interview with Unit Coordinator
- Interviews with Shift Supervisors
- Interviews with RTOs (direct care staff)
- Interviews with youth

Provision (a)

The ISC facility provides residents with access to outside victim advocates. Contact information (i.e., telephone number and mailing address) for Safe Alliance is provided in the Travis County Juvenile Probation Department Residential Services Resident Handbook. During the onsite visit, the auditor noted Safe Alliance posters throughout the facility that included contact information.

In support of this PREA provision the agency's Policy AS-905 "Services for Victims of Sexual Abuse" requires youth have access to outside support services and legal representation. This policy (page 5) explains, "Victim Advocate Services providing support, crisis intervention, information and additional referrals are available to all victims of sexual abuse. 1. If requested by the juvenile, a victim advocate or qualified individual from a community-based organization will accompany and support the juvenile through the forensic medical examination and investigatory interviews. 2. Current mailing addresses and telephone numbers of the local victim advocacy or rape crisis organizations will be made available. Information for state and national advocacy agencies will be made available as requested. 3. The Division Director / designee will facilitate reasonable communication between residents and support services as requested." This policy (page 4) also states, "Services will be made available to the victim regardless of whether the victim is still in the physical custody of the facility"

Youth interviews revealed not all youth were aware of the emotional support services available to them if they are victims of sexual abuse. That said, the auditor noted SAFE Alliance information is provided in the Resident Handbook. The program is encouraged to invite a SAFE Alliance representative to come to ISC to explain the services they offer. Staff interviews verified youth would have privacy when talking with community advocates. Although not all youth knew about the SAFE Alliance, youth did report that they would have privacy when accessing counseling services through SAFE Alliance.

While onsite the auditor tested the SAFE Alliance hotline and interviewed a victim advocate. The phone number was in working order and the victim advocate

explained the services the Alliance provides. The services were consistent with those outlined in the executed MOU.

Provision (b)

Agency Policy “AS-905: Services for Victims of Sexual Abuse” states, “to the extent allowable by local, state and federal law, communications will be private. Prior to the contact, the victim will be informed of the extent of the confidentiality or privilege allowed.” Staff interviews verified youth would have privacy when talking with community advocates. Staff explained that they would take youth to an empty unit, dial the number for the youth, and then step away. The staff would not be in ear-shot but would retain eyes on supervision. Although not all youth knew about the SAFE Alliance, youth did report that they would have privacy when accessing counseling services through SAFE Alliance and explained that they have privacy when speaking with their lawyers or calling the abuse hotline.

Facility policy RS 6.220 “Visitation” (page 3) directs, “Residents will not be within audible range of facility staff or other residents while visiting with their attorneys or their attorneys’ representatives.” Staff interviews verified that youth must be provided privacy when calling the abuse hotline, speaking with their lawyers, and talking with community victim advocates. Youth interviewed were able to list these situations as situations in which they would have privacy on a phone call.

Provision (c)

In support of provisions in this standard, the Travis County Juvenile Department has secured an executed Memorandum of Understanding (MOU) with a local victim advocacy center, SAFE Alliance. The MOU was executed in February 2019. The MOU provides details regarding the responsibilities of each party. For example the MOU states that Safe Alliance will provide victim support services seven days a week; complete specialized training regarding the prevalence and dynamics of sexual abuse while in custody; provide juveniles with referrals for treatment after release from custody or upon transfer to another facility; provide a victim advocate upon request from the juvenile department or youth; allow the victim advocate to accompany and support the victim during the SANE exam and during investigatory interviews; etc. Interviews with facility managers verified that sexual abuse victims would be offered emotional support services. The auditor reviewed the MOU and determined the facility is in compliance on this provision.

Provision (d)

The agency and facility have several policies to support this provision. More specifically, agency Policy AS-905 (page 5) states, “Juveniles in facilities have the right to call, send letters and receive visits from attorneys and parents / legal guardians as detailed in the facility’s communications policies.” In addition, several facility policies have language to support this standard. These include:

- Policy RS 6.220 “Visitation” which states:

	<ul style="list-style-type: none"> ◦ “Attorney Visit: Residents will be allowed to make confidential contact with attorneys and their authorized representatives during any reasonable time of the day” (page 2). ◦ “Residents will have the right to visit with their legal representatives and/or representatives of the court at any reasonable time, so long as safety and security of the group are not compromised” (page 2) ◦ “Residents will not be within audible range of facility staff or other residents while visiting with their attorneys or their attorneys’ representatives” (page 3). ◦ “Residents will be allowed to visit for at least thirty (30) minutes every seven (7) calendar days” (page 2). <ul style="list-style-type: none"> • Policy RS 6.210 “Telephone Calls” states: Residents will have equal access to telephone usage to facilitate communication with their families and legal representatives.” This same policy also states, “Residents will be afforded reasonable and confidential access to their legal counsel and/or representatives via the telephone at any appropriate time of the day.” • Policy RS 6.180 “Mail” states: “Residents will be furnished with adequate postage for legal correspondence during their stay at the facility. Staff will never read any mail to or from a resident’s legal representative.” <p>The Travis County Juvenile Probation Department Resident Rights also states, “You have the right to visitation with your parent/guardian and siblings.” Youth interviews confirmed they are able to visit with their families in person and via telephone/video several times throughout the week and are afforded reasonable privacy when doing so. Staff interviewed explained how they provide privacy when a youth makes this call (process is explained earlier in other sections of this audit findings report).</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” • “Break the Silence” and “Zero-Tolerance” posters observed posted throughout the facility which provides the phone number for reporting abuse to the Texas Juvenile Probation Department <p>As described in other sections of this report, Travis County Juvenile Probation Department and the ISC facility have several policies requiring staff to take reports from third parties and requiring them to contact the necessary authorities (including TJJD). The agency Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” (page 3) requires, “Allegations will be accepted verbally or in writing from juveniles,</p>

	<p>parents / guardians, a third party or a private or anonymous source. There are no time limits for reporting allegations.” Facility Policy RS 2.50 “First Responder Duties” also states, “Juveniles may have third parties file an allegation on their behalf. For those situations, requests may be received from: a. Fellow juveniles; b. Staff members; c. Family members; d. Attorneys; e. Outside advocates; and / or f. Oversight agencies (such as TJJD or DSHS).”</p> <p>The overwhelming majority of youth interviewed stated they understood that a family member or staff member could assist them in filing a grievance. Similarly, all staff confirmed they would assist youth with writing a grievance upon request.</p> <p>The Travis County Juvenile Probation Department makes third-party reporting information available through the education materials provided to youth and families at intake and on the agency website. Third-party reporting information is provided on the website in the documents “End the Silence Brochure” and the “Policy to Ensure Referrals for Allegations” (PREA Archives - Travis County Juvenile Probation Department (tcjuvenileprobation.org)). All direct care staff and facility leaders interviewed reported they are required to report all allegations of sexual abuse and sexual harassment (i.e., anonymous and third-party) to the appropriate authorities (i.e., supervisors, law enforcement, TJJD, etc.).</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” • Policy AS-217 “Administrative Investigations” • “Creating a Culture of Safety” Training (describing mandatory reporting duties and coordinated response activities) • “First Responder” training • Sample of staff training records and attestation forms • Sample of investigation reports and supporting documentation • Interviews with RTOs (direct care staff) • Interview with PREA Compliance Manager • Interview with Director of Residential Services • Interviews with Shift Supervisors • Interview with the Case Work Manager • Interview with Unit Coordinator • Interview with mental health counselors • Interview with facility nurses <p>Provision (a)</p>

The state of Texas child abuse reporting laws requires individuals working with children, who have reasonable cause to believe that a child has been abused or neglected, to make a report to the TX Juvenile Justice Department. In support of this regulation, the Travis County Juvenile Probation Department has several policies that clearly state all individuals who work at the Probation Department (including the ISC facility) are mandatory reporters and that they are required to report allegations of sexual abuse immediately to the appropriate authorities. More specifically, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 5) states, "The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff's Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space." Similarly, the agency Policy AS-217 "Administrative Investigations" (page 4) directs any staff member "...who feels that he or she is a victim of discrimination or harassment or has been subjected to retaliation should immediately report it to his or her immediate supervisor, Division Manager, Division Director, Assistant Chief; or HR personnel."

Review of the "Creating a Culture of Safety" and "First Responders" training slides verified mandatory reporting responsibilities are addressed as well as how to make these reports. A sample of training records verified staff have been formally trained on reporting requirements. Staff interviews verified all staff understand they are mandatory reporters and are obligated to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, and/or retaliation.

Provision (b)

As previously stated, all staff interviewed understand mandatory reporters and the state of Texas expectation under child abuse reporting laws. In support of this provision the agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, "In accordance with Texas Family Code 261.101, the duty to report cannot be delegated to another person. a. The staff member who is the first person of knowledge shall report the information immediately, but no later than being relieved of duty on the same date he or she receives the information. b. The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, to include an attorney, a member of the clergy, a medical practitioner, a social worker, or a mental health professional."

Interviews confirmed that all staff and youth understood that ISC staff, contractors, and volunteers are all mandated reporters.

Provision (c)

The ISC facility prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. When interviewed, staff stated that that they are not permitted to investigate the incident or to share detailed

information with anyone about the allegation (only the minimal information to ensure youth and staff safety). Several staff stated they could be terminated for sharing details and breaking privacy expectations. In support of this practice, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, "The staff member will maintain confidentiality of all reports and notifications. a. Pertinent information will only be disclosed if needed to make treatment, investigation, and other security and management decisions."

Provision (d)

Agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, "In accordance with Texas Family Code 261.101, the duty to report cannot be delegated to another person. The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, to include an attorney, a member of the clergy, a medical practitioner, a social worker, or a mental health professional." All medical and mental health staff interviewed understood their obligation to report sexual abuse.

All facility nurses and mental health counselors verified their practice includes disclosing their responsibilities as a mandatory report to youth prior to engaging youth in services. In addition, youth interviewed knew about confidentiality and understood that all ISC staff are mandatory reporters and that this obligation supersedes the confidentiality clause in situations of alleged sexual abuse.

Provision (e)

Provision (e) of this PREA standard requires the Program Director or designee to contact the alleged victim's parents or legal guardians; case worker if youth is under the guardianship of the child welfare system; and youth's attorney or legal representative within 14 days of receiving the allegation. The program has a practice in place of making these notifications for all allegations of sexual harassment and/or sexual abuse. Staff interviews verified they are required to make these notifications and document them on the incident report. Interviews verified that the Shift Supervisor is responsible for contacting the parent/legal guardian to alert them of the allegation and to what the facility is doing to ensure their child's safety. The Shift Supervisor is also responsible for contacting the youth's probation officer. Typically, the agency's General Counsel contacts the youth's lawyer if necessary. The auditor also reviewed the three investigation reports and supplemental documents (notification letters to sexual abuse victims) to confirm these notifications are consistently made.

In support of this practice the agency Policy AS-901 "Reporting Child Abuse, Neglect, and Exploitation" (pages 7-8) states, "Within 72 hours of learning of the allegation, the Chief or designee will communicate the Department's report to the Chief Juvenile Probation Officer, Facility Administrator or governing body of a department that placed the juvenile in a Travis County facility, program or on interim or permanent supervision. 6. The Chief or designee will make the appropriate notifications of allegations of sexual abuse or sexual harassment. a. If the court retains jurisdiction over the juvenile, the juvenile's attorney or other legal

representative will be contacted within 14 days of the receipt of the allegation. b. Efforts of due diligence will be documented if the Chief or designee is unable to make contact.” Similarly, agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 9) directs that for Abuse, Neglect, and Exploitation (ANE) allegations occurring at a non-Department facility that, “Within 72 hours of learning of the ANE allegation, reports will be made to the facility head and /or the governing body of the jurisdiction where the allegation is alleged to have occurred.”

Provision (f)

The agency Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” (page 3) states, “Requirements for all allegations: Upon observing or learning that a juvenile may be a victim of physical, mental, emotional or sexual abuse, neglect, exploitation, or sexual harassment (ANE), the staff will take immediate steps to report the allegation.” This same policy also explains, “If an ANE allegation is received from an anonymous source, TJJJD, or any outside agency or entity, the staff member receiving the information will follow the steps outlined in C (1-3) of this policy to make the required notifications and reports.” As previously mentioned, all staff interviewed articulated that they are obligated to report all allegations abuse regardless of the source of the report (i.e., anonymous, third-party, etc.). Youth interviews also verified that the majority of youth understood they could make an anonymous report or have someone else make a report on their behalf including a staff member or family member.

