

PREA Facility Audit Report: Final

Name of Facility: Gardner Betts Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/23/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Sharon Pette

Date of Signature: 04/23/2026

AUDITOR INFORMATION

Auditor name: Pette, Sharon

Email: sharon@rapidesi.com

Start Date of On-Site Audit: 03/11/2026

End Date of On-Site Audit: 03/12/2026

FACILITY INFORMATION

Facility name: Gardner Betts Juvenile Justice Center

Facility physical address: 2515 South Congress Avenue, Austin, Texas - 78704

Facility mailing address:

Primary Contact

Name:	Lawrence Glenn
Email Address:	lawrence.glenn@traviscountytexas.gov
Telephone Number:	512-854-7037

Superintendent/Director/Administrator

Name:	Mary Dozier
Email Address:	Mary.Dozier@traviscountytexas.gov
Telephone Number:	512-854-8766

Facility PREA Compliance Manager

Name:	Lawrence Glenn
Email Address:	lawrence.glenn@traviscountytexas.gov
Telephone Number:	512-854-7037 Ext. 47

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:	120
Current population of facility:	29
Average daily population for the past 12 months:	41
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	10-17
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	81
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	18

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 South Congress Avenue, 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:	Cristina Padilla	Email Address:	cristina.padilla@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:

4

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.331 - Employee training
- 115.334 - Specialized training: Investigations

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-11
2. End date of the onsite portion of the audit:	2026-03-12

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I spoke with a victim advocate from SAFE Alliance shortly following the on-site audit (phone call on 3/17/2026). No staff or youth residents reached out to the auditor via USPS mail before or following the onsite portion of the audit.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	41
16. Number of inmate/resident/detainee housing units:	14

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
25. 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
26. 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
27. 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
28. 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

29. 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
30. 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:	1
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. 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:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	At the time of the onsite review, the facility reported there were only three individuals who met the targeted population - i.e., one youth was identified as having mental health issues, another had cognitive impairments, and one youth identified as LGBTQI. The facility reported there were no youth currently in the facility who were blind, deaf or hard of hearing, ESL, or youth who had reported sexual abuse.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

36. 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:	83
37. 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:	18
38. 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:	35
39. 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:	As previously mentioned, the facility engages contractors and volunteers from a variety of disciplines and areas, including a barber, a yoga instructor, mental health interns, teachers, pet therapist, and dozens of religious volunteers. All teachers are contracted by Travis County through the Austin public school district.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor received a list of youth broken out by living units. The auditor interviewed the only two female residents at the facility. The auditor selected every 4th name on the roster which ensured at least two youth from each of the six living units currently occupied. The auditor made sure that the selected youth reflected a range of ages and ethnicities. Youth ages ranged from 14 to 17 1/2 years old and included black, Hispanic, white, and mixed race youth.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. 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):	There were no barriers or challenges encountered during the selection process. The facility made all youth available to the auditor while onsite.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3

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".

47. 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:

☒ 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.

☐ 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).

The auditor did not observe any residents with physical disabilities during the onsite review. When the auditor asked JDOs if they had ever had a youth with a physical disability at the facility, all interviewees stated they had not.

48. 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:

1

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	The auditor did not observe any residents who were blind or having low vision during the onsite review. When the auditor asked JDOs if they had ever had a youth who was blind, these staff stated they had not.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	The auditor did not observe any residents who were deaf or hard of hearing during the onsite review. When the auditor asked JDOs if they had ever had a youth who was deaf or hard of hearing, staff stated they had not.

51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	The auditor did not encounter any residents who were ESL. When the auditor asked JDOs if the facility had ever had an ESL youth, these staff reported that the Spanish speaking youth in the facility were fluent in English.
52. 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:	1
53. 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:	1
54. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	Although the facility has had two youth in the past 12 months who have alleged sexual abuse at the facilities, these youth were no longer at the facility. Since Gardner Betts is a detention facility and has a length off stay of 17 days, the auditor confirmed that these youth were no longer at the facility (by reviewing investigation reports and noting youth names and date of the allegations).
55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	Since Gardner Betts is a detention facility and has a length off stay of 17 days, the auditor confirmed that the few youth who disclosed prior sexual victimization during intake, were no longer at the facility (by reviewing current youth roster and youth files/vulnerability risk tools conducted at admission).

56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ 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).	There were no youth who reported being placed in segregated housing/isolation for risk of sexual victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor interviewed all targeted youth who were identified currently in the facility and 10 random youth, consistent with expectations set for PREA auditors. It is important to note that the auditor interviewed a total of 13 youth which represents 38.2% of all youth at the facility during the onsite visit.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	13

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor conducted a total of 40 interviews with random staff, specialized staff, agency and facility leaders, contractors, volunteers, and a Community Advocate. The auditor was provided full access to all staff, contractors, and volunteers.
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. 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)

67. 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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	In addition to all of the individuals listed above the auditor also interviewed the Deputy Chief for Secure Services, the Community Program Partnership Coordinator, the facility's Grievance Coordinator, the Contractor and Volunteer Coordinator, and a SAFE Alliance Community Advocate. As previously mentioned, the audit included conducting a total of 40 interviews with random staff, specialized staff, agency and facility leaders, contractors, volunteers, and a Community Advocate. The auditor was provided full access to all staff, contractors, and volunteers.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	8

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor conducted a total of 40 interviews with random staff, specialized staff, agency and facility leaders, contractors, volunteers, and a Community Advocate. The auditor was provided full access to all staff, contractors, and volunteers.

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.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☐ Yes ☒ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor tested the written grievance process by placing a note (dated and time-stamped) in a grievance box on one of the living units. The auditor received a response from a shift supervisor who had received the note well within 24 hours. The auditor also tested the sexual abuse hotline number, which was in working order.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. 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?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor conducted detailed reviews of youth files (n=26 current and discharged youth over the past 12 months); staff files (n=27, current and terminated), and current contractors and volunteers (n=8). A total of 61 files were randomly selected and reviewed.

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.

79. 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	2	0	2	0
Total	2	0	2	0

80. 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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

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

83. 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

84. 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

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

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were two allegations of staff-to-youth sexual abuse in the 12 months preceding the audit. There were NO allegations of sexual harassment during this period.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed all allegations and investigations that occurred in the 12 months preceding the audit (N=2). The two investigations were staff-to-youth sexual abuse. There were no sexual harassment allegations made during the 12 months preceding the onsite audit.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: - AS-901 Reporting of Child Abuse and Neglect and Exploitation - AS-902 “Preventing and Detecting Sexual Abuse and Harassment” - AS-905 Services for Victims of Sexual Abuse - AS-209 Code of Ethics Staff-Juvenile Relationships - Policy 4-DS-11 “First Responder Duties” - Travis County Juvenile Probation Department Detention Services Juvenile 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: Gardner-Betts Intake Packet
- Organizational and Facility Charts showing Agency PREA Coordinator and Facility PREA Compliance Manager
- Interview with Assistant Chief JPO (designee for the Chief Juvenile Probation Officer)
- Interview with Director of Accreditation and Compliance (also a PREA Investigator)
- Interview with Agency PREA Coordinator (also a PREA Investigator)
- Interview with Facility PREA Compliance Manager (also a PREA Investigator)
- Interview with Director of Detention Services/Facility Administrator
- Facility audit tour observations

Provision (a)

The 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 agency's Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" directly states, "The Department has a zero- tolerance policy towards all forms of abuse, neglect, and exploitation, to include sexual abuse and sexual harassment." In addition, Policy AS-901 and Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" both provide specific definitions for sexual abuse by contact; sexual abuse by non-contact; and sexual harassment. The Gardner-Betts facility also has Policy 4-DS-11 "First Responder Duties" which also includes detailed definitions of sexual abuse, sexual harassment, and voyeurism consistent with DOJ definitions outlined in the PREA standards.

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' 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 PREA provisions can be found in Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation." This policy requires "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."

Furthermore, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment clearly states, "In line with the Department's zero tolerance policy towards all forms of abuse, steps will be taken to provide a safe and humane environment free from the threat of sexual abuse and harassment for all juveniles. Department efforts to prevent and detect sexual abuse and sexual harassment include, but are not limited to: staff screening and training, providing adequate supervision and resident education, and detecting early indicators of abuse" (Section I). In addition, this same policy (Section III, E) 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." The policy also 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" (Section III, K).

The zero-tolerance commitment is also displayed in n Policy AS-905 "Services for Victims of Sexual Abuse." Specifically, the policy upholds, "Travis County Juvenile Probation Department has a zero- tolerance policy towards all forms of sexual abuse, sexual harassment and youth sexual conduct. 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."

Interviews with the executive leaders, facility leaders, direct care staff, 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 zero-tolerance posters throughout the facility in English and Spanish, which included contact information for reporting abuse. Additionally, interviews with the Assistant Chief Juvenile Probation Officer (designee for the Chief Juvenile Probation Officer), Division Director of Accreditation and Compliance, and facility leaders articulated that keeping youth safe while in the care of the Gardner-Betts Facility is a top agency priority. Interviews with youth also verified that they understood the facility's zero-tolerance policy. The auditor concludes there is a zero-tolerance "tone" that permeates the Gardner-Betts facility and that PREA remains a top agency priority.

Provision (b)

	The Travis County Juvenile Probation Department has a designated Agency PREA Coordinator, Ms. Cristina Padilla. Ms. Padilla is responsible for ensuring two facilities (the Gardner-Betts and Intermediate Sanctions Center) are PREA compliant. An interview with Ms. Padilla verified that she has a clear understanding of her 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. It is important to note that Ms. Padilla is also a trained PREA Investigator. 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.” Review of the Gardner-Betts agency organizational chart includes the job title “Agency PREA Coordinator.” Provision (c) The Gardner-Betts Juvenile Justice Center has a designated PREA Compliance Manager, Mr. “Eddie” Glenn. Mr. Glenn carries the PCM title and is also a trained PREA Investigator. Although Mr. Glenn has a range of job responsibilities, during his interview, Mr. Glenn reported that he has sufficient time to perform the PREA-related job responsibilities. 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.” All evidence reviewed (i.e., policies, documents, staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility complies with all provisions in this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Review of a sample of four Travis County contracts with residential providers
- Interview with Administrative Services Senior Director (Human Resources)
- Interview Agency PREA Coordinator
- Interview with the PREA Compliance Manager

The agency has a formal policy, AS-902 “Preventing and Detecting Sexual Abuse and Harassment,” which outlines the requirements for programs contracted 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 be fully compliant with PREA standards. 115.312(a)-1 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. 115.312(a)-2 3. In the event a contracted agency is not demonstrating appropriate compliance, the Department will take the necessary steps to address concerns that arise” (Section III, H).

Travis County Juvenile Probation Department currently has executed contracts with four residential providers to house and treat juvenile justice youth. The auditor reviewed all four of the contracts to verify compliance with the requirements outlined in this standard. This review verified that Travis County requires all contracted providers to comply with federal DOJ PREA standards. More specifically, each of the contracts in the sample 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.”

An interview with the Assistant Chief Juvenile Probation Officer, the Director of Accreditation and Compliance, the Facility PREA Compliance Manager, the Agency PREA Coordinator, and the Administrative Services Senior Director (Human Resources) verified that there is a process in place to monitor existing contracts. The Travis County Accreditation and Compliance Officers are responsible for conducting random visits to these programs. In addition, the contracted programs are required to submit their PREA audit reports to the Travis County Juvenile Probation Department Accreditation and Compliance office.

The auditor applauds the Travis County Probation Department for setting clear expectations of zero-tolerance through policy and formal contract language and for

	monitoring contracted programs to ensure they are PREA compliant.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy 5-DS-5 “Juvenile Supervision and Movement” • Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review (12/16/2025) • Gardner-Betts Staff Plan signed by agency and facility leaders (12/29/2025 and 12/30/2025) • Gardner-Betts Staffing Plan Review Attendee Roster Sign Off (12/16/2025) • Gardner-Betts Annual Staffing Plan Review Minutes (12/16/2025) • Travis County Juvenile Probation Department Management Walk-Thru Form • Random sample of completed Travis County Juvenile Probation Management Walk-Through forms (unannounced rounds) • Travis County Juvenile Probation Department Monthly Walk Thru Totals • Facility schematic/layout • Interview with Director of Detention Services • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Interviews with intermediate and high-level staff who conduct unannounced rounds • Interviews with Juvenile Detention Officers (direct care staff) • Observations during facility tour Provision (a) The Gardner-Betts facility has over 250 cameras strategically placed throughout the resident units, the school, the cafeteria, the gymnasium, intake and visitation areas, the inside courtyard, the breezeways, and outside of the building structures. Before the 2023 PREA audit, the facility installed additional cameras to provide better coverage of blind spots, including the breezeway. In addition, between July 2024 and December 2025, the facility replaced two faulty or damaged video intercom units. During this time, the Security team also installed a total of 43 new cameras across the entire campus (GB and ISC facilities). During the 2026 onsite facility tour, the auditor noted no blind spots in areas to which youth have access. The extensive camera surveillance system provides additional supervision of youth to supplement staff supervision. All cameras are monitored 24 hours a day, seven days a week, from a central control area. There are typically two or three staff in the control room

monitoring the Gardner Betts Detention facility as well as staff who monitor the secure residential facility from a separate control room located in the adjacent building. Video is automatically recorded and is stored for up to 30 days.

Agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" 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, TJJD, 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 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..." (Section III, D). During the on-site facility tour, the auditor noted a minimum of two staff members with up to eight youth during the daytime. Interviews with staff and youth confirmed the facility exceeds the minimum staff-to-youth ratios required by PREA standards.

The auditor reviewed the "Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review Meeting (12/16/2025)." 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 (i.e., housing areas concentrated in two buildings, classrooms located on the end floor, etc.) and the location of the 250 cameras within the facility. The annual staffing plan review report states, "When supervising youth, staff must position themselves so that they can see all residents, as to mitigate any potential blind spots. All housing units, common areas, elevators, hallways, and multi-purpose areas have video surveillance with playback capability. The strategic placement of cameras augments staff supervision and enhances the Department's ability to review incidents, including any sexual assault allegations." The annual staffing plan review document also describes in detail the composition of the juvenile population, including ages of youth, mental health needs, gangs, physical issues, etc., and the impact this has on staff training and facility operations.

Policy 5-DS-5 "Juvenile Supervision and Movement" also supports this provision, clearly stating, "2. During program hours, one Juvenile Detention Officer (JDO) for every eight (8) juveniles and b. During non-program hours, one JDO for every 16 juveniles" (Section III, A). Interviews with staff and youth verified this ratio is always met, due to JDO positions being mandatory posts (i.e., staff member on duty cannot leave until another staff member relieves them of their posts).

In further support of this standard, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” 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; Abuse and Neglect Prevention and Response Preventing and Detecting Sexual Abuse and Harassment AS-902 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 2025 annual staffing plan review, and agency/facility policies support compliance with provisions in this standard.

Provision (b)

As is the case with facilities that operate 24/7, all Juvenile Detention Officer positions are mandatory posts – staff are not permitted to leave their post until another staff member relieves them of their duty. On-site observations verified that the facility exceeded DOJ expectations regarding staff-to-youth ratios. The auditor noted on several occasions that when youth were moving throughout the facility, there were two staff members for five youth. In all cases, there were no more than eight youth with two staff at any given time. Interviews with direct care staff, facility managers, and youth confirmed that the facility never violates its staffing ratios or mandatory post requirements.

Provision (c)

The Travis County Juvenile Probation Department has formal policies dictating staff-to-youth ratios. More specifically, facility Policy 5-DS-5 “Juvenile Supervision and Movement” states: “In the various physical areas of the facility (housing units, classrooms, cafeteria, etc.), the supervision ratio will be maintained at the following minimums: a. During program hours, one Juvenile Detention Officer (JDO) for every eight (8) juveniles, and b. During non-program hours, one JDO for every 16 juveniles” (Section III, A2). The Gardner-Betts facility has a formal staffing pattern that includes at least three Juvenile Detention Officers; one Team Lead; and one Shift Supervisor for each residential unit, seven days a week. Despite the low number of youths currently in the facility, the program is fully staffed. On-site observations verified the facility exceeded DOJ expectations with regard to staff-to-youth ratio (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.

Youth and staff interviews and auditor observations while on site verified Gardner-Betts Facility is exceeding federal expectations for youth-to-staff ratios. 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 the level of staff supervision is too strict. 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.). As previously mentioned, onsite observations verified that the facility exceeds DOJ staff-to-youth ratios expectations.

The Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review (12/16/2025) clearly and comprehensively describes a staffing pattern that complies with PREA expectations. This includes a detailed staffing ratio of 1:8 during program hours and 1:16 at night. The staffing plan review also clearly states, “...deviations from the minimum staffing ratio standards are not permitted.” Additionally, the staffing plan review document clearly states, “Education staff and security staff assigned to the control center are not counted within the staff ratios.” Staff and youth interviews verified that the program always exceeds the staff-to-youth ratios, including surpassing the 1:16 nighttime ratio as required by federal PREA standards.

Provision (d)

As described previously, the program uses a formal document 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 (Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review - 12/16/2025) to verify compliance with this standard provision. The annual staffing plan review document captured discussion on each of the required areas, including the current state, progress to address deficiencies, and actions taken. Specifically, the plan describes in detail prevailing staffing patterns; additional cameras installed throughout campus; and youth population, to name a few.

In addition, the Gardner-Betts Annual Staffing Plan Review Minutes (12/16/2025), which included a participant roster, was reviewed by the auditor as further evidence for compliance. The auditor noted signatures of 23 mid-to-high level managers, including but not limited to the Travis County Agency PREA Coordinator, the Gardner-Betts PCM, Chief Juvenile Probation Officer, HR Division Director, Division Director of Detention Services, Accreditation and Compliance Officers, Medical Services Director, and General Counsel. The auditor verified with managers that they participate in the annual staffing review. The auditor applauds Travis County Probation leaders for their commitment to developing an effective staffing plan and reviewing it on an annual basis.

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” states: “3. 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. 4. The management team, comprised of the Division Director, Division Manager, Casework Manager, and Shift Supervisors, will make unannounced rounds 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” (Section III, E 3-4). This same policy also states, “Resources will be made available to accommodate the adjustments of the staffing plan as indicated in the review.” (Section III, D, 10).

The Annual Staffing Plan Review (12/16/2025) 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 Managers, and Shift Supervisors to make unannounced rounds routinely on all three shifts. The PREA Resource Center suggests that unannounced rounds occur at a minimum of once per month to comply with the standard.”

The Gardner-Betts facility maintains a report/detailed chart that tracks the number of unannounced rounds conducted per area (detention and/or intake) and across the days of the week and shifts (i.e., 6 AM -2 PM; 2 PM – 10 PM; and 10 PM – 6 PM). The agency tracks these documented rounds in the “Travis County Juvenile Probation Department Monthly Walk Thru Totals.” Based on the summary data, the facility is conducting between nine and 19 unannounced rounds per month for the Gardner-Betts facility, with an average of 12.8 rounds per month. The auditor reviewed a small sample of these completed forms to verify that these rounds are conducted routinely. The review indicates the Gardner-Betts facility is conducting rounds that exceed the minimum number dictated by PREA standards. These unannounced rounds are conducted across all shifts and across all days of the week, including the weekends. Documentation verified that these rounds appear to be random and unpredictable. Interviews with staff supported that they are not alerted to when supervisors and other upper-level managers will be coming through the unit.

These included all shifts and days of the week, including weekends. It was noted in the Gardner-Betts Annual Staffing Plan Review Minutes (12/16/2022) that it was decided that the Accreditation and Compliance Unit would serve as lead in the development of a Professional Boundary Training, and that there is a need to increase the number of trained investigators. These actions serve as additional evidence of compliance (i.e., information is analyzed, discussed, and actions taken to prevent PREA-related incidents).

The program uses the Travis County Juvenile Probation Management Walk-Through form to document its unannounced rounds. A review of the form indicated that the manager completing the form is required to observe several activities and possible

	safety and security risks in various areas throughout the facility (i.e., classrooms, residential units, kitchen, gym, visitation area, etc.). The checklist includes a variety of important items, such as whether staff were properly supervising youth, whether staff were appropriately positioned to allow adequate supervision, and to indicate other observations/ comments about the walk-through. The fact that the facility far exceeds the staff-to-youth ratios; conducts unannounced rounds several times throughout all shifts; that additional unannounced rounds are conducted by the PCM, Shift Supervisors, and Director of Detention Services; and that 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.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 2-DSRS-1 “Searches” • Policy AS-1203 “LGBTQI Juveniles” • Sample of completed forms “PREA Standard 115.315 Limits to Cross-Gender Viewing and Searches Training Acknowledgement Form” (n=19) • Training video produced by the Moss Group, and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9-a0R_f_z0) • Travis County Juvenile Probation Department Detention Housing Screening tool • Cross-gender searches training PowerPoint slide deck • Interviews with Shift Supervisors • Interviews with random direct care staff across all shifts • Interviews with a random sample of youth • Review of staff training records • Observations during facility tour Provisions (a), (b), and (c) The Gardner-Betts 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, Juvenile Detention Officers (JDOs) 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, which is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9-a0R_f_z0)

v=bV9a0R_f_z0) as part of new hire training. Staff are required to demonstrate cross-gender searches during annual refresher training. Staff and youth interviews verified that cross-gender searches are prohibited except in exigent circumstances (or as preferred by transgender and intersex youth).

The facility has a formal policy addressing several provisions in this standard. Policy 2-DSRS-1 "Searches" states:

- Juveniles will only be subjected to the following types of searches. 1. Frisk Search or Pat down Search a. A frisk search is conducted as necessary for facility security and safety. b. Juveniles will be frisk searched upon admission to the facility and when moving from one area of the facility to another. c. Female JDOs will frisk search female juveniles and male JDOs will frisk search male juveniles" (Section III, C, 1 a-c).
- "A juvenile who identifies themselves in the opposite gender may be frisk searched by staff of the same gender when in the best interest of the youth and as necessary for facility safety and security" (Section III, C 1(e).
- "The specific factual basis a strip Search will be documented, in writing, on an Authorization for a Strip Search Form (Attached). The Detention Division Manager, Director of Detention Services, Deputy Chief Juvenile Probation Officer (Deputy Chief) or the Chief Juvenile Probation Officer (Chief) must review and approve the strip search prior to it being performed...Strip searches will be conducted by a staff member of the same gender as the juvenile. Another staff member, also of the same gender of the juvenile, will be present as a witness to the search...A strip search will be performed in an area that insures the privacy and dignity of the individual" (Section III, C, 3 (b).