All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-217 “Administrative Investigations” • Policy RS 2.50 “First Responder Duties” • Review of two investigation reports and supporting documentation • Interview with Deputy Chief Juvenile Probation Officer • Interview with Administrative Services Senior Director (human resources) • Interview with PCM • Interviews with Shift Supervisors • Interviews with internal PREA Investigators • Interviews with RTOs (direct care staff)

All ISC staff interviewed verified they are formally trained on how to keep youth safe in the event they are at imminent risk for sexual abuse. Interviewees explained the process as taking the immediate action to separate the alleged perpetrator and victim. Interviews with facility leaders, the PCM, and direct care staff confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. This practice is supported by agency Policy AS-217 "Administrative Investigations" (page 3) which states, "At the discretion of the Juvenile Board Chair, Chief or designee, an employee may be reassigned or placed on administrative leave with pay pending the final outcome of an Investigation. See, Chapter 110, Section 110.045, Travis County Personnel Policies. Employees alleged to have abused, neglected, or exploited a juvenile must be placed on administrative leave or reassigned to a position having no contact with the alleged victim, relatives of the alleged victim, or other juveniles until the finding of Investigation has been determined. Volunteers, interns, contractors, and other individuals working under the auspices of the Department shall not be allowed to work at the Department in their respective capacities during the Investigation." Interviews with the Internal PREA Investigators and the Director of Residential Services verified that staff members who were alleged to have sexually abused were either asked to postpone their shift (not come in) or were immediately placed on admin leave until the investigation was concluded.

Staff interviews also revealed that in the event of a youth-on-youth sexual abuse allegation, the program would immediately separate the youth and ensure youth were properly supervised by staff to guard against self-harm or harm to others. Staff interviews revealed they understand the coordinated response protocol which includes immediate action and then following up to ensure safety longer term (i.e., changing youth bedrooms, providing one-on-one staff supervision, etc.).

In further support of this PREA standard the facility has Policy RS 2.50 "First Responder Duties" which directs, "When a staff learns that a juvenile is at imminent risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately. The initial information will be reviewed and remedial steps will be taken immediately to protect the juvenile in the event of a serious and credible threat or legitimate fear from the juvenile."

Review of investigation reports and supplemental documents verified the facility immediately responds when a youth is at substantial risk of imminent sexual abuse.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination:

- Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation”
- Interview with Travis County Probation Chief Juvenile Probation Officer
- Interview with the Director of Residential Services
- Interview with Agency PREA Coordinator
- Interview with the PCM
- Interviews with internal PREA Investigators

Provision (a)

The ISC facility had three allegations of sexual abuse and one potential sexual harassment (that wound up NOT meeting the PREA definition of sexual harassment) in the 12 months prior to the onsite portion of the PREA audit. There have been no allegations of sexual abuse that occurred in another facility. However, interviews with facility administrators supported that they would adhere to the policies and practices of mandated reporting and contact the other facility immediately.

In support of staff testimonies, the Policy AS-901 (page 7) states, “The Chief or designee will make the appropriate notifications of allegations of sexual abuse or sexual harassment.” This same policy (page 8) explains “For ANE allegations occurring at a non-Department facility: If the incident occurred in an outside facility or program, reports are made to the operating, licensing, certifying, or registering agency and / or the agency responsible for regulation or oversight of the facility or program where the incident is alleged to have occurred.” The policy provides detailed instructions for reporting to various types of facilities based on the agency who operates the facility and where the abuse is alleged to occur - i.e., a residential facility or program licensed by TDFPS; a residential facility or program licensed by the Texas Department of State Health Services (TDSHS); a residential facility or program registered by TJJD; a facility operated by TJJD; outside a facility, etc.

Provision (b)

Agency Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation” (page 9) supports this PREA provision stating, “Within 72 hours of learning of the ANE allegation, reports will be made to the facility head and /or the governing body of the jurisdiction where the allegation is alleged to have occurred. a. If the allegation was made while a juvenile was in a facility, the Division Director of the facility will communicate the Department’s report. b. If the allegation was made outside a facility, the Chief or designee that received the allegation will communicate the Department’s report. c. TDFPS or TJJD will also be notified of the allegation when either have conservatorship.”

Interviews with facility administrators revealed the program has not had an incident of a youth disclosing abuse in a prior placement in the past three years. That said, an interview with the facility Director verified that he would be the individual responsible for contacting the prior placement within 72 hours (most likely within 24 hours of receiving the allegation).

	<p>Provision (c)</p> <p>Interviews revealed that the notification to another facility superintendent where abuse alleged to have occurred would be documented on the incident report. Agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 7) directs staff to document the details of the allegation and the corresponding reporting information from DSHS on a Travis County Juvenile Probation Department serious incident report.</p> <p>Provision (d)</p> <p>As previously stated, staff interviews verified that all allegations of sexual abuse are investigated. In the event the ISC facility received notification that abuse had occurred in its facility, ISC staff members would be obligated as a mandated reporter to report this to the proper authorities (consistent with the facility’s coordinated response plan).</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy RS 2.50 “First Responder Duties” • Policy AS-903 “First Responder Duties” • “Travis County Juvenile Probation Department – Residential Services (ISC) First Responder Plan for PREA” • Travis County Power Point training for staff titled “Creating a Culture of Safety” • “Role of the First Responder” Power Point Presentation (staff training) • Interview with PCM • Interview Director of Residential Services • Interviews with Shift Supervisors • Interviews with Residential Treatment Officers (direct care staff) <p>Provisions (a)</p> <p>Interviews with Residential Treatment Officers (direct care staff), Shift Supervisors, and other facility leaders verified they understand their first responder duties. All staff reported in the event a resident alleges sexual abuse the staff member would take action immediately. Staff stated as part of their response they would: Separate the victim and perpetrator and protect the crime scene and all evidence (i.e., cordon off the room where the event may have occurred; ask youth not to shower, use the bathroom, or brush their teeth; ask youth not to change their clothes, etc.).</p>

A detailed review of the Power Point slides for the staff training titled, "Role of the First Responder" and the "Creating a Culture of Safety" verified these training include details on appropriate actions first responders must take.

The Travis County Juvenile Probation Department and the ISC facility have memorialized its coordinated response in formal policy. More specifically, facility Policy RS 2.50 "First Responder Duties" (page 1) directs, "The Department has a zero tolerance for sexual abuse or sexual harassment. Any staff with reason to believe a juvenile is a victim of sexual abuse or sexual harassment will take immediate steps to protect the juvenile from further harm. All allegations of sexual abuse or sexual harassment will be taken seriously and responded to immediately." This same policy directs the first responder to take appropriate steps to separate the alleged victim from the alleged abuser and to preserve the scene. The policy (page 6) specifically states: "In the event a staff member discovers or interrupts a sexual assault in progress in a facility, the staff will: 1. immediately call for assistance; 2. take appropriate steps to separate the alleged victim from the alleged abuser; 3. request that the alleged victim and alleged abuser not take any actions to destroy physical evidence as outlined section F of this policy; 4. call the medical staff to assess the victim; 5. ensure minimal impact on the scene; and 6. identify language barriers, report and document the incident as outlined in section D of this policy after the immediate needs of the victim have been addressed."

Facility Policy RS 2.50 "First Responder Duties" (page 7) also states, "2. In facilities, the supervisor on duty at a facility will coordinate the response and emergency services for the victim by: a. protecting the victim from further harm by separating him or her from the alleged perpetrator; b. contacting law enforcement and notifying them of the situation; c. getting medical assistance to address any acute health concerns; 1. if the alleged abuse occurs within a time period that still allows for the collection of physical evidence: a. request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing / showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence. 2. coordinating transportation to the appropriate health care facility, preferably one that can provide a SAFE / SANE exam; d. ensuring that the exact location where the sexual abuse occurred is protected until law enforcement can collect any evidence; 1. Steps will be taken to minimize disruption to scene of alleged assault. The supervisor will: a. minimize access to the area by moving all individuals out of the area and closing it off; b. be aware of DNA sources such as blood, semen, saliva, skin and hair; c. avoid talking, sneezing or coughing in the alleged crime scene to ensure minimal impact on evidence collection; d. be aware of additional evidence that will need to be collected, such as clothing, linens and fingerprints; and e. coordinate with law enforcement or other emergency responders as needed. 2. If possible, potential witnesses will be isolated; e. assisting in identifying witnesses and alleged perpetrator."

Detailed first responder duties also appears in agency Policy AS-903 "First Responder Duties" (page 6 - 7). More specifically, the policy includes specific

directives that staff “a. protecting the victim from further harm by separating him or her from the alleged perpetrator. B. contacting law enforcement and notifying them of the situation. C. getting medical assistance to address any acute health concerns. 1. If the alleged abuse occurs within a time period that still allows for the collection of physical evidence: a. request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing / showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating and b. ensure that the alleged abuser does not take any actions that could destroy physical evidence; 2. coordinating transportation to the appropriate health care facility, preferably one that can provide a SAFE / SANE exam; d. ensuring that the exact location where the sexual abuse occurred is protected until law enforcement can collect any evidence; 1. Steps will be taken to minimize disruption to scene of alleged assault. The supervisor will: a. minimize access to the area by moving all individuals out of the area and closing it off; b. be aware of DNA sources such as blood, semen, saliva, skin and hair; c. avoid talking, sneezing or coughing in the alleged crime scene to ensure minimal impact on evidence collection; d. be aware of additional evidence that will need to be collected, such as clothing, linens and fingerprints; and e. coordinate with law enforcement or other emergency responders as needed. 2. If possible, potential witnesses will be isolated; e. assisting in identifying witnesses and alleged perpetrator; f. addressing additional safety concerns as needed; and g. ensuring the information is documented.”

Provision (b)

In addition to the clear directives put forth in agency Policy AS-903 “First Responder Duties” and facility Policy RS 2.50 “First Responder Duties,” the ISC program also has in place the “Travis County Juvenile Probation Department – Residential Services (ISC) First Responder Plan for PREA” document. This two-page document includes specific step by step instructions for First Responders, Security Control Center, Shift Supervisors, Medical and Mental Health Staff, Division Director or designee, Agency Investigator, and the Chief Juvenile Probation Officer or designee. The document clearly delineates the responsibilities of each party and includes specific language about securing the scene, preserving evidence, and notifying supervisors.

In the past 12 months there were three allegations of sexual abuse and one allegation of sexual harassment (NOTE: the sexual harassment allegation turned out to not be sexual harassment as per federal PREA definitions) at the ISC facility. Review of incident reports, investigation reports, First Responder training slides, and staff interviews provide sufficient evidence of compliance with this PREA standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination:

- Policy AS-903 “First Responder Duties”
- Policy RS 2.50 “First Responder Duties”
- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- “Travis County Juvenile Probation Department – Residential Services (ISC) First Responder Plan for PREA”
- Review of Power Point slides for the “Role of the First Responder” training
- Interview with Director of Residential Services
- Interviews with internal PREA Investigators
- Interviews with Shift Supervisors
- Interviews with Mental Health staff
- Interviews with facility nurses
- Interviews with RTOs (direct care staff)

The facility’s coordinated response plan is thoroughly described in several agency policies. These include agency Policy AS-903 “First Responder Duties;” agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment;” and facility Policy RS 2.50 “First Responder Duties.” As previously described the ISC program also has a concise two-page document titled, “Travis County Juvenile Probation Department – Residential Services (ISC) First Responder Plan for PREA” that provides clear directives to all involved staff (i.e., First Responders, Shift Supervisors, Medical and Mental Health staff) regarding how to effectively respond to allegations of sexual abuse and sexual harassment.

Furthermore, in addition to the detailed evidence discussed in Standard 115.364 of this audit findings report, agency Policy AS-903 “First Responder Duties” (page 7-8) describes the coordinated response protocol and the specific roles of first responders, medical and mental health practitioners, investigators and facility leadership. More specifically the policy states:

- “The supervisor will notify or have someone notify the Division Director or designee and the Assistant Chief” (page 7).
- “Medical staff will address the acute and long-term health care needs of the victim. a. The nurse will arrange for the victim to be transported to a health care facility where a forensic exam can be performed. b. The nurse will talk to the juvenile to ensure that the destruction of possible physical evidence is minimized. c. The nurse will provide for any special needs the victim may have. d. Additional medical needs will be attended to as outlined in AS-905: Services for Victims of Sexual Abuse” (page 8).
- “Treatment and counseling staff will ensure the victim’s mental health needs are addressed. a. The counselor will follow up with victim to see if any crisis intervention counseling services are needed. b. The counselor will assist the victim in accessing outside advocates as requested. Follow up treatment will be addressed as outlined in AS-905: Services for Victims of Sexual Abuse” (page 8).