All staff and youth interviewed verified that male staff only search male youth, and female staff only search female youth. All staff were aware that transgender and intersex youth are allowed to be searched by staff whose gender they are most comfortable with.

Provision (d)

Youth residing in the Gardner-Betts facility have privacy when using the bathroom and when changing their clothes. The facility is designed with a private bathroom/shower on each residential living unit that allows youth to shower individually with the door closed. As previously mentioned, some of the living units are equipped with wet rooms. Recently, a new practice was put into place that prohibits youth from placing a paper over their window for privacy. This was a leadership decision due to security reasons. Staff interviews verified that incidental viewing occurs occasionally when conducting mandatory 15-minute checks, but that this is rare.

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 he needs a few minutes, then the staff will

not enter the room (unless there's a concern that the youth is in danger of harming himself). In addition, before 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. The auditor observed signs reminding staff to "Knock and Announce" on the outside of each residential living unit door.

Provision (e)

Agency and facility policies support provision (e) that places restrictions on searching transgender and intersex youth. Specifically, facility Policy 2-DSRS-1 "Searches" states, "Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status" (Section III, B, 8). Similarly, agency Policy AS-1203 "LGBTQJ Juveniles" directs, "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 that this policy is closely adhered to.

Provision (f)

Travis County Probation requires all Juvenile Detention Officers to 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. The county uses the training video produced by the Moss Group, which is available on the PREA Resource Center website Guidance on Cross Gender and Transgender Pat Searches SD - YouTube), to assist in training new hires. Staff and youth interviews verified that 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).

Travis County has also created a search training slide deck that was reviewed by the auditor and determined to be sufficient for compliance. As part of the evidence verification process, the auditor also reviewed a sample of staff training attestation forms (n=19) representing all levels within the facility. The form states:

"My signature below represents confirmation and acknowledgement of the following statements: I understand this training, the importance of these topics regarding Limits to cross-gender viewing and searches. I have received training on the elements of PREA Standard 115.315 Limits to cross-gender viewing and searches and Travis County Juvenile Probation Department policy 2-DSRS-1 Searches. I have had the opportunity to ask questions about the following duties required of me regarding cross-gender pat searches: 1) Cross-gender pat searches are prohibited except in exigent circumstances. 2) All cross-gender pat searches, cross-gender strip searches, and cross-gender body cavity searches are to be documented and

	justified. 3) Transgender and/or intersex juveniles will not be searched or physically examined for the sole purpose of determining the juvenile’s genital status.” 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 transgender and intersex residents. The intake screener is required to ask all youth their sexual orientation and to ask transgender and intersex youth what pronoun they use (he/him; she/her; they/them) and by whom they prefer 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 control center. The vulnerability risk assessment conducted by the nurses at intake inquires about a youth’s sexual identity. More specifically, when a youth identifies as transgender or intersex, two questions are asked: Identified Pronoun (he/him; she/her; ze/hir) and Preferred search by male or female staff? Shift Supervisors are responsible for ensuring daily compliance with this expectation. At the time of the onsite review, there were no transgender or intersex youth in the facility. Staff reported that they are aware that the facility must comply with a transgender and intersex youth’s preference for searches. All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility complies with all provisions in this standard.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 5-DS-23 “Housing Classification.” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment.” • Interview with Director of Accreditation and Compliance • Interview with Division Director of Detention Services (Gardner-Betts Facility Administrator) • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with random direct care staff (JDOs and Shift Supervisors) 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 Assistant Chief Juvenile Probation Officer, the Director of Accreditation and Compliance, PCM, and facility managers verified that interpreter services are available telephonically through the Language Line. 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 also be provided with translation services as needed.

The facility's current practice is to read PREA education materials to youth at intake and to check for understanding. In support of these provisions, the facility Policy 5-DS-23 "Housing Classification" (Section III J) states, "Juveniles with disabilities will be housed in a manner that provides for their safety and security. Juveniles with disabilities will have access to all appropriate programs and activities, and will be integrated with the general population." To supplement the PREA education provided at intake, youth are required to participate in a PREA group within ten days of arrival (these groups are provided every Saturday). Interviews with Shift Supervisors and JDOs revealed that in the event a youth was limited English proficient or had a disability, certified translators would be provided to interpret this educational information individually to the youth. The facility currently has PREA education materials (i.e., abuse hotline posters, youth handbook, etc.) in English and Spanish. (i.e., zero tolerance, mandated reporting, how to file a grievance, etc.) onsite.

In addition, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" 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" (Section III, G2). Youth and staff interviews verified that these practices are in place.

The program reported that they did not have any ESL youth residing at the facility at the time of the onsite review.

Provision (c)

Interviews with program managers, direct care staff, and agency leaders all verified

	that they would not allow residents to interpret for other youth, except in emergencies. Facility Policy 4-DS-11 “First Responder Duties” states, “In the event a juvenile makes an outcry that he or she was sexually harassed. The first person of knowledge will: 1. Identify any language barrier; a. If a barrier exists, necessary steps will be taken to get a staff interpreter. b. 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” (Section III, C1). All staff interviewed reported they have access to many Spanish-speaking staff as well as the Language Line if there is a youth who is ESL or has another impairment. All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility complies with all provisions in this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-203 “Personnel Selections, Retention, and Promotion” • Policy AS-209 “Code of Ethics/Staff Juvenile Relationships” • Policy AS- 1001 “Citizen, Volunteer, and Intern Services” • Interlocal Agreement for Instructional Services Between The Travis County Probation Department and the Austin Independent School District” (12/21/ 2022) • Affirmative Duty to Disclose form • Facility list of volunteers, contractors, and interns • Volunteer/Intern Handbook 2020 • Interview with Administrative Services Senior Director (Human Resources) • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with the Volunteer Coordinator Personnel file reviews confirming all staff, volunteers, and contractors have criminal background and abuse registry checks (upon hire and a minimum of every five years; n=27 employees; n=6 volunteers; n=2 Contractors) Provision (a) The Gardner-Betts 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 Selections, Retention, and Promotion” clearly states in Section III, F3:

“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:

- a. A current felony or jailable deferred adjudication, probation, or parole;
- b. A felony conviction against the law 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 agencies 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 3 g and 3 h; or
- j. The individual is listed on a child abuse registry” (Section III, F3).

In addition, the Travis County agency Policy AS-209 “Code of Ethics/Staff Juvenile Relationships” dictates, “Juvenile justice professionals must not: 7. 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” (Section III, B).

The Travis County Juvenile Probation Department Policy AS-1001 “Citizen, Volunteer, and Intern Services 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” states, “Initial selection and promotion will be made based on experience, education, training, performance, and physical condition as required for specific positions [Section III, D]....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 verification checks; and e. other screening processes adopted by the Department” (Section III, D4).

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 and abuse registry records (N=27 employees; N=6 volunteers; N=2 Contractors) verified that the agency does not hire or promote anyone who meets the criteria outlined in provision (a) of this standard. The random sample selected included two staff members who were promoted.

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 before hire and promotion by completing the Affirmative Duty to Disclose form every two years. In support of this practice, the agency Policy AS-203 “Personnel Selections, Retention, and Promotion” 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” (Section III, F, 7). This same policy also states, “1. The Department will ask prospective employees directly about any previous sexual harassment allegations and misconduct (as described in #3 below) during the application process. Material omissions regarding misconduct or providing false information will be grounds for termination.” (Section III, F1).

A review of HR files (N=35) indicated that all applicants (staff, contractors, and volunteers) are required to disclose previous incidents of misconduct. The facility

also conducts reference checks (typically three previous employers) to attempt to gather information related to previous misconduct, including sexual harassment.

It is important to recognize that Travis County has a robust contract with the local school district to provide services at Gardner-Betts. The “Interlocal Agreement for Instructional Services Between The Travis County Probation Department and the Austin Independent School District” (executed 12/21/2022) explicitly states that all teachers must undergo a criminal background check and abuse registry check and be cleared by Juvenile Probation prior to working in the Gardner-Betts facility (pages 7-8). This same contract also describes the “Duty to Disclose” which requires contracted teachers to disclose any corrective actions from licensing authorities; any litigation; arrest or current criminal indictments; pending or past allegations or investigations of sexual harassment involving juveniles; pending or past allegations or investigation of abuse, exploitation, death, or other serious incidents; any civil or administrative conviction for engaging or attempting to engage in sexual activity; and other critical areas consistent with PREA standards (pages 8-9). The contract also clearly outlines the protocol for reporting suspicion or knowledge of abuse, neglect, or exploitation. Furthermore, the executed contract states teachers working with juveniles in the facility must “view the PREA training video explaining their responsibilities under Juvenile Probation’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures, and complete a training certification” (page 10).

Interviews with facility staff as well as contracted teachers verified they have been trained on PREA and are required to undergo background checks prior to working in the facility. Additionally, file reviews indicated teachers receive the background checks consistent with PREA expectations (standard 115.332).

Provision (c)

As previously stated, the Travis County Juvenile Probation Department Policy AS-203 “Personnel Selections, Retention, and Promotion” includes specific requirements regarding which background checks are required and how often. In addition, interviews verified the agency’s practice of conducting criminal background and abuse registry checks before hiring new employees. The agency conducts these requisite checks before hire and every two years for all Gardner-Betts employees. The agency requires all Juvenile Detention Officers to be recertified every two years and includes these checks as part of the certification process. Non-certified employees, contractors, interns, and volunteers are required to undergo background checks at least every five years (Section III, F8). In addition to this practice, an interview with the Travis County Administrative Services Senior Director (human resources) verified that the agency is fulfilling its obligations set forth in this provision.

Before 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,” 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” (Section III, F6).

While on-site, the auditor randomly selected a sample of personnel files to review (n=27), making sure all job classifications were represented. The sample was determined by selecting every fourth name on a list of all staff (part-time and full-time). The sample included current and terminated Gardner-Betts employees. The file reviews revealed that all current employee criminal background checks have been conducted before beginning work with youth.

Provisions (d) and (e)

Agency Policy AS-203 “Personnel Selections, Retention, and Promotion” 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” (Section III, F8).

The Agency Policy AS- 1001 “Citizen, Volunteer, and Intern Services” 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.” A review of a sample of volunteer files supported that these individuals are required to undergo the requisite background checks consistent with PREA expectations.

DOJ PREA standards require that agencies perform criminal background checks and abuse registry checks before enlisting the services of contractors who may have contact with residents. Travis County has a contract with the local school district to provide youth education services onsite at the Gardner-Betts facility. This contract was reviewed by the auditor. The auditor verified that contract language requires all teachers at Gardner-Betts to undergo criminal background and abuse registry checks; are required to disclose any acts of misconduct; and are required to report any allegations of sexual abuse (if youth report) consistent with state mandatory reporting laws. A review of contracted teacher files (n=2) and volunteers and interns (n=6) verified these individuals have had the requisite criminal background and abuse registry checks. During the onsite audit, all teachers verbally verified that Gardner-Betts requires them to complete background checks a minimum of every few years.

The auditor also reviewed a sample of files for current and terminated Gardner-Betts employees. The file reviews revealed that all Shift Supervisors, facility administrators, JDOs, case work managers, nurses, mental health interns, etc. had completed the criminal background checks before beginning work and subsequently every two years as per agency policy.

It is important to note that in the past five years, the Travis County Probation Department has established the practice of enrolling all new staff in a national system that will alert the agency if any staff members are arrested, providing

further evidence of compliance with this provision.

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 outlined in this provision. More specifically, Travis County agency policy AS-203 “Personnel Selections, Retention, and Promotion” requires the department to “... ask prospective employees directly about any previous sexual harassment allegations and misconduct...during the application process” (Section III, F1).

Interviews with human resource staff verified that the agency requires all potential staff members to complete the Affirmative Duty to Disclose form before hire or a promotion, and as part of annual performance reviews, since this practice was formally implemented in 2021. A review of a random sample of staff files (n=27) verified that all staff have completed this form every year as per policy.

The Travis County 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.” A review of volunteer files (N=4) verified that this practice is in place.

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” upholds, “1. The Department will ask prospective employees directly about any previous sexual harassment allegations and misconduct (as described in #3 below) during the application process. Material omissions regarding misconduct or providing false information will be grounds for

	termination” (Section III, F1). This same policy also states, “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” (Section III, F7). Staff interviews verified that staff understand their employment will be terminated if they do not disclose this information. As part of annual reviews and/or promotions, staff are required to read and sign a form disclosing any misconduct not yet brought to the agency’s attention. Provision (h) Agency Policy AS-203 “Personnel Selection, Retention, and Promotion” clearly states, “8. 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... c. The Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer to whom he or she has applied.” (Section III, H, 8c). Interviews with the Administrative Services Senior Director (Human Resources) and HR Specialist 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.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Interview with the Assistant Chief Juvenile Probation Officer • Interview with Director of Accreditation and Compliance • Interview with Director of Detention Services (facility administrator) • Annual Staffing Plan Review (12/16/2025) • Observations during facility audit tour As previously mentioned, between July 2024 and December 2025, the Gardner-Betts facility installed additional surveillance cameras throughout the campus. Other than camera installations, the agency and facility leaders report that there have been no major modifications to the physical plant. At the time of the onsite review (March 2025), there were over 250 cameras strategically located throughout the facility. Interviews with agency and facility leaders verified that the decision to install additional cameras was made based on their commitment to youth and staff safety. Since the last audit, the facility has installed 14 new cameras to provide additional

	supervision. Staff interviews supported that the facility leaders have upgraded monitoring technologies for the purpose of ensuring youth and staff safety.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • 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 Department and Safe Alliance – Travis County Domestic Violence and Sexual Assault Survival Center (executed April 26, 2025) • Interview with the Director of Detention Services • Interview with facility Clinician • Interview with PREA Compliance Manager • Interviews with facility Nurses • Interviews with direct care staff across all shifts • Travis County Probation Department website describing investigative responsibilities of the agency and who conducts criminal investigations - Juvenile Court (traviscountytexas.gov) Provision (a) 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 State of Texas Juvenile Justice Department and local law enforcement. The Travis County Sheriff’s Office has an officer located on the Gardner-Betts campus and, therefore, can respond quickly to allegations of sexual abuse. The agency Policy AS-904 “Corrective Action and Notifications” 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. 1. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations” (Section III, B). Although the Travis County Juvenile Probation Department is not responsible for conducting criminal investigations, staff are trained on first responder duties, which include securing the scene and preserving evidence (i.e., telling youth not to shower, wash, brush teeth, use the toilet, or change clothes) prior to law

enforcement arriving at the scene. Local law enforcement is responsible for formally collecting physical evidence. All staff interviewed explained their first responder duties, including cordoning off the scene, not allowing the youth to shower or change clothes, in an effort to preserve the physical evidence before police arrive to formally gather the physical evidence.

Policy AS-217 B further supports this provision by stating, "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" (Section III, D2).

During the onsite visit, all staff interviewed revealed they understood the protocol and verbalized the process of separating youth and protecting evidence in the event of a sexual abuse allegation. In all cases, JDOs all reported as part of the process that they are required to immediately alert their supervisors for direction on next steps. During interviews with Shift Supervisors, all supervisors reported the necessary first responder steps – i.e., separating the victim and perpetrator, telling the youth not to shower, preserving the scene (including clothes), etc. All staff verified that their responsibility includes securing the scene until local law enforcement arrives to formally gather the evidence.

Provision (b)

The Gardner-Betts facility employs more than a dozen Registered Nurses (RNs) and a Head Nurse/Nurse Charge. None of the RNs are qualified as a 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. The auditor made two attempts via telephone to connect with the SANE Manager at the hospital, but the messages were not returned. In addition, the hospital's SANE policy was not posted on the hospital's website. That said, the Travis County Probation Department's Policy AS-905 "Services for Victims of Sexual Abuse" 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. 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 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 sexual abusive vaginal penetration. If pregnancy results, the victim will be

provided timely and comprehensive information about timely access to all lawful pregnancy-related medical services ” (Section III, B3 and B4).

Interviews with the facility director and nurses verified that this practice is firmly in place.

Provision (c)

As previously mentioned, although the Gardner-Betts facility employs more than a dozen Registered Nurses (RNs), none of the RNs are qualified as Sexual Assault Nurse Examiners (SANE). Therefore, in response to allegations of sexual abuse, the youth would be transported to the local hospital for a forensic examination by a certified SANE. The auditor made two attempts via telephone to connect with the SANE Manager at the local hospital to confirm the hospital’s SANE protocols. The auditor did not receive a call back in response to the two phone messages that were left. That said, Travis County has policies to support provisions in these standards. Agency Policy AS-905 “Services for Victims of Sexual Abuse” states, “a. Referrals to medical providers, to include an individual that is appropriately trained and qualified to perform a forensic examination” (Section III, A1).

In addition, this same policy also upholds: “Medical Services will be made available to juvenile victims of sexual abuse. 1. Medical staff will provide juvenile victims of sexual abuse timely information about forensic exams, sexually transmitted infections (STIs), and emergency contraception in accordance with professionally accepted standards of care, whenever medically appropriate, and ensure that services are made available. 2. Determinations about what testing and treatment services are medically necessary and appropriate will be made by a medical professional(s) providing care for juvenile victims of sexual abuse in accordance with their professional judgement. 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” (Section III, B 1-3). This same policy also states, “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 their family and will be provided whether or not the victim names the abuser and/or cooperates with any administrative or criminal investigation” (Section III, C3).

Interviews with the agency leaders, Director of Detention Services, PCM, and facility Nurses verified SANE services would be provided to all victims of sexual abuse without cost to the victim.

Provision (d)

In support of this standard provision, the Travis County Juvenile Department has secured an executed Memorandum of Understanding (MOU) with a local victim

advocacy center, Safe Alliance (formerly Safe Place). The MOU was executed in April 2025 (a previously signed MOU was executed in 2019). The MOU provides details regarding the responsibilities of each party. More specifically, the MOU states that SAFE Alliance will:

- “a. Staff a confidential victim support services hotline 24 hours a day, 7 days a week, 365 days a year to provide crisis intervention services and/or emotional support to juveniles who experience sexual abuse, harassment or violence while in custody of TCJPD or at some other time regardless of whether it was previously reported.
- b. Follow and abide by all TCJPD facility guidelines for safety and security.
- c. Use professional discretion and follow TCJPD policies, standards, and any applicable laws when reporting concerns to TCJPD without the juvenile’s consent.
- d. Terminate a call if the juvenile’s need for services is not, or is no longer, motivated by a desire to heal from sexual violence.
- e. Provide juveniles with referrals for support after release from custody or upon transfer to another facility.
- f. Communicate any questions or concerns to TCJPD’s designated PREA Coordinator.
- g. Abide by all SAFE policies and protocols in the event of a security breach.
- h. Provide a SAFE victim advocate upon request from TCJPD or from a juvenile who will receive a forensic medical examination as a result of suffering sexual violence. The SAFE 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.
- i. Report PREA-related concerns divulged by a TCJPD juvenile to TCJPD General Counsel, PREA Coordinator, and/or supervisor on duty by contacting 512-854-7000 as soon as possible, but no later than, 24 hours upon receipt of information.”

Interviews with facility managers, including Shift Supervisors and the SAFE Alliance community advocate, verified that these services are offered to sexual abuse victims and that SAFE Alliance would provide the needed services to youth residing at Gardner-Betts.

Provision (e)

The Travis County Juvenile Probation Department Policy AS-905 “Services for Victims of Sexual Abuse” states, “Mental health services and crisis intervention counseling will be made available to juvenile victims of sexual abuse” (Section III, C). This policy also clearly states, “Victim advocate services providing support, crisis intervention, information, and additional referrals are available to all victims of sexual abuse. 1. If required 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” (Section III, E). The policy also clearly directs, “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” (Section III, C2). Interviews with clinical staff, nurses, and facility managers verified that youth would be offered a victim advocate as part of the facility’s coordinated response protocol. The auditor reminds the facility that these services should automatically be offered to the victim (rather than relying on a victim who has been traumatized to remember to ask for these services). Other agency policies support this standard provision. More specifically, agency Policy AS 217B “Conducting Administrative Investigations states “3. A 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” (Section III, E3). Similarly, agency Policy AS-905 “Services for Victims of Sexual Abuse” states, “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” (Section III, E1). During the audit tour, the auditor noted posters providing the SAFE Alliance contact information. Provisions (f) and (g) As previously mentioned, the Travis County Sheriff’s Office and the State of Texas Department of Juvenile Justice are responsible for conducting sexual abuse investigations. Individuals leading these investigations have received training on preserving physical evidence. Since the auditor could not connect with the SANE manager of the local hospital, she was unable to verify the process for conducting these SANE exams. That said, interviews with facility leaders and managers verified that the sexual abuse response protocol includes offering advocacy services and SANE exams to youth victims. Provision (h) The Gardner-Betts Juvenile Justice Center employs one clinician who is a Licensed Professional Counselor (LPC). An interview with the SAFE Alliance community advocate verified that all advocates are trained prior to serving in their role and that community advocates are required to complete annual training. All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility complies with all provisions in this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- 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 Actions and Notifications”
- Travis County website PREA - Travis County Juvenile Probation Department
- Texas Juvenile Justice Department website (<https://www.tjjd.texas.gov>)
- TJJD Policy “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment”
- PREA training PowerPoint for staff
- Two completed investigation reports and supporting documents
- Interviews with Juvenile Detention Officers (direct care staff)
- Interviews with Travis County PREA Investigators
- Interview with Director of Accreditation and Compliance
- Interview with Deputy Chief Juvenile Probation Officer
- Interview with Direction of Detention Services
- Travis County Grievance Review Form
- Review of a sample of grievances

Provision (a)

The Travis County Sheriff’s Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the Gardner-Betts 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 who are responsible for conducting PREA investigations at the Gardner-Betts facility would receive instruction from TJJD and the local Sheriff’s office regarding how to proceed with the administrative investigation. Interviews with the PREA investigators revealed that at times the TJJD or the Sheriff’s office assumes the Lead Investigator role, and Gardner-Betts 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 (traviscountytx.gov).