	<ul style="list-style-type: none"> • “The Division Director or designee will take the necessary steps to assist in coordinating the response. a. The Director or designee will follow up with the supervisory staff and ensure the victim is protected from further harm. b. The Director or designee will follow up with medical and mental health care staff to attend to the victim’s treatment needs. c. The Director or designee will ensure that protective custody is used as a last resort and only when other less restrictive measures are inadequate to protect the juvenile. d. If the alleged perpetrator is a staff member, The Director or designee will ensure the individual is placed on administrative leave or placed in a position in which he or she does not have any contact with juveniles pending the outcome of an investigation” (page 8). <p>In addition, a review of Power Point slides for the “Role of the First Responder” training verified staff are trained each year on the coordinated response plan. Staff interviews verified all staff are aware of the coordinated response protocol and their role in the response process. Staff reported they respond immediately to allegations of sexual abuse.</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><i>Evidenced Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Interview with Deputy Chief Juvenile Probation Officer • Interview with Director of Residential Services (Program Director/ Superintendent) • Interview with PCM • Interview with Human Resources Manager • Interviews with Internal PREA Investigators • Interviews with RTOs (direct care staff) <p>Provisions (a) and (b)</p> <p>Interviews with facility and agency administrators verified that Texas is a right to work state, meaning that Travis County Probation Department cannot enter into or renew a collective bargaining agreement. Pursuant to 37 Texas Administrative Code (TAC) Chapter 358, all members who are identified as the person of interest in an allegation of abuse, neglect and exploitation, to include sexual abuse and sexual harassment, are required to be reassigned to positions that would not put them in contact with residents throughout the administrative investigation process.” In</p>

	<p>addition, the agency policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” clearly states, “The Department will not enter into any agreements that would limit its ability to remove or reassign alleged staff abusers from contact with juveniles pending the outcome of an investigation or determination of whether and to what extent discipline is warranted” (page 7).</p> <p>Interviews with agency leaders and facility staff members (management and non-management), confirmed that Travis County Juvenile Probation Department does not have existing collective bargaining agreements. In the event an allegation of sexual abuse is made, a staff member would immediately be placed on administrative leave until a thorough investigation has been completed. For all three allegations of sexual abuse that occurred in the 12 months prior to the onsite review (one substantiated allegation and two unfounded allegations) staff members were required to delay their shift or were put on formal administrative leave until the investigation was completed.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-904 “Corrective Action and Notifications” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-217 “Administrative Investigations” • Retaliation Monitoring Form used by PREA Investigators • Review of two investigations reports and supporting documents • Review of a sample of Housing Screening Forms (n=12) • Interviews with PREA Investigators • Interview with PCM • Interview with Director of Residential Services • Interviews with Shift Supervisors • Interview with facility mental health counselors • Interviews with RTOs (direct care staff) <p>Provision (a)</p> <p>There are several Travis County Juvenile Probation Department policies that put forth a zero tolerance for retaliation for making a report of sexual harassment or sexual abuse. Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 8) declares, “Retaliation for reporting staff misconduct will not be tolerated.” In addition, agency Policy AS-217 “Administrative Investigations” (page 3) states, “H. All staff members that report staff misconduct or cooperate with an investigation have the right to be free from discrimination, harassment and</p>

retaliation by staff or juveniles.” Similarly, agency Policy AS-904 “Corrective Action and Notifications” states:

- “Retaliation against any individual who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited” (page 5).
- 4. Staff participating in harassment, discrimination or retaliation will be subject to disciplinary action, up to and including termination as outlined in AS-214: Disciplinary Procedures. 5. Contractors and volunteers may be prohibited from further contact for violations if the sexual abuse or sexual harassment policies and for participating in behavior that is deemed retaliatory in nature. 6. Juveniles who participate in harassment, discrimination or retaliation will be subject to the program or facility’s disciplinary plan” (page 6).
- “The Chief or designee will appoint an advocate to monitor victims of sexual abuse and residents that reported sexual abuse or cooperated with the investigation. Resident monitoring will include resident behavior changes, progress in program and treatment progress or regression” (page 5-6).

Interviews with PREA Investigators indicate they are responsible for monitoring retaliation at the ISC facility. The investigator assigned to the case conducts periodic check-ins with youth and documents these check-ins on the Travis County Retaliation Monitoring Form. Staff interviewed reported that RTOs and Shift Supervisors are also responsible for helping to monitor retaliation. RTOs reported they were required to report any suspicion of retaliation to their supervisor.

Provision (b)

The agency Policy AS-904 “Corrective Action and Notifications” states, “The Department will employ multiple protection measures, to include, but not limited to housing changes, removal of alleged staff or resident abusers from contact with victims and emotional support services” (page 5). This same policy states, “The advocate will conduct periodic status checks, which include, but are not limited to a review of the resident’s disciplinary reports, housing changes, and program modifications” (page 6).

Staff interviews with the Director of Residential Services, Shift Supervisors, PCM, and PREA Investigators verified that if staff was the alleged perpetrator they would be removed from the facility. If another youth was the alleged perpetrator, youth would be placed on separate residential living units. In addition, review of a sample of completed Housing Screening Forms verified youth have been placed on other residential living units based on safety issues to include retaliation concerns. There were three allegations of staff-to-youth sexual abuse in the 12 months prior to the onsite PREA audit. After thorough investigations were conducted two were found to be “unfounded” within days of the allegation being made. As previously mentioned, alleged staff abusers were required to delay their shift until the investigation concluded. The third sexual abuse allegation was substantiated and the auditor’s

review of the investigation files and interviews with facility administrators verified that the staff member (perpetrator) was placed on administrative leave immediately.

The auditor concludes the program is in compliance on this PREA provision.

Provision (c)

Agency Policy AS-904 “Corrective Action and Notifications” (page 5) states, “The Chief or designee will appoint an advocate to monitor victims of sexual abuse and residents that reported sexual abuse or cooperated with the investigation. Resident monitoring will include resident behavior changes, progress in program and treatment progress or regression.” This same policy (page 6) directs, “a. The advocate will conduct periodic status checks, which include, but are not limited to a review of the resident’s disciplinary reports, housing changes, and program modifications. b. The advocate will document all contacts and notify the Chief or designee immediately of any indication of retaliation so that appropriate protective measures can be instituted immediately.” In addition, this agency policy (page 5) explains, “Protection measures for residents and staff that fear retaliation will be made available for at least 90 days following the initial report of sexual abuse or sexual harassment. a. Monitoring includes any changes in behavior that could indicate possible retaliation by residents or staff. b. If the monitoring indicates retaliation occurred, immediate steps will be taken to ensure the protection of the individuals. c. The monitoring may be terminated if the allegation is determined to be unfounded. d. Monitoring may continue past the initial 90-day period if the resident or staff member experienced harassment, discrimination or retaliation.”

Interviews with PREA Investigators and facility administrators indicate they are responsible for monitoring retaliation at the ISC facility. The investigator assigned to the case conducts periodic check-ins with youth and documents these check-ins on the Travis County indicate Retaliation Monitoring Form. As previously mentioned, there were two unfounded allegations of staff-to-youth sexual abuse. These investigations concluded within a few days after reviewing all evidence, including video footage. Investigators completed the Retaliation Monitoring Form for the third allegation of sexual abuse. Investigators understood these check-ins are required for staff and youth who make the report as well as resident sexual abuse victims.

Provision (d)

As stated previously, the PREA Investigators are responsible for conducting and documenting periodic checks with youth and staff who have made a report of sexual abuse. Agency policies, interviews, and review of documentation from sexual abuse investigations support this practice.

Provision (e)

Agency Policy AS-904 “Corrective Action and Notifications” (page 6) states, “3. The Chief or designee will appoint an individual to monitor staff members to prevent harassment, discrimination or retaliation due to their report or cooperation with an

investigation. a. Staff monitoring may include, but is not limited to reassignments, disciplinary actions and negative performance reviews. b. Following a report of harassment, discrimination or retaliation, the Chief or designee will take appropriate measures to remedy the behavior.”

Interviews with the Director of Residential Services, the PCM, and PREA Investigators verified they are required to take immediate action to end retaliation against youth or staff member. This may involve youth housing changes and/or staff unit changes. There were no reports of retaliation for the three allegations of sexual abuse made in the 12 months preceding the onsite audit. At the time of the onsite audit the three youth alleging sexual abuse were no longer at the facility and therefore, could not be interviewed by the auditor. The auditor determines the program is in compliance with this provision.

Provision (f)

Interviews with PREA Investigators verified they understood that the obligation to monitor retaliation ends if the youth leaves the facility or if the allegation is unfounded. The investigator assigned to the case conducts periodic check-ins with youth and documents these check-ins on the Travis County indicate Retaliation Monitoring Form. There were three PREA-related investigations conducted in the past 12 months, two which were determined to be unfounded a few days after the investigation began. The third allegation was substantiated, although the investigators stopped monitoring for retaliation because the youth was released from the facility prior to investigation completion.

The program’s practices are aligned with this PREA standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy RS 9.10 “Discipline Plan” • Interview with Director of Residential Services • Interviews with Shift Supervisors • Interviews with RTOs (direct care staff) • Interview with Case Work Manager • Interview with Unit Coordinator • Interviews with youth <p>During interviews, facility administrators, staff, and youth reported that while they have the option to use isolation for the purposes of protective custody and/or for</p>

disciplinary purposes, this is not done often. As previously described in this report, if it is determined that a youth needs to be isolated for safety reasons they would be placed in the Time Out Room (TOR) to stabilize their behavior. Alternatively, staff consistently stated that the ISC facility could also separate youth by placing youth on different living unit or on an unoccupied living unit with one-on-one supervision. If the youth was on one-on-one supervision, they would not be confined to their bedroom but rather be out in the day area. Youth who are separated from the group continue to receive education, large-muscle exercise, and daily visits from a facility Nurse. Staff and youth interviews verified youth are never placed in isolation and if there is a need for separation from the group, youth are provided the required services.

In support of this PREA standard the facility Policy RS 9.10 “Discipline Plan” (page 1) defines “protective isolation” as: “The isolation of a physically threatened resident from another resident or a group of residents by placing the resident in an individual room to minimize contact with the other residents.” Policy RS 9.10 “Discipline Plan” also describes how isolation is used. The policy states, “B. Any sanction that may adversely affect a resident’s health or physical or psychological well-being is expressly prohibited” (page 3). The policy specifically states that the program will not prevent the youth from participating in large muscle exercise, treatment, or educational programming, unless there are serious concerns that might impact the safety of the facility. As previously described in this audit findings report, Travis County also has several agency policies supporting the requirements put forth in this provision. To avoid duplication readers are encouraged to review Standard 115.342 which provides more specific information related to this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-217 “Administrative Investigations” • Policy AS-217 B “Conducting Administrative Investigations” • Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” • Policy AS-904 “Corrective Action and Notifications” • Review of two investigation reports • Referrals of Allegations for Investigations policy (posted on the Travis County website) • Training roster from PRC “PREA Specialized Investigator Training” • Interview with Travis County internal PREA investigators • Interview with PREA Compliance Manager

Provision (a)

As stated previously, the Travis County Juvenile Probation Department has several policies that require all allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling TJJD within four hours and if there is potentially criminal behavior, calling law enforcement within one hour. The agency Policy AS-901 "Abuse and Neglect Prevention and Response" establishes clear expectations for referring allegations to law enforcement. The policy (page 5) states, "The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff's Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space." Staff are required to document these referrals/notifications on the incident report. In addition, agency Policy AS-904 Corrective Action and Notifications (page 2) puts forth: "The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations. 2. All allegations of sexual abuse and sexual harassment will be investigated regardless of how much time has passed since the alleged incident. All third-party reports will be investigated regardless of the approval or agreement of the alleged victim." Policy AS-217B (page 3) also sets the expectation that sexual abuse and sexual harassment investigations be completed within five business days, although Policy AS-904 "Corrective Action and Notifications" (page 3) states, "The Department will make every effort to finalize investigations no later than 90 days after the allegation was reported."

The Travis County Sheriff's Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the ISC Juvenile Justice Center. When an allegation of sexual abuse or sexual harassment is made, first responders are required to make a report to TJJD within four hours. If the allegation involves potentially criminal behavior first responders must contact the Travis County Sheriff's Office within one hour of receiving the allegation. Investigators employed by Travis County and who are responsible for conducting PREA investigations at the ISC facility would receive instruction from TJJD and the local Sheriff's office regarding how and when to proceed with the administrative investigation. It is important to note that the county Sheriff's office is stationed on campus which facilitates communication; allows investigations to be conducted in a timely fashion; and allows the internal Travis County investigators to stay informed throughout the course of an investigation. Interviews with internal PREA investigators verified that Sheriff-led investigations are completed in a timely manner.

Additional agency policy provides detailed guidance regarding conducting a thorough investigation. Agency Policy AS-217 B "Conducting Administrative Investigations" (page 4) describes, "5. The investigator will conduct thorough interviews with the individuals who have been identified as having direct knowledge of the incident by: a. ensuring the interview space is private and free from distractions; b. ensuring the appropriate equipment is available for tape recording

the interview as directed by the Chief or designee; c. explaining the purpose of the interview and having each staff witness review AS-217: Administrative Investigations and acknowledging his / her understanding of his / her responsibilities; d. providing an administrative warning as indicated; e. documenting the date, time and location of each interview; f. asking questions to determine facts and identify new information or developments; and g. using terminology appropriate to the individual's age, sophistication, and intelligence."

There were three allegations of sexual abuse and one allegation of potential sexual harassment (which later was determined not to meet the PREA definition of sexual harassment) in the past 12 months. Review of the two investigation reports verified investigations are conducted promptly. All allegations were referred for investigation on the day of the allegation or the next day. Both investigations were completed/ report submitted within 30 days. Therefore, Travis County is conducting investigations in a timely manner as required by DOJ PREA standards.

A detailed review of the investigation reports and supporting documents verified that Travis County investigators conduct thorough investigations. The reports detailed the purpose of the investigation; investigation method; summary of interviews; summary of findings; and attachments. Among the attachments were victim, witness, and perpetrator statements; staff assignments/roster for the day the alleged incident occurred; Alleged Victim Attorney Notification form; and Retaliation Monitoring form. The investigators provided a detailed account of statements from the victim, witnesses, and the perpetrator as well as described additional documents considered in making an investigation determination. The investigator documented the "Findings of Fact" which provided the points of agreement and disagreement (resulting from reviewing all information) and the final outcome of the investigation. When interviewed, all three internal PREA investigators articulated the thorough process for conducting investigations.

Travis County internal PREA investigators have available to all investigators the TCJPD Internal Investigation Checklist. This detailed checklist helps ensure they document and track key pieces of an investigation. Although, the checklist is not required, the checklist provides an avenue for investigators to document key information in the investigation process: individuals involved in the incident (alleged victim and people of interest); type of allegation; where and when staff were reassigned; and the date and time the requisite notifications were made to law enforcement, parent/guardian, victim's attorney, TJJD, etc. In addition, this checklist provides documentation for when the investigation began/concluded, the outcome of the investigation, and other important elements. The auditor applauds the agency for creating a method to better ensure thorough investigations are completed consistent with agency and DOJ PREA expectations.

The auditor confidently concludes the ISC facility is in compliance with expectations in this standard provision.

Provision (b)

All Travis County internal investigators have been formally trained on conducting

sexual abuse investigations. The three investigators most often assigned to conduct PREA investigations at the ISC facility, have completed the National Institute of Corrections online course entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting." In addition, in December 2020, about a dozen Travis County staff participated in a two-day PREA Specialized Investigator Training provided by the PREA Resource Center. The auditor reviewed the training roster to verify training completion for the three main investigators assigned to the ISC facility. Interviews with investigators verified they attended the two-day training. All criminal investigations are conducted by the Travis County Sheriff's Office.

The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B (page 2-3) requires: "Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2. sexual abuse evidence collection in confinement settings; 3. criteria and evidence required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral." In addition, the document titled, "Referrals of Allegations for Investigations" which is posted on the Travis County website Juvenile Court (traviscountytexas.gov) states, "The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded." The auditor verified the link to the document referenced is in working order.

Provision (c)

In support of this standard provision, the agency Policy AS-217B "Conducting Administrative Investigations" (page 3) directs: "2. The investigator will gather, preserve and review any available direct and circumstantial evidence. Evidence includes, but is not limited to: a. Incident reports; b. Correspondence with law enforcement; c. Correspondence with oversight agencies such as TJJD or DSHS; d. Training records of the staff member(s); e. Demographic information of the juvenile(s) involved; f. Medical information as available; g. Staff or juvenile rosters; h. Photographs or other physical evidence; i. Electronic monitoring data as available; and j. Any other relevant information."

As previously mentioned, review of two investigation reports provided sufficient evidence that Travis County investigators conduct thorough investigations. The reports detailed the purpose of the investigation; investigation method; summary of interviews; summary of findings; and attachments. The investigators provided a detailed account of statements from the victim, witnesses, and the perpetrator as well as described additional documents and evidence considered in making the final determination. The investigators documented the "Findings of Fact" which provided the points of agreement and disagreement (from reviewing all information) and the final outcome of the investigation. When interviewed, all three PREA investigators articulated the process of gathering and preserving all direct and circumstantial

evidence.

Provision (d)

Clear directives are set forth in Policy AS 217B “Conducting Administrative Investigations” (page 5) which states, “The Department will not terminate an investigation solely because: a. the source of the allegation recants; b. Person of Interest has resigned from employment or has been released from the facility; or c. the victim has been released from the facility.” Interviews with Travis County internal PREA investigators verified that investigations are not terminated if the source of the allegation recants the allegation and that all allegations are investigated through completion.

Provision (e)

Agency policy and information obtained from interviews provided sufficient evidence of compliance with this provision. Policy AS 217B “Conducting Administrative Investigations” (page 7) states, “The Chief, General Counsel or designee will confer with prosecutors prior to conducting compelled interviews to ensure they are not an obstacle for subsequent criminal prosecution. b. If the administrative investigation can be conducted at the same time as the criminal investigation, the investigator will attempt to coordinate interviews with law enforcement.”

Interviews with internal PREA investigators confirmed that all allegations of sexual abuse are reported to TJJJ and to local law enforcement. As previously mentioned, the county Sheriff’s office is stationed on campus which facilitates communication throughout the course of an investigation. All PREA investigators consistently and clearly reported that during interviews (victim, witnesses, and perpetrator) if there is evidence that the allegation may support criminal prosecution, the interview is immediately put on hold. The PREA investigator would immediately contact the agency’s General Counsel for guidance as well as the Sheriff’s office. This would lead to the Sheriff’s office assuming the lead on the investigation.

A review of investigation reports indicated that Travis County Probation Investigators contacted the Sherriff’s office immediately when it appeared, through the Travis County investigation that the allegation involving a staff member may have been criminal in nature. The investigation report of the substantiated allegation of sexual abuse stated that the Sherriff’s Office was contacted on June 13th after a second interview with the alleged victim revealed additional evidence that the sexual encounter with a staff member was more likely than not to occur. An interview with the lead internal investigator confirmed that the Sherriff’s Office instructed the Travis County investigator to finish the investigation with the agreement that the final investigation report would be sent to the Sherriff’s Office for review and potentially, further investigation/prosecution.

Provision (f)

Agency Policy AS 217 B “Conducting Administrative Investigations” (pages 5-6)

describes the process for determining the credibility of a witness. The policy describes, "F. The investigator will balance the weight of the evidence and the credibility of the information sources to determine findings of fact. 1. Credibility is not determined by status as a resident or staff. 2. Investigator will evaluate the physical, testimonial and documentary evidence. 3. Investigators will determine credibility of a statement by carefully reviewing the information gathered during the Investigation to include, but not limited to: a. Testimonial information; b. Documents reviewed; c. Physical evidence such as photographs or floor plans; d. A review of any inconsistencies or contradictions within or between witness statements, whether verbal or in writing; and e. A review of the contradictions between statements and other evidence, such as photographs, floor plans, and incident reports." Interviews with investigators as well as review of investigation reports verified the agency is aligned with this PREA provision.

Interviews with internal PREA investigators also revealed that polygraph tests are not used by Travis County to determine whether a victim's allegation is true. This practice is supported by language in Policy AS 217 B "Conducting Administrative Investigations" which states, "The Department will not require individuals to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the Investigation" (page 5).

Provision (g)

Travis County internal PREA investigators are responsible for conducting administrative investigations. The agency has several policies that support current practices and that align with PREA expectations. Agency Policy AS 217 B "Conducting Administrative Investigations" (page 8) states, "J1. Reports sent to TJJD will include the elements listed in 37 TAC 358.520 and will, at a minimum, include: a. Information on the alleged victim(s) and Person(s) of Interest; b. A summary of the incident; c. A summary of the steps taken during the Investigation; and d. Any relevant documentation."

In addition, Policy AS-217 "Administrative Investigations (page 2) states:"D2. The investigator's role is to be objective, impartial and conduct a thorough review of an incident to determine the facts. 3. The investigator will submit a report outlining the findings." This same policy describes in detail the investigation process. More specifically, agency Policy AS 217 "Administrative Investigations" (page 2) states, "B. A thorough and competent investigation into the allegation will be conducted. Whenever possible, investigations will clearly support or refute the allegations."

Agency policy also provides detailed guidance regarding gathering information during the investigatory process. Agency Policy AS-217 B "Conducting Administrative Investigations" (page 4) which states, "The investigator will conduct thorough interviews with the individuals who have been identified as having direct knowledge of the incident by: a. Ensuring the interview space is private and free from distractions; b. Ensuring the appropriate equipment is available for tape recording the interview as directed by the Chief or designee; c. Explaining the purpose of the interview and having each staff witness review AS-217:

Administrative Investigations and acknowledging their understanding of their responsibilities; d. Providing an administrative warning, e.g., a Garrity Warning, as indicated; e. Documenting the date, time, and location of each interview; f. Asking questions to determine facts and identify new information or developments; and g. Using terminology appropriate to the individual's age, sophistication, and intelligence."

In support of this practice the agency Policy AS 217 B "Conducting Administrative Investigations" states, "H. Investigation reports will follow the approved Department format and, at a minimum, include the: 1. Purpose of the Investigation. 2. Investigation methodology, which includes: a. Individuals who were interviewed, b. Documents that were reviewed, and c. Chronology of the Investigation. 3. Summary of interviews. 4. Summary of facts and findings, which includes: a. Reasoning behind credibility assessments; b. Information about whether staff actions or failures to act contributed to or may have exacerbated the situation; c. Any code of ethics or policy violations. Additional information as requested by the Chief or designee, which may include: 1. Circumstances that went well and deserve recognition; 2. Processes that may need to be changed or enhanced, such as training or policy and practice; and/or 3. More appropriate responses to similar situations. e. Attached documents that were gathered and reviewed during the Investigation" (pages 6-7).

Review of PREA investigation reports verified that investigations involve a comprehensive assessment of all information gathered from victims, witnesses, and the alleged perpetrator as well as other pieces of evidence. Investigation reports are thorough and provide physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings of fact. All investigators were able to clearly articulate their methodical/structured approach to conducting investigations.

Provision (h)

As previously described, criminal investigations are conducted by the local Travis County Sheriff's Office or by the State of Texas Juvenile Justice Department investigators. This provision is N/A as Travis County Probation does not have authority over these entities.

Provision (i)

The agency has policies to support expectations set forth in this PREA standard provision. Agency Policy AS-901 "Reporting Child Abuse, Neglect, and Exploitation" (page 5) states, "For ANE allegations at a Travis County Juvenile Probation Department facility or program: If the incident occurred in a Department facility or program, reports are made to the operating, licensing, certifying, or registering agency and / or the agency responsible for regulation or oversight of the facility or program where the incident is alleged to have occurred. 1. The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff's Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space."

In addition, agency Policy AS 217 B “Conducting Administrative Investigations” (page 8) clearly directs, “J. If the Investigation involved an allegation of ANE at the Department or if during the Investigation the investigator has reason to believe a juvenile is the victim of ANE, a report will be submitted immediately to the appropriate oversight agency in accordance with 37 TAC 358.300 and Department policy AS-901: Reporting of Child Abuse, Neglect, and Exploitation.”

As previously mentioned, the ISC investigation process begins with contacting TJJD and the local Sheriff’s office to lead the criminal investigation. All PREA investigators interviewed confirmed that during the course of an administrative investigation, if there appears to be potential criminal activity the investigator would pause the investigation and contact the General Counsel and local law enforcement. In addition, review of the sexual abuse investigation documents involving a staff member verified this practice is in place. The documentation showed that local law enforcement and TJJD were contacted the day of the report of abuse was made. The investigation documents clearly state that the Sherriff’s Office was also contacted immediately following a second/follow-up interview with the alleged victim, when additional evidence surface indicating the sexual abuse incidents had indeed occurred.

Provision (j)

Policy AS-217 “Administrative Investigations (page 4) states, “Upon completion of the investigation, the investigation report will be kept in perpetuity a secure location separate from the personnel files. An electronic copy of the investigation may be maintained in a secure drive accessible to the Chief or designee.” Interviews with PREA investigators confirmed investigation reports and supporting documents are sent to the General Counsel and stored electronically and that only designated individuals have access. Currently, these records are kept in perpetuity.

Provision (k)

Travis County internal PREA investigators reported that if the alleged abuser or victim leaves the agency the investigation would continue to completion. This practice is supported by directives set forth in Policy AS 217B “Conducting Administrative Investigations” (page 5). The policy specifically states, “The Department will not terminate an investigation solely because: a. The source of the allegation recants; b. The Person of Interest has resigned from employment or has been released from the facility; or c. The victim has been released from the facility.” The auditor was informed that the staff member who was substantiated for sexual abuse while working at ISC resigned shortly after the investigation began. Review of the investigation report and supporting documents verified the facility’s practice of seeing an investigation through to completion.

Provision (l)

The Texas Juvenile Justice Department is responsible for conducting sexual abuse investigations along with local law enforcement. These individuals are formally trained on how to conduct specialized investigations and are subject to the PREA

requirements listed in this standard.