The Travis County Probation Department requires 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 puts forth, “The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. 1. 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” (Section III, B 1 and B2).

There have been two allegations of sexual abuse or sexual misconduct at the Gardner-Betts facility in the past 12 months. The auditor reviewed both investigation reports and supplemental documents to verify that a thorough investigation was conducted as a result of these investigations. In addition, the auditor reviewed a sample of grievances (non-sexual) to gather information regarding how the facility responds to issues raised by youth. The facility has a form titled, “Travis County Grievance Review Form” on which the Gardner-Betts Case Work Manager logs the information obtained during the investigation; the date the youth was notified of the outcome; and action taken. The form also includes a question asking the youth whether they wish to appeal the decision and requires the youth to sign and date that they have received/discussed this information.

The auditor confidently determines that the facility has a clear process in place for addressing grievances and thoroughly investigates all concerns raised by residents.

Provision (b)

As stated previously, the Travis County Probation Department has several policies that require all allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling TX DJJ 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 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” (Section III, C1). Staff are required to document these referrals/notifications in an incident report.

Interviews with the PREA investigators revealed that at times the TJJD or the Travis County Sheriff’s Office assumes the Lead Investigator role, and Gardner-Betts 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 that the link to the document referenced is in working order. Interviews with PREA investigators and direct care staff verified they understand the requirement to report all allegations of sexual abuse, sexual harassment, and retaliation to the proper authorities immediately. Provision (c) 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 (traviscountytexas.gov). Provision (d) 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. The Texas Juvenile Justice Department or the local Sheriff Department is responsible for conducting criminal 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. Provision (e) The Department of Justice (DOJ) does not conduct investigations at the Gardner-Betts facility. All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility complies with all provisions in this standard.
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” • 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 PowerPoint used for staff PREA training
- Review of “First Responder Role” Staff Training PowerPoint
- Review of training records verifying staff completed required PREA training on an annual basis
- Review of training records verifying staff completed the required attestation form
- Interviews
- Interviews with Shift Supervisors
- Interviews with Juvenile Detention Officers (direct care staff)
- Interviews with specialized staff

Provision (a)

The Travis County 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” (Section III, C). Agency Policy AS-401 “Staff Training and Development Plan” also directs:

“JPO and JSO Certification and Renewal: The Chief shall ensure that all JPO and JSO positions that require certification attain and maintain certification as JPOs or JSOs.

- a. Both full-time and part-time officers will receive at least 80 hours of orientation training within the first 180 days of their employment to be eligible for certification.
- b. Prior to certification, all JPOs and JSOs must attend the following training courses before performing the duties of their position: 1. Recognizing and supervising youth with mental health issues; 2. Texas Family Code and related laws; 3. Legal liabilities; 4. Code of ethics, disciplinary and revocation hearing procedures; 5. Preventing, identifying and reporting abuse, neglect and exploitation; 6. Purpose and goals of the Prison Rape Elimination Act (Section IV, A2).”

Policy AS-401 also clearly states, “During the first year of employment, staff in the following categories must attain training hours in addition to the orientation training: a. All JSO/Juvenile Care Worker/Supervision Staff must have a total of 160 hours of training during their first year of employment. Every year thereafter, each Staff in this category must receive 40 hours of training. 1. At a minimum, training must include the mandatory topics to maintain certification as a JSO. 2. In addition to the Department’s mandatory topics, annual training must also include:...xvi. Sexual abuse/assault and intervention...”

Review of the PREA staff training PowerPoint slide deck provided clear evidence that all required DOJ training topics are covered in detail (i.e., zero tolerance, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTQI youth, etc.). Although the PREA standards only require an annual refresher during the in-between years, the Gardner-Betts facility requires all employees to complete the comprehensive PREA training and complete

the attestation form each year (see Provision d). In addition, the agency requires all staff to complete a separate “First Responder Role” training each year. This training includes detailed information regarding how to respond to allegations of sexual abuse (i.e., separate the victim, secure the scene, etc.). Review of training records indicates the Gardner-Betts facility provides numerous PREA-related trainings throughout the year. These include:

- PREA First Responder Training
- PREA Training: Creating a Culture of Safety
- PREA Cross-Gender Pat Searches

The topics outlined in this provision are covered in several of the required trainings listed above, with the majority of the topics covered in the PREA Culture of Safety training. The auditor applauds the agency/facility for ensuring staff are well-trained on zero tolerance; first responder duties; how to effectively work with LGBTQIA youth; how to conduct cross-gender pat searches (in exigent circumstances); and how to make effective programming and placement decisions (based on vulnerability risk information). These trainings exceed DOJ expectations in content and frequency.

The auditor reviewed a sample of staff training records (N = 27) that included full and part-time positions (i.e., JDOs, facility managers, nurses, and other specialized staff) and current and terminated employees (n=22 current staff; n=5 terminated staff). The auditor confirmed that 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.

Provision (b)

A review of the PREA PowerPoint presentations used to train staff on PREA expectations (i.e., Culture of Safety and First Responder Training) 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 Gardner-Betts facility requires all staff to complete PREA training and the First Responder role 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” which directs, “Required training: All Department personnel shall be trained annually on procedures for reporting abuse, neglect and exploitation” (Section III, F). Review of a random sample of signed acknowledgment forms (n=27) confirmed staff have received the training

consistent with Travis County policy and DOJ PREA standards.

Provision (d)

Upon completing the PREA training Gardner-Betts 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.”

In addition, Gardner-Betts requires all employees to sign a training attestation form for the Staff First Responder Duties Training. Upon training completion the employee is required to acknowledge that:

“My signature below represents confirmation and acknowledgement of the following statements:

- Understand the importance of this training and the topics regarding First Responder Duties.
- Have received training on the elements of PREA Standard §115.364 – Staff First Responder Duties and Travis County Juvenile Probation Department

	policies AS-903, RS 2.50, and 4-DS-11 as they pertain to First Responder Duties. I have also been given the opportunity to ask questions about the following duties that may be required of me as a First Responder: A. Upon learning of an allegation that a Resident was sexually abused, the first staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within a period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. B. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." As previously mentioned, the auditor reviewed a sample of staff training records (N = 27) that included full and part-time positions (i.e., JDOs, facility managers, nurses, and other specialized staff) and current and terminated 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. The auditor also confirmed these individuals have also received the Staff First Responder training in accordance with PREA expectations. The numerous and comprehensive trainings provided throughout the year as well as other evidence reviewed (i.e., training records, policies, documents, staff interviews, etc.) allows the auditor to conclude the facility exceeds expectations put forth in this standard.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- AS-902 "Preventing and Detecting Sexual Abuse and Harassment "
- AS-1001 "Citizen, Volunteer, and Intern Services"
- "Interlocal Agreement for Instructional Services Between The Travis County Probation Department and the Austin Independent School District" (executed 12/21/2022)
- Travis County Juvenile Probation Department Volunteer/Intern Handbook 2026
- Travis County Juvenile Probation Volunteer and Intern Responsibilities
- Document "Recognizing and Reporting Abuse, Neglect, and Exploitation"
- Review of completed "Recognizing and Reporting Abuse, Neglect, and Exploitation: Contractor Acknowledgement Form" for contracted teachers and volunteers
- Review of PREA training rosters for contracted teachers, interns, and volunteers
- List of contractors, volunteers, and interns
- Interviews with sample of contracted teachers, interns, and volunteers

Provision (a)

All volunteers and contractors are required to participate in the agency PREA training. Clear expectations regarding zero-tolerance for sexual abuse and sexual harassment is set forth in the Travis County Juvenile Probation Department Volunteer/Intern Handbook 2026. The handbook explains in detail the agency/facility expectations regarding zero tolerance and details the orientation training which includes specific information regarding zero-tolerance and healthy boundaries. The GB Volunteer Coordinator is responsible for verbally reviewing all information in the manual prior to contractors, volunteers, and interns working with youth. 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..." (page 25). This orientation manual and training also clearly 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 25).

The volunteer/intern training also includes PREA specific information (page 28-34) which includes 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). The handbook also states that volunteers are required to sign an acknowledgement form declaring s/he

"I _____ have been trained on the topics listed above and understand the content. I have had an opportunity to ask questions about any concerns or clarification needed. I understand the importance to report any type of abuse; to include sexual abuse and sexual harassment."

It is also worthy of mention that the "Interlocal Agreement for Instructional Services Between The Travis County Probation Department and the Austin Independent School District" (executed 12/21/2022) explicitly states that all teachers must "view the PREA training video explaining their responsibilities under Juvenile Probation's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, and complete a training certification" (page 10). Interviews with facility staff as well as contracted teachers verified they have been trained on PREA and are required to undergo background checks prior to working in the facility. Additionally, file reviews indicated teachers receive the background checks consistent with PREA expectations (standard 115.332).

All teachers are contracted by Travis County to provide education services in the Gardner-Betts facility. The auditor reviewed a sample of contracted teacher records (n=2) and a sample of volunteers and interns (n=6) to verify these individuals have received the zero-tolerance PREA training. The review of signed training attestation forms confirmed that these individuals have completed the PREA training prior to working with youth.

Provision (b)

The Gardner-Betts 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: "...Provide or make provisions for the orientation and ongoing training of organizations, volunteers and interns required by standards" (Section III, A8). This same policy also states 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 and the Department's sexual abuse prevention, detection, and response policies and procedures (to include the Department's zero tolerance policy towards sexual abuse" (Section III, E2-E3). As described in Provision (a) above, a review of the contractor, intern, and volunteer handbook verified the training provided includes the requisite topics (i.e., the agency's zero-tolerance policy, how to report incidents, healthy boundaries, signs of abuse, etc.).

A review of training and acknowledgement forms support that appropriate level of training is provided to volunteers and contractors.