Provision (m)

The agency Policy AS-217B “Conducting Administrative Investigations” (page 7) states, “The Department will promptly and fully cooperate with law enforcement agencies and/or any oversight agency for allegations of ANE, to include sexual abuse or sexual harassment.” In addition, agency Policy AS-904 “Corrective Action and Notifications” (page 2) states, “The Chief or designee will maintain contact with outside investigative agencies, such as the local law enforcement or oversight agency, to monitor the status of their investigation into sexual abuse or sexual harassment allegations.”

Interviews with internal Travis County PREA investigators verified they are responsible for maintaining contact with the local Sheriff’s department and/or TJJD when the outside party is the primary investigator. In each of the three sexual abuse allegations that were reported in the previous 12-month period (June 2023 - May 2024), although ISC reported these to the proper authorities, the Sherriff’s Office and TJJD directed Travis County internal PREA investigators to take serve as the lead investigator and therefore, there is not direct evidence of compliance with this provision. That said, interviews with Travis County internal PREA investigators confirmed that they are responsible for maintaining contact with outside investigators and that they do this by emailing the Sherriff assigned to the case approximately once a month.

A close examination of all evidence allows the auditor to determine the program is in compliance with this PREA standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none">• Policy AS-217 “Administrative Investigations”• Policy AS-217 B “Conducting Administrative Investigations”• Review of investigation reports and supporting documents• Interview with Travis County internal PREA Investigators• Interview with PREA Compliance Manager <p>Interviews with Travis County Internal PREA Investigators and the Facility PREA Compliance Manager verified that the agency uses a standard of “preponderance of evidence” when determining whether an allegation of sexual abuse or sexual harassment occurred (i.e., is substantiated). There are three findings the agency</p>

	<p>uses to define an outcome of an investigation: Founded/Substantiated, Unable to Determine/Unsubstantiated, and Unfounded. These terms are clearly defined in Policy AS-217 “Administrative Investigations” (page 1). Review of detailed investigation reports provided additional evidence for compliance with this standard.</p> <p>To further support compliance, the agency Policy AS-217 B “Conducting Administrative Investigations” (page 1) defines the “preponderance of evidence standard” as: “A standard of proof meaning the greater weight of credible evidence makes it more likely than not that an event occurred.” This same policy (page 1) also declares: “The Department conducts administrative investigations of alleged violations of Department policy, procedure, contract or standard.”</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-904 “Corrective Action and Notifications” • Policy AS 217 “Administrative Investigations” • Review of a sample of grievances • Review of two investigation reports and corresponding documents • Interview with Director of Residential Services • Interview with the PCM • Interview with Travis County Internal PREA Investigators • Form “Notification of Administrative Findings” • TCJPD Internal Investigation Checklist <p>Provision (a)</p> <p>The Travis County Juvenile Probation Department sets clear expectations that align with provisions of this PREA standard. Agency Policy AS 217 “Administrative Investigations” (page 3) states, “Final outcomes of administrative investigations are determined by the Chief. 1. The outcomes of the Department’s administrative investigations are founded, unfounded, or unable to determine. If the allegation involves a juvenile, the Department will notify the juvenile, parent /guardian and the person of interest of the outcome. State oversight agencies will be notified as required by law.”</p> <p>In further support of this PREA provision the agency Policy AS-904 “Corrective Action and Notifications” (page 4) states, “The findings for sexual abuse and sexual harassment investigations will be disseminated to the appropriate parties. 1. If the juvenile is still housed in a facility when the administrative investigation is</p>

completed, he or she will be notified in writing of the outcome. a. The notification will indicate if the allegation has been determined to be founded, unfounded or unable to determine. The notification will also detail the current status of the law enforcement investigation.”

Standard 115.373 (a) requires youth to be informed of the outcome of the investigation in all cases – substantiated, unsubstantiated, or unfounded. As previously mentioned, there have been three PREA-related allegations in the past 12 months. Travis County has a form titled, “Notification of Administrative Findings” that is used to document when staff notify youth of the outcome of an investigation. The form lists out the investigation outcome and specific details of the notifications including whether the staff is no longer posted in the victim’s housing unit; whether the staff member is no longer employed at the facility; whether TCJPD has been notified that the staff member has been indicted on a charge related to sexual abuse within the facility; and whether TCJPD has been notified that the staff member has been convicted on a charge related to sexual abuse within the facility. This information mirrors PREA expectations. The form requires signatures from the Division Director or designee, a witness, and the alleged victim acknowledging receipt of the information.

In addition, the youth victim is also sent a form letter from the Division Director. The program provided the auditor with the youth notification letters for the investigations that occurred within the past 12 months prior to the onsite audit. The notification letter states, “This letter is to advise you that an administrative investigation into an allegation of sexual abuse involving you has been completed by the Department. The evidence indicates that the incident was: Unfounded – Meaning the allegation was investigated and determine not to have happened. If you have questions concerning any of the above information, please do not hesitate to contact me or Chris Hubner, General Counsel at...” (phone number provided). The youth is required to sign and date the document to acknowledge receipt of this information.

To further support provisions in this standard Travis County has a line item on the TCJPD Internal Investigation Checklist that allows the investigator to document if a victim notification was required and the date this notification was made.

Provision (b)

Agency Policy AS-904 “Corrective Action and Notifications” (page 2) states, “The Chief or designee will maintain contact with outside investigative agencies, such as the local law enforcement or oversight agency, to monitor the status of their investigation into sexual abuse or sexual harassment allegations.” Interviews with PREA Investigators verified they are responsible for maintaining contact with outside entities leading an investigation. This is done via regular emails. The TCJPD Internal Investigation Checklist has a space where the investigator can indicate if charges were filed by law enforcement (and when) and the outcome of the investigation if TJJD was the primary investigator. None of the three sexual abuse allegations involved TJJD or local law enforcement serving as the lead investigator (i.e., they

directed Travis County PREA investigators to conduct the investigation). Review of investigation files and interviews allows the auditor to confidently determine that Travis County PREA Investigators make a concerted effort to stay informed of the investigation progress and final outcome.

Provision (c)

Interviews with the PCM and Travis County PREA Investigators verified that residents would be notified as to the whereabouts of the staff member who was the alleged abuser for substantiated or unsubstantiated allegations. Agency Policy AS-904 “Corrective Action and Notifications” (page 4) states, “If the allegation was against a staff member, the alleged victim will be informed when: 1. the staff member is no longer posted on his or her unit; 2. the staff member is no longer employed at the facility; 3. the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and /or 4. the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

As previously stated, Travis County has a form titled, “Notification of Administrative Findings” that is used to document when staff notify youth of the outcome of an investigation. The form lists out the investigation outcome and specific details of the notifications including whether the staff is no longer posted in the victim’s housing unit; whether the staff member is no longer employed at the facility; whether TCJPD has been notified that the staff member has been indicted on a charge related to sexual abuse within the facility; and whether TCJPD has been notified that the staff member has been convicted on a charge related to sexual abuse within the facility. This information mirrors PREA expectations. The form requires signatures from the Division Director or designee, a witness, and the alleged victim acknowledging receipt of the information. The program also sends a formal letter to the youth and reviews the outcome letter with the youth (as described in provision (b)) of this audit findings report).

To further support provisions in this standard Travis County has a line item on the TCJPD Internal Investigation Checklist that allows the investigator to document if a victim notification was required and the date this notification was made. The sexual abuse allegation that involved a staff member was substantiated and the staff member’s probation officer certification was revoked. However, the youth was released from the facility and was no longer in the custody of Travis County Probation Department when the investigation was completed. PREA provision 115.373 (f) releases the agency’s obligation to notify the youth if a youth is released from the agency’s custody.

Provision (d)

Agency Policy AS-904 “Corrective Action and Notifications” (page 4-5) states, “If the allegation was against another resident, the alleged victim will be informed when: 1. the Department learns that a petition or indictment has been filed against the alleged abuser on a charge related to sexual abuse within the facility; and / or the Department learns that the alleged abuser has been adjudicated or convicted on a

charge related to sexual abuse within the facility”

There have been no substantiated or unsubstantiated allegations of sexual abuse between residents in the 12 months prior to the onsite audit. However, interviews with PREA investigators verified that they are required to inform the resident of the outcome of the investigation, regardless if the perpetrator is a staff member or another resident.

Provision (e)

Provision (e) of this PREA standard requires youth to be notified of the outcome of the sexual abuse investigation and that “all such notifications or attempted notification shall be documented.” Agency Policy AS-217 “Administrative Investigations” states, “Final outcomes of administrative investigations are determined by the Chief. 1. The outcomes of the Department’s administrative investigations are founded, unfounded, or unable to determine. 2. If the allegation involves a juvenile, the Department will notify the juvenile, parent/guardian and the person of interest of the outcome. State oversight agencies will be notified as required by law.” In addition, agency Policy AS-904 “Corrective Action and Notifications” (page 4) supports best practices by stating, “The notifications or due diligence efforts to notify will be documented and maintained in the investigation file.”

As previously stated, the ISC program uses the “Notification of Administrative Findings” form as well as a formal letter to document investigation outcome notification to youth. The auditor reviewed completed forms for the PREA investigations and verified compliance with this provision.

Provision (f)

PREA standards state “An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.” Staff interviews verified staff understand this PREA provision. As previously described, a review of the documents submitted allows the auditor to conclude the program is in compliance with provisions in this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<i>Evidence Used in Compliance Determination:</i> <ul style="list-style-type: none">• Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”• Policy AS-904 “Corrective Action and Notifications”• Policy AS-214 “Disciplinary Procedures”

- Interview with Deputy Chief Juvenile Probation Officer
- Interview with PCM
- Interview with Human Resources Manager
- Interview with Director of Residential Services

Provision (a)

As previously described in this report, the Travis County Juvenile Probation Department has several policies supporting zero tolerance. The agency disciplinary sanctions include termination if a staff member violates the agency’s sexual abuse and harassment policies. Among the policies supporting provision (a) include:

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 8) clearly states, “If a staff member engages in sexual abuse or sexual harassment, he / she will be subject to disciplinary action, up to and including termination.”
- Policy AS-904 “Corrective Action and Notifications” (page 2) states, “If the preponderance of evidence in an administrative investigation indicates that a staff member sexually abused or sexually harassed a juvenile, the staff member will be subject to disciplinary action.”
- Policy AS-214 “Disciplinary Procedures” states, “Conduct warranting discipline or dismissal includes, but is not limited to: 1. Unsatisfactory work performance; 2. Excessive absences and/or tardiness; 3. Misconduct, such as fighting or use of profane or abusive language towards fellow employees, clients or others; 4. Being found to have engaged in abusive, neglectful, and / or exploitive behavior towards a juvenile, to include sexual abuse and sexual harassment....”

Interviews with the Deputy Chief Juvenile Probation Officer, PCM, Director of Residential Services, and Human Resources Manager verified that the agency acts in accordance with its policies and federal DOJ regulations.

Provision (b)

In the event the determination of an investigation for staff-to-youth sexual harassment was substantiated, agency and facility leaders reported that the agency would prohibit the staff member from working directly with any youth and would likely terminate their employment with Travis County Juvenile Probation Department. This practice is supported by agency Policy AS-904 “Corrective Action and Notifications” (page 3) which states, “Disciplinary sanctions for staff members are outlined in policy AS-214: Disciplinary Procedures. a. The presumptive disciplinary sanction for staff found to have engaged in sexual abuse is termination.”

In the past 12 months, the ISC facility had one substantiated allegation of sexual abuse involving a staff member. Interviews and review of investigation related documents verified that the staff member was immediately placed on

administrative leave. When the staff member was informed she was being formally investigated, she resigned. Consistent with the PREA standards the investigation continued and within a few weeks it was determined that the sexual abuse did occur. Interviews with agency and facility leaders confirmed that the staff member was going to be terminated but she resigned before they could terminate her employment.

Provision (c)

As previously described, interviews confirmed compliance that disciplinary sanctions for incidents of sexual abuse and sexual harassment are “commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offense by other staff with similar histories,” as set forth in PREA standards. Agency Policy AS-904 “Corrective Action and Notifications” (page 3) includes this specific language: “Disciplinary sanctions will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable misconduct.”

Provision (d)

Travis County Policy AS-904 “Corrective Action and Notifications” provides some evidence that when/if a staff member is substantiated on an allegation of sexual abuse and/or sexual harassment, the relevant licensing bodies will be notified of this outcome. More specifically, this policy (page 3) states, “2. The Chief or designee will contact the staff member’s licensing and / or certification agency regarding all founded violations of the Department’s sexual abuse or sexual harassment policies. Notifications will include terminations and resignations by staff members who would have been terminated if they had not resigned. This same policy (page 5) states, “The notifications or due diligence efforts to notify will be documented and maintained in the investigation file.”

Interviews with PREA Investigators verified there is a clear the notification process to relevant licensing bodies if a staff member is substantiated for sexual abuse and/or sexual harassment. Interviewees reported that the General Counsel along with the Investigator, Director of Residential Services, and PCM determines who is responsible for making the notification to relevant licensing bodies. As previously noted, there was one substantiated allegation of staff-to-youth sexual abuse. The ISC program notified the TJJJD regarding the outcome of the investigation. On Feb 24, 2024, TJJJD sent the perpetrator/former ISC employee a letter stating that her certification as a juvenile supervision officer (JSO) had been permanently revoked. The auditor was provided a redacted version of the certified letter from the Texas Juvenile Justice Department informing the perpetrator/staff member that her JSO certification had been revoked. The auditor confidently concludes that the ISC has a consistent practice of notifying the relevant licensing bodies as required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- Policy AS 1001 “Citizen, Volunteer, and Intern Services”
- Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation”
- Travis County Juvenile Probation Department Volunteer/Intern Handbook 2024
- Interview with Deputy Chief Juvenile Probation Officer
- Interview with Direction of Residential Services
- Interview with Human Resources Manager

Provision (a) and (b)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There are several agency policies that support provisions in this standard. Agency Policy AS-901 states, “The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff’s Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space...For the following incidents, call local law enforcement within one (1) hour and TJJD within four (4) hours: a. Serious physical abuse as defined in 37 TAC 358; b. Sexual abuse by contact and sexual abuse by non-contact....” In addition, agency Policy AS-904 (page 6) states, “Contractors and volunteers may be prohibited from further contact for violations if the sexual abuse or sexual harassment policies and for participating in behavior that is deemed retaliatory in nature.”

In further support of these standard provisions agency Policy AS-1001 “Citizen, Volunteer, and Intern Services (page 5) requires volunteers and interns to “4. Inform the Volunteer Coordinator of any law violation charges within 48 hours.” In addition, this same policy states

- “Any volunteer or intern that fails to abide by the Department’s policies and procedures or meet his or her responsibilities will be subject to corrective action, to include termination or suspension of a person’s services.” (page 7)
- “Any volunteer or intern that engages in any form of abuse, neglect, or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be reported to the appropriate authorities per AS901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics / Staff - Juvenile Relationships” (page 8).
- “Any volunteer or intern that engages in any form of abuse, neglect or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be

reported to the appropriate authorities per AS-901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics / Staff - Juvenile Relationships. 4. Any identification card will be returned to the Department upon termination or suspension of a person's services" (page 8).

In further support of provisions in this standard, Travis County Juvenile Probation Department Volunteer/Intern Handbook 2024 states (page 25) "...volunteers and interns agree to abide by these rules and will be held to the same level of accountability as employees." As described throughout this report, Travis County Juvenile Probation Department has language in several of its policies verifying that in the event an allegation of sexual abuse is made against a staff member or volunteer/contractor/intern, the individual would immediately be prohibited from having contact with youth and not be allowed in the facility until the investigation concluded.

To date, there have been no volunteers, interns, or contractors working at the ISC facility who have violated these policies. However, interviews with agency and facility leaders confirm violations of agency policy would automatically result in prohibiting these individuals from working with program youth.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" • Policy AS-904 "Corrective Action and Notifications" • Policy 9.40 "Isolation Seclusion and Separation" • Policy 9.20 "Disciplinary Hearing Procedures" • Policy 9.40 Isolation, Seclusion and Separation • Policy 9.10 "Discipline Plan" • Travis County Residential Services Resident Handbook • Interview with Director of Residential Services • Interview with mental health professionals • Interviews with Shift Supervisors • Interviews with RTOs (direct care staff) • Interviews with ISC PREA Investigators • Youth interviews <p>Provision (a)</p>

The ISC facility prohibits all contact between residents. This information is provided in the Travis County Residential Services Resident Handbook which is reviewed with youth at intake. The resident handbook explains, "The Department has a ZERO TOLERANCE towards any type of sexual misconduct to staff or other residents" (page 22). The handbook also clearly states:

- "Negative behaviors will result in Consequences...Program Rules must be followed...Engaging in inappropriate / improper physical contact is prohibited."
- "Residents shall not engage in any behavior that may cause harm to peers (e.g., wrestling, horse playing, poking or touching another resident without his/her permission)."
- "Residents shall not engage in any behavior that may cause harm to any staff member (e.g. pushing, grabbing, hitting or throwing bodily fluids)."

Expectations put forth in this PREA provision are also supported by language in several agency policies. Agency Policy AS-904 "Corrective Action and Notifications" (page 3) states, "E. Juvenile-on0juvenile sexual conduct is prohibited. Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility's discipline plan. 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced."

The Facility Policy RS 9.20 "Disciplinary Hearing Procedures" (Page 2) requires the facility to notify youth when s/he has violated the program rules. This policy explains, "Within eight (8) hours, but no more than 24 hours after the alleged violation, the Supervisor or designee will give the resident written notification of the alleged rule violation(s), to include the time and location of the hearing."

Facility administrators reported that residents would only receive consequences if the sexual abuse allegation was substantiated (after a full investigation was completed). In addition, all youth understood physical contact with other residents and staff is prohibited and that they could receive consequences for breaking these rules.

Provision (b)

In addition, the facility Policy RS 9.10 "Discipline Plan" describes a system of discipline to appropriately address youth behaviors for rule violations while in the program. The policy clearly defines sexual misconduct and sets forth sanctions that are prohibited and lists specific youth rights (i.e., receiving mail; youth access to their attorney through phone calls, personal visits, or uncensored mail; large muscle exercise; access to education and treatment programming; access to the grievance system; etc.). This same policy includes detailed descriptions of consequences for major rule violations including disciplinary seclusion; phase advancement being put on hold; Refocus Program; and criminal charges as appropriate (Class B misdemeanor offense or more severe). Youth interviews confirmed that isolation is only used for short periods of time (between two hours and 72 hours). Youth reported they are only in isolation until they can get their behavior under control. If

they are behaviorally stable, they rejoin the group. If for some clinical reason, it is determined they need some more time away from the group (but they are behaviorally stable), they may be kept on a unit separate for a few days. During this time, they are allowed to do school work packets and are afforded an opportunity to exercise each day.

Facility Policy RS 9.40 "Isolation Seclusion and Separation" (page 3) states Disciplinary Sanctions that would require isolation, seclusion and separation: 1. Room Restriction / Disciplinary Restriction: Room restriction / disciplinary restriction may be utilized to briefly restrict a resident to a room in order to allow the resident the opportunity to self-correct inappropriate behavior, prevent potentially disruptive behavior or when the resident's behavior could be deemed dangerous to themselves or others. a. Residents will be allowed to rejoin programming as soon as the potentially disruptive behavior is corrected. b. Room restriction / disciplinary restriction will not exceed 90 minutes."

This same policy clearly states:

- "Residents in disciplinary seclusion / disciplinary separation will receive daily visits from a medical or mental health care clinician.... Residents in disciplinary seclusion / disciplinary separation will also be allowed to participate in educational and treatment opportunities to the extent allowed by their behavior" (page 4).
- Residents on protective isolation will be afforded living conditions and privileges approximating those available to residents in the general population except when justified by clear evidence that the resident's safety is at risk. While on protective isolation the resident will receive: a. all legally required educational programming and daily large-muscle exercise; b. daily visits from medical or mental health care staff; and c. access to other programs and services to the extent possible" (page 5).

Similarly, agency Policy AS-904 "Corrective Action and Notifications" specifically requires youth be afforded basic rights while in isolation. Policy AS-904 states, "If disciplinary sanction results in the isolation of a resident, the resident will not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. a. Residents in isolation will receive daily visits from a medical or mental health care clinician. b. Residents will also have access to other programs and work opportunities to the extent possible" (page 4). This same policy (page 3) also states, "E3. The disciplinary sanctions will be commensurate with the circumstances of the abuse, the disciplinary history of the juvenile(s) involved and sanctions imposed for comparable behavior by other juveniles with similar histories."

Interviews with staff and residents verified that isolation is rarely used but if a youth is placed in the "time out" room s/he would only be in there until their behavior stabilized. Youth interviews verified that the longest a youth was in a time out room was 72 hours and all youth verified they received several visits from nurses during

that time.

Information regarding consequences for sexual assaults is provided to residents in the Travis County Residential Services Resident Handbook. More specifically, the Resident Handbook (page 22) explains:

“Residents found engaging in inappropriate / improper physical contact will receive a disciplinary sanction and possibly receive another charge.

- Assaulting others is a major rule violation. Sanctions can include the loss of privileges and/or disciplinary seclusion.
- ANY assault or behavior that could be considered a violation of the law MUST be reported to the local law enforcement agency for possible criminal prosecution.
- If you assault someone else, our Department is REQUIRED to report it to the local law enforcement agency and it MAY result in your getting another charge.
- Assault of ANY staff, to include JDOs, RTOs, supervisors, teachers, nurses, counselors, etc. is considered felony assault on a public servant and WILL be referred to the local law enforcement agency, which MAY result in your getting another charge.”

The Handbook also maps out disciplinary sanctions are used for Major Rule violations including: Building restriction; unit restrictions; and disciplinary seclusion (secure residents)/disciplinary separation (non-secure residents), to name a few. Youth interviewed confirmed they are aware of the consequences for rule violations, particularly for sexual abuse and sexual assault allegations.

Staff and youth interviews verified there is a system of progressive discipline used by the facility that is fair and sanctions are commensurate with the severity of the infraction.

Provision (c)

The agency Policy AS-905 Services for “Victims of Sexual Abuse” supports provision (c) of this standard. More specifically, the policy states, “Any discipline for engaging in sexual abuse while in custody will be in accordance with the facility’s discipline plan. a. Disciplinary processes will consider whether a juvenile’s intellectual disabilities or mental illness contributed to the behavior when determining the sanction.” Similarly, agency Policy AS-904 “Corrective Action and Notifications” states:

- “Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility’s discipline plan” (page 3).
- “2. The juvenile’s medical and mental health records will be reviewed to determine if a mental illness or intellectual disability contributed to the behavior” (page 3).
- “3. The disciplinary sanctions will be commensurate with the circumstances

of the abuse, the disciplinary history of the juvenile(s) involved and sanctions imposed for comparable behavior by other juveniles with similar histories” (page 3).

Policy RS 9.40 “Isolation, Seclusion, and Separation” also explains, “4. A mental health provider will be consulted before disciplinary seclusion / disciplinary separation is imposed if a resident has a current designation as moderate or high risk suicide (SP or SW). 5. Disciplinary seclusion / disciplinary separation will not be issued to a resident with a known diagnosis of severe or profound intellectual disability and/or a serious mental illness. 6. Residents in disciplinary seclusion / disciplinary separation will receive daily visits from a medical or mental health care clinician. 7. Residents in disciplinary seclusion / disciplinary separation will also be allowed to participate in educational and treatment opportunities to the extent allowed by their behavior” (page 3).

Interviews with the Director of Residential Services and mental health professionals verified that a resident’s mental health or mental disabilities are taken into account when determining sanctions including whether youth should be isolated and/or length of time youth is made to be away from the group. Youth are assessed regularly by mental health professionals and are required to see a mental health professional following a significant infraction.

Provision (d)

An interview with two mental health counselors and the Director of Residential Services verified that youth would be provided counseling services or moved to another program that could better meet the youth’s treatment needs if substantiated for sexual assault or abuse. In addition, and in support of this provision, the agency Policy AS-904 “Corrective Action and Notifications” (page 3) states, “The program or facility may require the juvenile to participate in therapy, counseling or other interventions designed to address the issues that may have contributed to the behavior.” Similarly, agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) states, “D. Known juvenile abusers will be offered appropriate treatment as determined by the Chief Juvenile Probation Officer / designee and a mental health professional.”

Policy RS 9.10 “Discipline Plan” states, “As soon as possible after an episode of seclusion, RTOs involved in the episode, supervisory staff, the resident, the legally authorized representative, if any, and, with the consent of the resident, family members, must meet to discuss the episode. The purpose of the debriefing is to: a. Identify what led to the episode and what could have been handled differently; b. Identify strategies to prevent future seclusion, taking into consideration suggestions from the resident; c. Ascertain whether the resident's physical well-being, psychological comfort, and right to privacy were addressed; d. Counsel the resident in relation to any trauma that may have resulted from the episode; and e. When indicated, identify appropriate modifications to the resident's treatment plan” (pages 14 and 15).

The program has not had a resident commit a sexual assault or sexual abuse. Interviews with mental health staff and facility administrators verified that residents who commit sexual abuse would be provided additional mental health treatment.

Provision (e)

Agency Policy AS-904 “Corrective Action and Notifications” (page 3) states “4. A juvenile may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to the contact.” Staff interviews confirmed that youth would not be punished for sexual contact with staff except if the staff member did not consent to such contact. This was further verified by facility administrators who consistently reported that the youth who engaged in sexual activity with a staff member was not disciplined for having participated in the sexual engagement.