Provision (c)

The Travis County Probation Department Policy AS-1001 "Citizen, Volunteer, and Intern Services" specifically states, "The volunteer or intern signs an agreement which includes provisions to....7. Report, in accordance with Department policy, any belief that abuse, neglect, or exploitation of a juvenile has occurred" (Section III,

	D1). 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.” At the time of the onsite visit, the Gardner-Betts facility had 17 volunteers, 5 interns, and 10 contractors (contractors: 8 teachers, 1 barber, and 1 yoga instructor). Interviews with a sample of volunteers and contractors verified they have received and understood the PREA training. The auditor also reviewed a sample of volunteer records to verify they had completed the training (signed the attestation form). As previously mentioned, the teachers who provide education services are contracted through the local school district. A review of a sample of contractors (n=2), and volunteers and interns (n=6) verified these individuals have received the zero-tolerance PREA training. All files included a signed form attesting that they understood the training received.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Travis County Juvenile Probation Department Detention Services Juvenile Handbook – “Abuse Education for the Orientation Process” • 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) • Travis County Juvenile Probation Department: Gardner-Betts Intake Packet - 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) • Sample of signed youth “Acknowledgment of Receipt of Orientation

Information and Materials” (at intake)

- Comprehensive PREA education for youth - “End Silence: Youth Speaking Up About Sexual Abuse in Custody” (three books – Charlie’s Report; Billy Speaks Out; and Sheila’s Dilemma)
- “End Silence: Youth Speaking Up About Sexual Abuse in Custody – A Facilitator’s Guide”
- Review of a sample of “Detention Services PREA Group Sign-In Sheet” (10-day PREA education)
- Youth education video provided by PRC
- Interviews with youth
- Interview with Intake Workers
- Interviews with Juvenile Detention Officers responsible for conducting comprehensive PREA training for youth
- Interview with Shift Supervisors

Provision (a)

The Gardner-Betts facility provides several avenues by which youth receive zero-tolerance information. At intake, the Intake Worker (JPO) provides copies of and verbally reviews three documents with the youth: 1) Travis County Juvenile Probation Department: Abuse Education for the Orientation Process; 2) County Juvenile Probation Department: Prevention, Intervention, and Minimizing Your Risk for Abuse; and 3) Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department). Some of the information provided at intake, as outlined in the “Abuse Education for the Orientation Process” include, but is not limited to:

- Types of abuse (physical, sexual, emotional), neglect, and exploitation
- Avenues for reporting abuse (i.e., Report to an adult you trust; write a grievance; call the Texas Juvenile Justice Department (TJJD) ANE hotline; call the Department of Family and Protective Services (DFPS))
- Contact phone numbers for TJJD and DFPS
- A youth’s right to confidentiality when making a report
- A youth’s right to be free from retaliation for making a report
- A youth right to access emergency medical and mental health treatment if s/he is a victim of a sexual assault
- A declaration that all allegations of abuse will be investigated

In addition, intake staff are required to verbally review the agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” document at intake. This document clearly states, “This facility has a zero-tolerance policy on abuse, sexual assault, sexual activity, and harassment. These are things that you can do to protect yourself from abuse while you are here in this facility or wherever you might go. You will not be punished or retaliated against for taking steps to minimize risk of sexual abuse.” The document lists strategies such as avoiding isolated or secluded areas; not entering other resident’s room; not giving or accepting gifts; if youth feel

uncomfortable report to the Shift Supervisor; and reporting all incidents to TJJD, to name a few.

The agency's "Prevention, Intervention, and Minimizing Your Risk for Abuse" document also outlines the 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 for prosecution, to name a few.

Once processed at intake the Gardner-Betts facility has JDOs conduct another brief intake process. These individuals review portions of the Travis County Juvenile Probation Department Detention Services Juvenile Handbook with youth. This handbook provides detailed information about youth rights (i.e., right to be treated fairly; right to be free from corporal punishment, harassment, threats, intimidation, physical/sexual assaults, physical/sexual abuse, exploitation, neglect or embarrassment; right to report abuse, neglect, or exploitation directly to TX DJJ; etc.); definitions/examples of sexual abuse/assault/harassment/retaliation; avenues for reporting; staff obligation as mandatory reporters; emotional support services (Safe Alliance); how to prevent and/or avoid high risk situations; and other information relevant to youth safety. The handbook provides the phone numbers and mailing address for Safe Alliance (victim advocates) as well as TX DJJ ANE hotline.

After the information is reviewed with the youth by the JDO, 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=26; 13 current youth and 13 discharged youth between January 2024 and December 2025) to verify that the youth received this initial PREA information. All youth received this PREA education provided by the JDO at intake.

In support of these practices the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" 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" (Section III, G). This same policy 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" (Section III, G3)

Youth interviews verified they received this information when they first arrived at the facility. Interviews with intake staff confirmed this process is in place.

Provision (b)

Within ten days of intake all youth are provided more comprehensive PREA education. Each Saturday Juvenile Detention Officers lead a PREA group, which all new youth must attend. All youth are encouraged to attend but youth new to the facility are required. The JDOs facilitate a one-hour discussion using the "End Silence: Youth Speaking Up About Sexual Abuse in Custody - A Facilitator's Guide" (authors Briggs, Yarussi, Kinard, and Smith 2012). The facilitator's guide is based on the three PREA education books: "End Silence: Youth Speaking Up About Sexual Abuse in Custody- Charlie's Report; Billy Speaks Out; and Sheila's Dilemma." Youth who attend the PREA education group take turns reading the pages of the illustrated books out loud to the group. The facilitator uses a series of structured discussion questions provided at the back of the books to engage youth in the education process. The discussion questions target key content in these PREA education books including, but not limited to: How to avoid high risk situations; how to report abuse; appropriate supports available if you are a victim of abuse (i.e., counseling); and what youth would do if they were sexually assaulted. Several youth also reported they viewed a PREA video (issued by the PREA Resource Center) during one of the weekend classes.

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" 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. 5. The staff will ensure the resident comprehends the information and is able to articulate their understanding." (Section III, G4). Onsite interviews with youth verified they understand the key pieces of PREA - zero tolerance; how to report; staff are mandatory reporters; etc.

The auditor reviewed a sample (n=26) of signed "Detention Services PREA Group

Sign-In Sheet” (10-day PREA education sessions) to verify all youth have completed the comprehensive PREA training addressing their right to be free from sexual abuse, sexual harassment, and retaliation as well as the process for reporting such incidents. All youth interviewed stated they participated in at least one of the weekly PREA groups.

Provision (c)

As previously stated, youth training records, signed acknowledgement forms, and youth interviews verified all residents have received the comprehensive PREA education within 10 days of arriving to the facility.

Provision (d)

Agency Policy AS-902, “Preventing and Detecting Sexual Abuse and harassment” 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” (Section III, G2). A Spanish-version of the orientation and PREA education materials reviewed with youth at intake are available (i.e., the Teen’s Guide pamphlet; the orientation packet, and the juvenile handbook).

Interviews with JPO Intake Workers and JDOs responsible for youth education verified if a youth was limited English proficient, they could engage a staff member who was fluent in the youth’s language to review the material with the youth. Staff also stated that he could access formal translation services through Travis County. The Gardner-Betts JDOs also reported that to ensure youth with limited reading skills and/or cognitive disabilities understand the information, intake staff are required to verbally review the PREA-related information with youth and to check youth’s understanding of the information provided. JDOs reported they would access interpretive services through the Language Line to accommodate youth who are ESL or to accommodate a disability. During the audit tour the auditor observed zero tolerance posters/TX DJJ ANE hotline posters in Spanish.

Provision (e)

As previously stated, the auditor reviewed a sample of youth training records (n=26), verifying youth completed the required PREA education sessions and confirming the Gardner-Betts facility is formally documenting participation in these sessions. In support of this practice, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” directs “documentation of participation in the resident education sessions will be maintained” (Section III, G4 (b)).

	Provision (f) As previously mentioned, the Travis County Juvenile JDO reviews the contents of the Detention Services Juvenile 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 outside of the staff office on each unit. The auditor observed these handbooks in English and Spanish on each residential unit during the facility tour. In addition, nearly 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 TX DJJ abuse hotline privately; etc. As previously mentioned, JDOs facilitate a weekly PREA group to which all youth are required to attend. Youth interviews, the ongoing education group, training records, and the accessibility of the juvenile handbook, allows the auditor to conclude the program is in compliance with this PREA provision.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Agency Policy AS-217B “Conducting Administrative Investigations” • Specialized Investigator Training (2-day training) records confirming PREA investigators have received specialized investigation training (11/13/2025 and 11/13/2025) • TX Department of Juvenile Justice policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” • Review of the “Conducting Quality Investigations” training slide deck and other training materials • Review of the “Sexual Abuse Investigations” training slide deck • Review of the “Interview and Interrogation – Internal/Administrative Investigations” training slide deck • Interviews with Internal Travis County PREA Investigators Provision (a) As previously mentioned, the Gardner-Betts facility is not responsible for conducting criminal sexual abuse investigations. The Travis County Sheriffs Office and TX DJJ are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. However, Travis County 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 four

investigators most often assigned to conduct PREA investigations at the Gardner-Betts facility, have completed the National Institute of Corrections online course entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting."

In addition, in November 2025, a total of 31 Travis County staff participated in a two-day (8 hour) PREA Specialized Investigator Training led by a TJJDC Commander with the Office of Inspector General. 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 four main investigators assigned to the Gardner-Betts facility). Interviews with select investigators verified they attended the two-day training. Interviews with investigators and the PCM confirmed that this specialized training is required every few years and/or as new investigators are onboarded.

The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B (Section III, C) 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 TJJDC 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" 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 internal 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 in November 2025 by TJJD. These records verified all internal investigators leading administrative investigations related to PREA, have been sufficiently trained on the required topics. Provision (d) The state of Texas Department of Juvenile Justice (TX DJJ) must demonstrate compliance with federal DOJ PREA standards. The TX DJJ 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.” 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 has “exceeded” this PREA standard.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-401 “Staff Training and Development” • Sample of training records and signed acknowledgment forms verifying Nurses, Clinicians, and mental health interns, have received and understood PREA training • Interview with Administrative Services Senior Director of Human Resources • Interview with the Nurse Charge • Interviews with random sample of facility nurses • Interview with the Mental Health Clinician assigned to Gardner-Betts

Provision (a)

A review of training records verified all facility Nurses and the assigned facility Clinician have completed 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.

In support of PREA requirement outlined in this standard, the agency Policy AS-401 “Staff Training and Development” states, “In addition to the topics listed above for all Staff, the Department requires Staff assigned to facilities to have training on PREA information (sexual abuse, sexual assault and sexual 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 Staff 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” (Section III, F, 5).