Provision (f)

Agency Policy AS-904 “Corrective Action and Notifications” (page 2) states, “C. For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to support that the allegation was founded.”

Staff interviews verified youth are not punished for making reports in good faith. Youth reported that they would not be punished for making a report if they were telling the truth.

Provision (g)

Agency Policy AS-904 “Corrective Action and Notifications” states, “Juvenile-on-juvenile sexual conduct is prohibited. Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility’s discipline plan. 115.378(a) 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced.” As previously mentioned, youth and staff reported that residents are not permitted to have physical contact while at the ISC program.

Agency policies, staff interviews, youth interviews, and other documents provide sufficient evidence to determine the ISC facility is in compliance with the provisions put forth in this PREA standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<i>Evidence Used in Compliance Determination:</i>

- Policy AS-905 Services for Victims of Sexual Abuse
- Review of completed vulnerability risk screening assessments (N=12)
- Interview with Case Work Manager
- Interviews with Unit Coordinator
- Interviews with Shift Supervisors
- Interviews with facility mental health staff
- Interview with Director of Residential Services
- Interviews with RTOs (direct care staff)

Provision (a)

This PREA provision requires a referral to a medical or mental health professional when the vulnerability risk screening highlights youth with a history of sexual victimization. Agency AS-905 Services for Victims of Sexual Abuse (page 2) states, “During the facilities’ intake process and before being placed on a housing unit, all juveniles will be screened for prior sexual victimization or sexual abusiveness. 1. If a juvenile discloses prior victimization, the staff conducting the intake will offer follow-up services as soon as possible, but no later than 14 days after the screening, regardless of whether the incident happened in a facility or in the community. Services include, but are not limited to: a) Referrals to medical providers, to include an individual that is appropriately trained and qualified to perform a forensic examination; b) Access to a licensed mental health professional; c. Access to a sexual abuse advocacy center and victim advocates; and d. Treatment plans, follow-up services and referrals for continued care following transfers to other facilities or release from custody.”

All youth who are processed at the ISC facility are assessed by the Unit Coordinator/ Intake Worker or Case Work Manager during the intake process. The facility’s vulnerability risk screening tool includes mandatory items relevant to these standards. More specifically, the tool requires the screener to mark a checkbox indicating whether the youth was offered a meeting with a mental health staff and indicate the date, time, and method (i.e., email, in-person, or phone) the mental health referral was made. In addition, as part of the standard practice, all ISC youth see a mental health counselor within days of arriving to the facility. In the sample of completed Housing Screening tools that were reviewed, there were no youth who disclosed a history of sexual abuse and therefore the auditor was unable to confirm whether the required referrals are made within 14 days. However, as previously mentioned, interviews with the individuals conducting the Housing Screener verified the process for making the requisite referrals. Youth interviews also confirmed that youth see mental health clinicians saw the youth within a week of arriving and that they meet with a clinician weekly.

Provision (b)

This PREA provision requires a referral to a medical or mental health professional when the vulnerability risk screening highlights youth with a history of sexual perpetration. Agency AS-905 Services for Victims of Sexual Abuse (page 2) states,

“If a juvenile discloses he or she perpetrated sexual abuse, the staff conducting the intake will offer follow-up services as soon as possible, but no later than 14 days after the screening, regardless of whether the incident happened in a facility or in the community.”

All youth who are processed at the ISC facility are assessed by the Unit Coordinator/ Intake Worker or Case Work Manager during the intake process. The facility’s vulnerability risk screening tool includes mandatory items relevant to these standards. More specifically, the tool requires the screener to check whether the youth was offered a meeting with a counselor and the date, time, and method (i.e., email, in-person, or phone) the treatment and counseling staff was contacted. In addition, as part of the standard practice, all ISC youth see a mental health counselor within days of arriving to the facility. Record reviews revealed there were no youth with a history of sexual perpetration and therefore, the auditor could not use youth records as part of her compliance determination. However, the practice of a mental health counselor meeting with youth within days of arriving to the facility coupled with information from staff and youth interviews, allows the auditor to confidently conclude the program is in compliance with this PREA provision.

Provision (c)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page2) provides some evidence for compliance with provisions (c) by stating, “The disclosure of prior sexual victimization or abusiveness will only be disseminated to staff members directly responsible for security or management decisions, preparing treatment plans and / or providing medical, mental health or crisis intervention services.” In further support of this standard provision, the facility limits access to sexual victimization and abusiveness information from the vulnerability risk tool to the Unit Coordinator/Intake Worker, Case Work Manager, and mental health professionals. Staff interviews confirmed that only limited information is shared with RTOs and that sensitive client information is protected.

Provision (d)

Agency AS-905 “Services for Victims of Sexual Abuse” (page 2) supports provision (d) by stating, “Staff will obtain informed consent from individuals over the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.” The ISC facility does not house youth who are 18 years old and therefore, this provision is N/A.

Agency policies, staff interviews, youth interviews, and other documents provide sufficient evidence to determine the ISC facility is in compliance with the provisions put forth in this PREA standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination

- Policy AS-905 Services for Victims of Sexual Abuse
- Review of Power Point slides used in the “Role of the First Responder” training
- MOU with Safe Alliance (executed February 2019)
- Travis County Probation Residential Services Resident Handbook
- Interviews with the facility mental health staff
- Interviews with Shift Supervisors
- Interviews with RTOs (direct care staff)
- Interview with facility nurses
- Facility tour observations

Provision (a)

As previously mentioned, the ISC facility provides residents with access to outside victim advocates. Contact information (i.e., telephone number and mailing address) for SAFE Alliance is provided in the Travis County Juvenile Probation Department Residential Services Resident Handbook. SAFE Alliance posters were observed by the auditor during the facility tour. The Travis County Probation Residential Services Resident Handbook provides contact information for SAFE Alliance (i.e., mailing address and telephone number). If an allegation of sexual abuse was made an ISC mental health professional and a nurse would be contacted immediately. In addition, youth would also be asked if they wanted to contact SAFE Alliance. Review of sexual abuse investigation files verified youth were asked if they wanted to access these emotional support services.

Staff interviews verified that facility nurse is contacted immediately if a youth alleges sexual abuse. The nurse and the mental health professional would offer to transport the sexual abuse victim to the local hospital for a SANE exam. SANE exams include access to emergency medical treatment including Sexually Transmitted Infections (STI) testing and emergency contraception. Interviews with Charge Nurse, nurses, and facility administrators verified that if a youth did not want to undergo a SANE exam at the hospital, the facility would provide STI testing and emergency contraception by contacting the Medical Director.

In support of this PREA provision the agency’s Policy AS-905 “Services for Victims of Sexual Abuse” requires youth have access to outside support services and legal representation. More specifically, the policy (page 1) states, “All victims of sexual abuse will be afforded timely, unimpeded access to medical and mental health services and confidential victim advocacy services, to include emergency medical treatment, crisis intervention services and referrals for continued care.” The policy also directs medical staff to make “determinations as to what testing and treatment services are medically necessary and appropriate will be made by a medical professional in accordance with their professional judgement.”

The agency Policy AS-905 "Services for Victims of Sexual Abuse" (page 4) also states, "C. Mental Health Services and Crisis Intervention Counseling will be made available to juvenile victims of sexual abuse. 1. Upon the conclusion of an administrative investigation or at the discretion of the Chief Juvenile Probation Officer or designee, a staff psychologist or other mental health professional will assess the victim of sexual abuse within 48 hours. 2. The mental health professional will make the determination of appropriate counseling referrals, to include crisis intervention services, follow-up services, treatment plans and referrals for continued care." Interviews with mental health and medical staff verified this process is in place.

Provision (b)

As previously stated, the agency and facility have policies to ensure youth are provided with emergency medical and mental health services. Staff interviews confirmed that if a youth alleges sexual abuse a facility nurse and mental health professional would be contacted immediately. All staff interviewed understood their responsibilities to protect the victim and ensure the safety of staff and youth.

Provision (c)

Agency Policy AS-905 "Services for Victims of Sexual Abuse" (page 3-4) clearly states, "3. As required by the evidence or what is medically appropriate, the Department will transport juvenile victims of sexual abuse to a hospital, clinic, or emergency room that can provide a forensic examination. a. As available, the forensic exam will be provided by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or another qualified medical practitioner. b. The forensic protocol will be developmentally appropriate for youth and, to the extent possible, based on the protocol for sexual assault medical forensic examinations. 4. Juvenile victims of sexual abuse will be entitled to timely STI prophylaxis and emergency contraception through the Medical Authority or designee even if they decline a SANE or SAFE examination or refuse to be treated at a hospital, clinic, or emergency room. a. With the appropriate consents and Medical Authority direction, medical staff will coordinate STI testing and any subsequent treatment for juvenile victims of sexual abuse. b. Pregnancy tests will be offered to victims of sexually abusive vaginal penetration. If pregnancy results, the victim will be provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Interviews with facility nurses verified that youth who suffered a sexual assault would be taken to the hospital. Interviews also verified that if a youth refuses to go to the hospital for a SANE exam (which also includes STI testing and emergency contraception), the responding nurse would contact the contracted physician for guidance. If the youth expressed interest in STI testing and emergency contraception, the doctor would provide the prescription and means necessary to provide these medical services to the victim. All medical personnel interviewed stated these services would be provided immediately as part of the timely response process.

	<p>Provision (d)</p> <p>Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 2) supports provision (d) of this standard by specifically stating, 5. If the abuse occurred in a facility or juvenile justice program, the evaluation and treatment will be provided to the victim without financial cost, regardless of whether the victim names the abuser and/or cooperates with any investigation arising out of the incident. If the juvenile is released from the Department’s custody, referrals for continued care, as appropriate, will be made.”</p> <p>Interviews with agency leaders, facility administrators, nurses, and Shift Supervisors confirmed that SANE exams, STI testing, and emergency contraception are provided at no cost to the victim or whether the victim names the abuser.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Waiting for answers

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-906 “Incident Reviews and Data Collection” • Document dated August 22, 2023: “Review of Sexual Abuse Incident for RS-060623-01” (Sexual Abuse Incident review meeting minutes) • Review of an investigation report and supporting documents (for the substantiated allegation of sexual abuse incident) • Interview with Director of Residential Services • Interview with PREA Investigators • Interview with the PCM • Observations during facility tour <p>Provisions (a) and (b)</p> <p>Agency Policy AS-906 “Incident Reviews and Data Collection” (page 1) states, “A.</p>

The Chief Juvenile Probation Officer (Chief) will ensure that a sexual abuse incident review is conducted at the conclusion of each sexual abuse investigation unless the allegation was determined to be unfounded. 1. The review will be conducted within 30 days of the conclusion of the investigation.” The ISC program had three allegation of sexual abuse in the 12-month period (June 2023-May 2024) prior to the onsite audit. Only one of these allegations was substantiated (the other two were unfounded). The program submitted the five-page document dated August 22, 2023 and titled, “Review of Sexual Abuse Incident for RS-060623-01” as evidence of compliance with this PREA standard. The document provides a detailed account of the sexual abuse incident review discussion including who participated and the content discussed (which aligns with provision (d) of this standard). Review of the investigation report and supporting documents for the substantiated allegation of sexual abuse revealed the following chronology of events:

- It came to a staff’s awareness that a staff member was writing notes to a resident (notes were found in the youth’s room). An incident report was completed the day the information came to light on June 6, 2023.
- The first interview was conducted with the alleged victim on June 12, 2023. The investigation concluded on June 27, 2023 (investigation findings report issued).
- The Sexual Abuse Incident Review Committee (SAIRC) convened on July 24, 2023 and a formal report detailing the SAIRC discussion was sent to select facility administrators, the PRC, and the Agency PREA Coordinator on August 22, 2023.

Review of the documented timelines coupled with interviews with PREA Investigators, facility managers, and agency leaders, allows the auditor to confidently determine the facility conducts sexual abuse incident reviews for all substantiated and unsubstantiated sexual abuse allegations and does so within 30 days of concluding the investigation.

Provision (c)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 1) states, “The Chief will designate individuals from several disciplines to serve on the Sexual Abuse Review Team. As appropriate, the team will be composed of facility administrators, supervisors, medical and / or mental health practitioners, line staff, investigators and the PREA Coordinator.” The ISC facility had one substantiated allegation of sexual abuse in the 12 months prior to the onsite review (June 2023 – May 2024). The auditor reviewed the “Review of Sexual Abuse Incident for RS-060623-01” document which detailed the committee’s discussion and recommendations to address identified deficiencies. The individuals who participated in the review (and whose names were documented in the report) included: Chief Juvenile Probation Officer; two Deputy Chief Probation Officers; Division Manager of Residential Services; PREA Coordinator; and the Investigator. The auditor concludes the program is in compliance on this provision.