In support of this standard, the agency Policy AS-401 “Staff Training and Development” also directs, “c. All professional specialists must receive a total of 160 hours of training in the first year of employment. Every calendar year thereafter, each Staff in this category must receive 40 hours of training to include the Department’s mandatory training topics. Certified officers shall meet the training requirements for their positions” (Section IV, A3) This policy further explains, “4. Detention Services Division: Professional specialists working with Detention must have training on the topics listed for the Juvenile Care Workers above. 5. All professional specialists who are medical or mental health Staff shall have training on the following topics: a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to juvenile victims of sexual

	abuse and sexual harassment; and d. Additional PREA training topics as outlined in Subsection 10. Below (Section IV, A5)." Interviews with facility nurses, the assigned clinician, and mental health interns verified they are aware of the signs of abuse, how to respond appropriately to victims of sexual abuse and sexual harassment, and to whom to report these allegations or suspicions of sexual abuse and sexual harassment. 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. Two attempts were made by the PREA auditor to interview the SANE Manager. The auditor did not receive a return phone call. Since the nurses employed by Travis County and who work at the Gardner-Betts facility do not conduct forensic examinations this provision can be considered Not Applicable (N/A). Provision (c) Interviews with the Administrative Services Senior Director (human resources) verified the agency requires credentialed staff to keep up to date on their licensing requirements. An interview with the Gardner-Betts Nurse Charge verified she is responsible for ensuring the facility's 12 RNs and LVNs complete the required CEUs needed to maintain their license. During annual performance appraisals, the facility's Nurse Charge reviews this information. Up-to-date licenses/certifications are submitted to the Travis County Probation Department Human Resources unit for placement in staff files. A sample of nurse training records verified these individuals also received the PREA training required each year (i.e. "Culture of Safety"). To support this practice, the agency Policy AS-401 "Staff Training and Development" directs, "Training and certification records are updated and maintained on file by the Training Unit." Provision (d) A review of a sample training records verified facility Nurses, the designated facility Clinician, and mental health interns have completed the agency PREA training. All evidence reviewed (i.e., policies, documents, staff interviews, training records, etc.) allows the auditor to conclude the facility is in compliance with all provisions in this standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination:

- Policy 5-DS-23 “Housing Classification”
- Policy AS-905 “Services for Victims of Sexual Abuse”
- Travis County Juvenile Probation Department Detention Housing Screening
- Standard Operating Procedures - Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards
- Youth file reviews verifying vulnerability assessments completed within 72 hours of intake
- Copies of a sample of completed vulnerability assessment instruments
- Interviews with JDOs (direct care staff)
- Interviews with facility nurses who are responsible for conducting vulnerability assessments
- Interviews with youth
- Interview with PREA Compliance Manager
- Observations during facility tour that vulnerability information is accessible only to limited staff

Provision (a)

All Gardner-Betts youth are assessed for vulnerability risk the day they arrive to the program. Numerous data sources are reviewed by the Intake Worker, nurse, and the clinician to determine the level of risk. Among these documents are court and legal documents, previous treatment reports, and medical records, to name a few. Within 24 hours of the youth arriving, a facility nurse meets with youth to conduct an assessment of the youth’s physical health. A minimum of two nurses are stationed in the facility 24 hours a day, 7 days a week. As part of the intake process, the nurse gathers information from youth and referral documents 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 26 youth files (13 current and 13 discharged youth) and verified a vulnerability assessment was completed well within 72 hours of arrival. Interviews with facility nurses 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” which states, “A. During the facilities’ intake process and before being placed on a housing unit, all juveniles will be screened for prior sexual victimization or abusiveness” (Section III, A). In addition, the Gardner-Betts facility has a Policy 5-DS-23 “Housing Classification” which directs, “Within the first two (2) hours of admission and prior to any program or room assignment, JDOs will review the Behavioral Screening (housing screener) to determine potential vulnerabilities or tendencies for acting out with sexually aggressive or assaultive behavior. The housing screener will be reviewed periodically throughout a juvenile’s stay at the facility and will be documented in the juvenile’s file” (Section III, C).

Following the last audit in 2021, the facility created “Standard Operating Procedures - Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards” to map out clear expectations regarding the vulnerability assessment. This SOP requires all nurses to conduct the Detention Housing Screener on all juveniles at intake. The SOP specifically states, “If a juvenile answers yes to any of the questions 7-10 or if the juvenile identifies as gay, lesbian, bisexual or questioning, medical will check the Vulnerable to Victimization box on page two and write in the reason in the comment section.” Interviews with nurses, who are responsible for conducting the vulnerability tool verified they understand and follow the related SOP

Provision (b)

A review of the “Travis County Juvenile Probation Department Detention Housing Screening” tool verifies the instrument is objective and includes structured questions specific to vulnerability risk outlined in standard provision (c). Each item of the instrument is scored and a total score provides a level of risk (low, medium, or high).

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 an objective method. 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 a determination using three options: Vulnerable to Victimization; Sexually Aggressive; or None.

In support of this provision, the facility’s Housing Classification procedure 5-DS-23 (Section III, C) lists some of the factors that PREA requires be assessed at intake. Some of these factors are: Sex; age; Physical size/stature; current charge(s)/offense history; mental or physical disabilities; medical status; level of emotional and cognitive development; intellectual or developmental disabilities; sexual orientation; likelihood of being exploited/victimized by other juveniles; prior history of sexual victimization or abuse; and identification as a predator who exploits/victimizes other juveniles, to name a few.

As previously mentioned, facility nurses are responsible for completing the vulnerability risk screening tool at intake. Interviews with a sample of nurses and the Nurse Charge, review of the risk screening tool, and review of youth files provides sufficient evidence for compliance with this standard provision.

Provision (d)

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. Interviews with nurses revealed that information is obtained mainly through an interview with the youth. Most often youth arrive and there is little or no information accompanying the youth except for his/her/their offense. The auditor reminds the facility for those youth who are returning to the facility, other documents must be reviewed to produce the most accurate score on the vulnerability assessment. It is common for youth to forget and/or not want to disclose the truth about sexual traumas or sexual perpetration in the past. As such, when additional information is obtained through case files, past facility behavioral reports, court records, etc. it may be necessary to change the original answer on the instrument to accurately reflect past experiences related to sexual abuse (victimization and/or perpetration). Since placement and programming decisions are based in part, on the results of vulnerability risk tool it is important that the results be accurate.

Provision (e)

The "Standard Operating Procedures - Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards directs Medical staff to retain the original three pages of the vulnerability tool and provide the three carbon copy pages to the JDO conducting the youth intake. Completed vulnerability tools are stored in hardcopy in the youth's medical records which are kept locked in the nursing office in the intake building (and to which only medical staff have access). The nurse/screener provides the three pages (carbon copies) of the assessment to the JDO responsible for making the housing placement and programming decisions. All JDOs do not see the specific history of youth but rather, are provided the minimal information needed (i.e., youth is aggressive/assaultive; sexually inappropriate; medical issues; etc.). Interviews with nursing staff verified this process is fully institutionalized. Additionally, interviews with JDOs (direct care staff) provided evidence that only the JDO conducting the youth intake and the Shift Supervisor have access to the complete vulnerability tool (three-page carbon copy). The intake JDO are not permitted to share information with other JDOs, but rather, make a placement recommendation based on the final page of the tool (overall score) and place the third page (score only) in the youth's secure folder on the unit. Direct care staff interviews verified they are required to uphold confidentiality and follow strict guidelines regarding protecting client information.

To further support this provision, the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" 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” (Section III, F 1. Review of all evidence allows the auditor to conclude the Gardner-Betts facility in compliance on this PREA standard.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-1203 “LGBTQI Juveniles” • Policy 4-DS-11 “First Responder Duties” • Policy 5-DS-23 “Housing Classification” • Policy 10-DS-8 “Room Isolation/Confinement” • “Standard Operating Procedures, Subject: Detention Housing Screener” • Standard Operating Procedures - Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards • Review of a sample of completed “Travis County Juvenile Probation Detention Housing Screener” • Interview with the Director of Detention Services • Interview with PREA Compliance Manager • Interview with facility nurses who are responsible for conducting vulnerability risk assessment • Interviews with JDOs (direct care staff) responsible for placing youth based on vulnerability risk information • Interviews with Shift Supervisor responsible for reviewing/approving JDO placement recommendation • Interviews with staff who supervise youth 1:1 Provision (a) In support of PREA expectations, the agency Policy 5-DS-23 “Housing Classification” require JDOs (direct care staff) to make housing assignments “....after considering the following issues and utilizing the Housing Levels guide: 1. Sex 2. Age 3. Physical size/stature 4. Current charge(s)/offense history 5. Mental/Physical disabilities 6. Medical Status 7. Current state of mind 8. Current behavior 9. History of behavior in the facility 10. Level of emotional and cognitive development 11. Intellectual or developmental disabilities 12. Sexual orientation 13. Siblings, relatives or close friends who are already detained; 14. Known or alleged gang affiliations 15. Enemies of record 16. Alleged co-perpetrators (partners in the alleged crime) 17.

Likelihood of being exploited/victimized by other juveniles 115.342 (a)-1 18. Prior history of sexual victimization or abuse 19. Identification as a predator who exploits/victimizes other juveniles 20. Escape Risk or returned to the facility from escape 21. Administrative Segregation or Room Confinement 22. Court-ordered housing assignment” (Section III, C).

DOJ PREA standard 115.342 requires information from the vulnerability tool be used to inform programming and placement decisions. Interviews with JDO’s (direct care staff) who conduct intakes and make the initial recommendation for placement, indicate while age and offense/classification are two of the main criteria that are used in placement decisions, information about sexual victimization and perpetration are also considered. JDO staff consistently reported they review the second and last page of the vulnerability tool which includes a total risk score for sexual victimization and perpetration and a section to document the “initial housing assignment” and unit and room number. JDOs conducting intakes all understood that they are not to share specific information with all staff.

In addition to interviews, the facility Policy 5-DS-23 “Housing Classification” provides evidence that placement decisions are considered based on individual needs (particularly those factors outlined on the vulnerability assessment tool). For example, the Policy 5-DS-23 “Housing Classification policy” states: “Unit A: A secure unit utilized as a disciplinary unit for female juveniles. Unit A may also house female juveniles who are in the general population. Female juveniles who should be assigned to Unit A are characterized by the following: a. Assaultive behavior b. Possible predatory behavior c. Charged with a serious offense d. Large in stature e. More mature f. Escape risk and/or returned to detention from escape g. Continually disruptive h. Administratively Segregated or in Room Confinement” (Section III, D,1). The policy also explains, “Unit G: General population unit for male juveniles. a. Behavior permitting, juveniles who are young or small in stature will be assigned to Unit G. b. Unit G may be used to house female juveniles when the female population exceeds the capacity of Units A and B. 8. Unit H: General population unit for male juveniles. Behavior permitting, juveniles who are young or small in stature will be assigned to Unit H.” (Section III, D7 and D8). Policy language supports the facility’s existing practice of using vulnerability assessment information to place youth within the facility, to better ensure youth and staff safety.

Following the previous audit, TCJPD created a Standard Operating Procedures – “Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards” to ensure clear expectations are set. This document provides clear guidance on the purpose of the SOP, requirements, definitions, and procedures. More specifically the SOP directs Medical staff to:

1. “Administer the Housing Screener to all juveniles that are to be detained in Detention Services.

- a. If a juvenile identifies as gay, lesbian, bisexual, transgender, or questioning, Health Care Staff must check the box, “Vulnerable to Victimization”.

- b. If a juvenile prefers to be searched by staff of the opposite sex of the juvenile's birth sex, it must be notated on page 1 and 3 of the Housing Screener.
- c. If a juvenile responds "yes" to question 7, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener.
- d. If a juvenile responds "yes" to question 17, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener.

Provide all 3 pages to the Juvenile Detention Officer who will be processing the juvenile into Detention Services."

In addition, the SOP puts forth the requirements:

- a. "Juvenile Detention Officer conducting the orientation and intake into Detention Services will review information on the Housing Screener to assist with housing assignment. The JDO will ensure sensitive information is not exploited to the resident's detriment by staff or other residents. The Shift Supervisor will approve the housing assignment.
- b. If the juvenile is requesting a cross-gender pat down the JDO will notify the Facility Administrator to see if an MDT will be requested. The JDO will mark the appropriate box on the Housing Screener to indicate if an MDT was requested or not.
- c. If the juvenile has requested a pronoun other than that of their birth sex, this will be communicated by the JDO to appropriate Detention staff.
- d. After completion of the housing assignment, the JDO will place page 1 and 2 of the Housing Screener in the juvenile's blue folder and page 3 will go into the juvenile's green folder."