Provision (d)

Agency Policy AS-906 "Incident Reviews and Data Collection" (page 1-2) directs, "The Sexual Abuse Review Team will review the circumstances of the sexual abuse allegation. The team will: a. consider whether the allegation or investigation findings indicates a need to modify facility policy, procedure and practice to better prevent, detect or respond to sexual abuse; b. consider whether staff actions or failures to act contributed to the abuse; examine the location of the incident to assess any physical barriers, modify the physical plant configuration; d. consider whether the incident or allegation was motivated by certain facility factors to include, but not limited to: 1. race; 2. ethnicity; 3. gender identity, gender non-conforming, transgender, or intersex identification, status, or perceived status; 4. lesbian, gay, or bisexual identification, status, or perceived status; 5. gang affiliation; or 6. group dynamics at the facility. assess the staffing and supervision levels in the housing / program area reviewed: 1. to determine compliance with the mandated staffing ratios during the time frame of the incident; 2. to determine if the deployment of additional staff during similar time frames would enhance supervision; 3. limit access to specific areas; 4. review the adequacies of the staffing plan; and f. assess whether cameras should be deployed or augmented to supplement staff supervision. 4. The Sexual Abuse Review Team will submit a written report to the Chief documenting their findings and recommendations."

As previously mentioned, the auditor reviewed the "Review of Sexual Abuse Incident for RS-060623-01" document which provided a detailed discussion of each of the topic areas outlined in this provision. The comprehensive report also included specific action steps identified to prevent these incidents in the future. These steps included:

- Removing staff closets on all units in the ISC.
- Removing any existing cameras above the closets that may have blind spots.
- Strategically placing 4-way cameras above staff desks to eliminate any blind spots

The auditor confirmed these changes were made during the onsite facility tour. All evidence supports compliance with this PREA provision.

Provision (e)

Agency Policy AS-906 "Incident Reviews and Data Collection" (page 2-3) states, "The Sexual Abuse Review Team will submit a written report to the Chief documenting their findings and recommendations. a. The Chief will review the findings and assess the recommendations of the team. b. The Chief will determine if he or she will implement the recommendations for improvement. c. If the Chief determines that he or she will not implement the recommendations, the reasons for not doing so will be documented. As needed, the Chief or designee will brief the Juvenile Board on the findings and recommendations of the Sexual Abuse Review Team and the subsequent response to the findings."

	<p>Interviews with facility administrators and observations during the facility tour confirmed that the program implemented the solution referenced above. More specifically, the auditor notes that there were new four-way cameras installed above the staff desks and removing the cameras above the closets on the living units. The staff closets were also removed from the living units.</p> <p>Staff interviews verified that the sexual abuse committee is required to document what they learned from the incident and to develop specific strategies to better prevent sexual abuse incidents in the future. Review of all evidence allows the auditor to determine the program is in compliance with this standard.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><i>Evidence Used in Determining Compliance:</i></p> <ul style="list-style-type: none"> • Policy AS-217 B “Conducting Administrative Investigations” • Policy AS-906 “Incident Reviews and Data Collection” • Travis County Juvenile Probation Department Annual Report, Findings and Action Plan (2023) • Document titled, “2023 TCJPD Contracted Facility PREA Aggregate Data” • DOJ Survey of Sexual Victimization 2021 (SSV-1-J) completed for the one substantiated incident of sexual abuse • Review of investigation reports and supporting documents • Travis County Juvenile Probation Annual Report • Interviews with PREA Investigators • Interview with the PCM • Interview with Agency PREA Coordinator <p>Provision (a)</p> <p>Agency Policy AS-906 “Incident Reviews and Data Collection” states, “The Department will collect accurate and uniform data on all Department allegations of sexual abuse and sexual harassment. The Chief or designee will collect and maintain the information using a standardized format and set of definitions.”</p> <p>A review of the Travis County Juvenile Probation Department Annual Report, Findings and Action Plan (2023) verified that a set of standard definitions exists as well as sexual abuse and sexual harassment data from 2023 and years prior are provided for the ISC program and the Gardner-Betts Detention Facility. Interviews with the Agency PREA Coordinator and the PCM confirmed that all allegations of sexual abuse are tracked.</p>

Provision (b)

Agency Policy AS-906 "Incident Reviews and Data Collection" (page 3) requires, "C. The Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely. 1. The review will include, but is not limited to: a. Identifying the problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. 2. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the Department's progress in addressing sexual abuse."

A review of the annual report titled, "Travis County Juvenile Probation Department Annual Report, Findings and Action Plan (2023)" verified the agency aggregates sexual abuse and sexual harassment data annually for the facilities under its direct control. The report includes the number and types of sexual abuse incidents (non-contact and contact) for the year. Interviews with facility and agency administrators indicated these data are aggregated and discussed by the Compliance Unit to determine any emerging trends.

Provision (c)

The program submitted a completed DOJ Survey of Sexual Victimization 2021 (SSV-1-J) for the one substantiated incident of sexual abuse that occurred in 2023 as evidence that they have the data required by this provision. Interviews with the PCM and Agency PREA Coordinator verified that they complete this form shortly after an investigation substantiates an allegation of sexual abuse. In further support of this provision agency Policy AS-906 "Incident Reviews and Data Collection" (page 3) states, "Incident-based data collected on allegations of sexual abuse and sexual harassment will 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.

Provision (d)

The agency Policy AS-906 "Incident Reviews and Data Collection" (page 3) states, "The Department will collect and maintain data as needed from all available incident-based documents, to include, but not limited to reports, investigation files, and sexual abuse incident reviews." Interviews with the PCM and PREA Investigators verified the necessary investigation documents and data are maintained. The auditor also reviewed two investigation files and confirmed these files include the necessary information/data required by PREA standards.

Provision (e)

Travis County Juvenile Probation Department currently has executed contracts with six residential providers to house and treat juvenile justice youth. A detailed review of contracts verified Travis County requires all contracted providers to comply with

federal DOJ PREA standards. More specifically, the executed contracts state, “Contractor shall comply with all federal, state, county, and city laws, rules, ordinances, regulations and standards applicable to the provision of services described herein and the performance of all obligations undertaken pursuant to this Contract, including the Prison Rape Elimination Act of 2003 (PREA), which establishes a zero-tolerance standard against sexual assault of incarcerated persons, including juveniles, and addresses the detection, elimination, prevention, and reporting of sexual assault in facilities housing adult and juvenile offenders. Under PREA, Contractor must make available to the County Placement Officer all incident-based and aggregated data reports for every allegation of sexual abuse at its facility or facilities, and all such data may be requested by the Department of Justice from the previous calendar year no later than June 30.”

The agency provided aggregated data for its six contracted providers in the document, titled “2023 TCJPD Contracted Facility PREA Aggregate Data for the auditor to review. The data includes categories of sexual abuse and sexual harassment; the outcome of the investigation; and the total number of allegations.

Provision (f)

As previously stated, the Facility PCM and Agency PREA Coordinator are aware of the PREA requirement to collect detailed data that can be used to populate the DOJ Survey of Sexual Victimization Juvenile Survey. Travis County Juvenile Probation staff collect these data and complete the form shortly after these incidents occur. Although they have not been asked to provide these data to date, Travis County Probation is prepared to provide this information to DOJ upon request. This practice is supported by agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) which directs, “Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice.”

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-906 “Incident Reviews and Data Collection” • Travis County Juvenile Probation Department Annual Report, Findings and Action Plan (2023) which is posted on the agency website • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with Deputy Chief Juvenile Probation Officer • Interview with Director of Residential Services

Provision (a) and (b)

The Travis County Juvenile Probation Department has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, "Annual Report, Findings, and Action Plan." and is posted on the agency's website (traviscountytexas.gov). The most recent annual report includes data from prior years 2016 - 2023. The annual report also details a description of the sexual abuse and sexual harassment data and specific action steps that were taken throughout the year to remedy identified deficiencies. The auditor checked the website and all annual report links are in working order.

The practice of gathering sexual abuse and sexual harassment data and developing an annual PREA progress report is supported by the agency's Policy AS-906 "Incident Reviews and Data Collection." More specifically, the policy (page 3) states, "The Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely. 1. The review will include, but is not limited to: a. Identifying the problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. 2. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the Department's progress in addressing sexual abuse."

Provision (c)

The auditor reviewed a sample of the "Annual Report, Findings, and Action Plan" reports posted on the agency's website and confirmed each of the reports have been reviewed and approved by the Chief Juvenile Probation Officer (as evidenced by the Chief's signature). During an interview with the Chief Juvenile Probation Officer, the auditor confirmed the Agency PREA Coordinator drafts the annual PREA progress report and that the Chief is responsible for approving the report prior to it being posted to the agency's website. In further support of this practice, the agency Policy AS-906 "Incident Reviews and Data Collection (page 3) states, "The Department report will be approved by the Chief and made readily available to the public through the Department's website." The program is in compliance with this provision.

Provision (d)

The auditor reviewed the annual reports to verify that sensitive or identifying information has been removed. The review confirmed the agency ensures no information is provided that would cause a threat to safety and security of the facility. In support of this practice the agency Policy AS-906 "Incident Reviews and Data Collection (page 4) states, "b. Personal identifiers will be removed before the aggregated sexual abuse data is made available. c. "Additional material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material being redacted will be indicated."

	All evidence reviewed allows the auditor to confidently determine the program is in compliance on this PREA standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Policy AS-906 “Incident Reviews and Data Collection” • Travis County Juvenile Probation Department Annual Report, Findings, and Action Plan (2023) that is posted on the agency website (PREA Archives - Travis County Juvenile Probation Department (tcjuvenileprobation.org)) • Interview with Chief Juvenile Probation Officer • Interview with Agency PREA Coordinator • Interview with the PCM • Interviews with PREA Investigators • Facility tour observations • Contracted facility aggregated data 2023 <p>Provision (a)</p> <p>The Travis County Juvenile Probation Department has an agency policy to ensure data is collected and retained consistent with PREA expectations. More specifically, agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) states, “The Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely.” This same policy (page 4) states, “All data collected pertaining to sexual abuse will be securely retained. Any electronic copies of investigations will be maintained in a secure drive accessible to the Chief or designee.” Interviews with the PCM, PREA Investigators, and the Agency PREA Coordinator confirmed investigation files are stored electronically and only the PREA Investigators and General Counsel have access. All paper source documents are scanned as part of the official investigation file packets and stored in the General Counsel’s office in a secure/locked cabinet behind a locked office door.</p> <p>Provision (b)</p> <p>In support of this provision the agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) upholds, “Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely.”</p>

As previously stated, the agency annual report Travis County Juvenile Probation Department “2023 Annual Report, Findings and Action Plan” and previous reports from 2015 - 2022 provides detailed data for the facilities it directly operates. The report provides comparisons of the current year’s data and corrective actions from prior years for all facilities under their control (i.e., Travis County Juvenile Probation Department Gardner-Betts facility and the Intermediate Sanctions Center (ISC)). The data includes sexual abuse and sexual harassment data broken out by outcome of the investigation and the types of alleged sexual misconduct (youth-to-youth or staff-to-youth). The report is signed and dated by both the Chief Probation Officer as well as the Agency PREA Coordinator and is posted on the agency website (PREA Archives - Travis County Juvenile Probation Department (tcjuvenileprobation.org)). The annual report also includes aggregated sexual abuse data for those private facilities with which it contracts for years 2021, 2022, and 2023.

Provision (c)

A review of a sample of “Annual Report, Findings and Action Plan” reports posted on the agency website verified the agency has a regular practice of ensuring no personal identifiers are provided in these public-facing documents. In support of this practice, the agency Policy AS-906 “Incident Reviews and Data Collection” (page 4) states, “Personal identifiers will be removed before the aggregated sexual abuse data is made available. Additional material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material being redacted will be indicated.” The program is in compliance with this provision.

Provision (d)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 4) specifically states, “All sexual abuse data collected will be retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.” Interviews with PREA Investigators and agency leaders verified these files and supporting documents are retained consistent with this PREA provision. The agency stores these data and source documents electronically and therefore, retains these documents in perpetuity. The facility and agency retain sexual abuse data consistent with PREA standards.

Review of all evidence verified ISC is in compliance with this PREA standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This audit represents the fourth PREA audit for the Travis County ISC program. This is the second year of this audit cycle. The previous audit was conducted in

	<p>December 2021. The Travis County Gardner Betts facility was last audited (for PREA) in 2023. Therefore, the auditor is finding Travis County in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.</p> <p>The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, volunteers, and a representative from the community advocacy organization. To the best of her knowledge, the auditor adhered to the expectations outlined in the PREA Auditor Handbook (revised 2021) - i.e., sampling methods; not receiving additional financial compensation from Travis County Juvenile Probation Department; and other provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor has confirmed that the most recent ISC final PREA audit report (2021) has been posted to the agency’s website: Juvenile Court (traviscountytexas.gov.)

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

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

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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

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

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

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

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

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

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	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

	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	

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

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

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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

	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.)	yes

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