All interviews onsite confirmed this process is in place and that this information is protected.

Provision (b)

Interviews revealed the program uses disciplinary isolation (called Safety Based Seclusion - SBS) and uses this only as a last resort. Youth are required to remain in their rooms and remain separated from the group only for as long as needed to stabilize behavior. However, managers and JDOs reported that if the program identified a need to keep youth separate from the group to keep a youth safe from sexual victimization/perpetration (based on the vulnerability tool), the youth may be placed on a separate living unit with one-on-one supervision. 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 cell. Interviews with nurses indicate they are required to check in with youth who are separated from the group once per shift during their regular “sick call rounds.”

In support of PREA expectations outlined in this provision, the facility has several policies that speak to isolation. Policy 10-DS-8 “Room Isolation/Confinement” clearly states, “3. Juveniles in room isolation / confinement will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence. a. There will be no deprivation of meals, showers, or personal hygiene. b. Family visits will not be restricted unless the juvenile is displaying potentially harmful behavior. c. JDOs will document the denial of privileges in a Serious Incident Report. d. When a juvenile is in his or her room for more than eight (8) hours, the on-duty Supervisor will arrange for the juvenile to participate in physical activity. e. Juveniles on room isolation/confinement will be allowed access to any legally required modified educational programming or special education services and other programs to the extent possible. f. Juveniles in room isolation/confinement will receive daily visits from a medical or mental health care staff as requested” (Section III, A3). Interviews with youth who have been on SBS for more than 8 hours verified they received visits from a nurse. Youth also reported that they may be isolated in their rooms (with no access to the day room) for 24-48 hours.

In further support of this standard provision is Policy 10-DS-8 “Room Isolation/Confinement” states:

“Protective isolation may only be used as a last resort when a juvenile is physically threatened by a juvenile or a group of juveniles, or a juvenile is persistently assaulting other juveniles, and less restrictive measures are inadequate to keep the juvenile(s) safe.

1. The decision to place a juvenile on protective isolation will be approved in writing by the Director.

2. Protective isolation may only be used until alternative means for ensuring the juvenile(s) safety. 3. Juveniles on protective isolation will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence that the juvenile(s) safety is at risk. While on protective isolation, the juvenile will: a. receive all legally required educational programming and daily large muscle exercise; b. receive daily visits from medical or mental health care staff; and c. have access to other programs and services to the extent possible.

4. The decision to place a juvenile on protective isolation will be approved in writing by the Director.

5. If the protective isolation of a juvenile 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 juvenile; 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, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation.

6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile's file" (Section III, E).

Provision (c)

Staff interviews 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" 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" (Section III, E). In addition, this same policy states, "LGBTQI identification or status will not be considered an indicator or likelihood of being sexually abusive" (Section III, E1 (c)). The policy also explains, "The MDT will develop the Individual Classification Plan (ICP) for each transgender and intersex juvenile on a case-by-case basis" (Section III, F1).

Staff and youth interviews and observations during the facility tour verified there is not a separate wing or living unit for LGBTQI residents. Also, interviews with nurses and JDOs responsible for making room assignments further verified that placement decisions are made based on all information obtained (i.e., youth records, vulnerability assessments, etc.) and particularly with intersex and transgender youth are made based on individual youth needs and preferences. Several facility managers and direct care staff reported that in the past, a transgender female was allowed to program with the female residents during the day but slept on the male unit (consistent with the youth's preference).

Provision (d)

Interviews with nurses, facility leaders, shift supervisors, and JDO intake workers confirmed initial placement decisions are made by the intake JDO (based on the vulnerability tool information, age, and offense/classification) and reviewed and finalized by the Shift Supervisors. Interviewees reported that if a youth identifies as transgender or intersex at intake, a Multi-Disciplinary Team (MDT) is convened to discuss the initial placement recommendation. The agency's policy AS-1203 "LGBTQI Juveniles" supports this practice by stating, "The MDT will develop the Individual Classification Plan (ICP) for each transgender and intersex juvenile on a case-by-case basis" (Section III, F1).

The Gardner Betts facility superintendent (Director of Detention Services) and several Shift Supervisors provided an example of a transgender female who felt more comfortable programming with female residents. To accommodate this

preference, the youth joined the female unit for daily programming but slept in their individual bedroom on the male unit. To make the transgender female more comfortable, the youth would enter the male unit after all youth were in their bedrooms for the night and would be the first youth up in the morning so she could be transported to the female unit for the day. Interviews with the Director of Detention Services and JDOs (direct care staff) verified the practice of considering youth's preference regarding placement within the facility is in place.

Provision (e)

PREA standards require specific practices when working with transgender 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." Although the Gardner-Betts facility is a short-term program with a length of stay of approximately 17 days, the agency has policy language that supports this provision. More specifically, agency Policy AS-1203 LGBTQI states, "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" (Section III, F6).

Interviews with nurses and facility managers verified that although there have been transgender or intersex youth at the facility in the past these individuals were at Gardner-Betts for less than six months (and therefore would not have been formally reassessed). That said, the facility nurses, the clinician, and other facility managers reported that clinical staff and managers routinely check in with these youth to see if they feel safe and comfortable and to inquire if there are any concerns throughout the youth's stay.

Provision (f)

PREA standard 115.342 (f) requires a transgender or intersex resident's own view with respect to their own safety be given serious consideration. Interviews with the Director of Detention Services, PCM, facility nurses who conduct vulnerability risk assessments, and JDOs who are responsible for placing youth in residential living units based on the risk information verified that a youth's own 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?"

Interviews with nurses, JDOs, and facility managers confirmed that a youth's safety is seriously considered when making placement decisions. In support of this, agency Policy AS-1203 "LGBTQI Juveniles" states, "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" (Section III, E3) and "4. Serious consideration will be given to each transgender or intersex juvenile's own view of his or her safety" (Section III, F4).

Provision (g)

As previously explained, all residential living units have a bathroom with a shower and toilet that is secured by a closed door. All youth shower separately and have privacy when doing so. Some units also have a wet room in the youth's individual sleeping quarters. 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" states, "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" (Section III, G).

Provision (h)

Interviews with JDOs, facility managers, and youth confirmed the facility does not use isolation cells routinely, although youth can be placed in disciplinary seclusion because of egregious behaviors. Interviewees explained that most often, if a youth exhibits severe negative behavior that threatens the safety of other youth, the youth may be placed on one-on-one supervision on an empty living unit. The youth would be separated from the group only for as long as needed to stabilize behavior.

Youth interviewed reported that the amount of time in a locked cell is 24-48 hours, although following this isolation (once behavior is stable), the youth may be removed from isolation, although they may continue to be separated from the group. While separated from the general population on another living unit, youth have full access to the dayroom, their sleeping quarters, daily exercise, education programming, and treatment-related services offered by the facility. Facility managers stated they would not isolate victims of sexual abuse for protective custody purposes. They would instead increase supervision of the perpetrator and most often place the alleged perpetrator on a separate unit.

In support of this PREA provision the agency Policy 10-DS-8 "Room Isolation/Confinement" directs, "5. If the protective isolation of a juvenile 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 juvenile; 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, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation. 6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile's file" (Section III, E, 5).

Provision (i)

As described in the provision (h) the program does not use isolation often. As per Policy 10-DS-8 "Room Isolation/Confinement," the facility can use protective custody

	and place a youth in seclusion. However, 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.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 4-DS-11 “First Responder Duties” • 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 AS-401 “Training and Staff Development” • Travis County Juvenile Probation Department Detention Services Juvenile 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) – English and Spanish versions • “Travis County Grievance Review Form” • “End the Silence” - Zero-tolerance/child abuse hotline number posters • Interviews with JDOs (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 • Review of a sample of grievances (not PREA-related) Provision (a) The Travis County Gardner-Betts Juvenile Justice Center Program 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 Detention Services Juvenile Handbook clearly describes the grievance process (pages 6-7). More specifically the handbook states: “If you feel like you have been treated unfairly by any staff member, please use the following process to resolve/solve your grievance. Talk to the on-duty staff or Unit

Leader and try to solve your problem. • If you could not resolve the grievance by talking to staff, ask any staff member for a Grievance Form and pencil. Grievance Forms are also available in the day area. NOTE: Staff may ask you to wait for a more appropriate time to fill out grievances. • Fill out the form or request a staff member to help you. • Return the form and pencil to any staff member and the form will be taken to the Shift Supervisor. • If you don't want anyone to read your grievance except a Shift Supervisor, you can ask to send the grievance directly to the Supervisor in a sealed envelope. • The Shift Supervisor will contact you within 3 working days for an initial decision. • If you are not happy with the decision of the Shift Supervisor, please ask to speak with the Detention Division Manager. • If you have an emergency grievance, you should ask to send the grievance directly to the Supervisor. An emergency grievance is when something is affecting your safety or health. For example, if you are not getting proper medical care or if you were being physically abused, you should submit an emergency grievance. • Staff will not give you restrictions or punish you for submitting a grievance."

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 lawyer or their parent/guardian. All youth also understood that they could write a written grievance using the facility's grievance form and hand it in a sealed envelope to a staff member they trusted or place it in the locked grievance box. 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 (who passes it along to the Grievance Coordinator). The auditor observed posters hung throughout the program displaying the TJJD abuse hotline number which nearly all youth referenced as one reporting option. Only a handful of 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.

Detention Services Policy 4-DS-11 "First Responder Duties" supports expectations outlined in this PREA provision. More specifically, the policy states, "A. The Department will provide multiple ways to report allegations of sexual abuse and sexual harassment. 1. 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. a. 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" (Section III, A).

There have been two allegations of sexual abuse made at the Gardner-Betts facility (both allegations were determined to be unsubstantiated). To get a broader sense of how the facility addresses grievances the auditor also reviewed a sample of written grievances (non-PREA related) that were filed in the past 12 months. The facility has a form titled, "Travis County Grievance Review Form" on which the Gardner-Betts Case Manager logs the information obtained during the "investigation;" the date

youth was notified of the outcome; and action taken. The form also includes a space that asks whether the youth wishes to appeal the decision and requires the youth to sign and date that they have received/discussed this information.

The auditor determined the facility has a clear process in place for addressing grievances and thoroughly investigating all concerns raised by residents.

Provision (b)

Detention Services Policy 4-DS-11 "First Responder Duties" supports expectations outlined in this PREA provision. More specifically, the policy 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" (Section II, A1 (a)). This same information also appears in agency Policy AS-903 "First Responder Duties."

All youth interviewed articulated that if someone was harming them, they would tell a staff member or file a written grievance. The majority of youth also referenced at least one external source they could contact if they did not feel safe confiding in Gardner-Betts staff. Most youth stated they would tell their parent/guardian or lawyer. Most youth also articulated that they could call the TX DJJ abuse hotline by calling the number on the posters displayed on the residential living units. This information can also be found in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook, which is available to youth outside the staff office on the living units.

Youth interviewed also 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. 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" 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" (Section III, E1). In addition, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (Section III, G6) 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. The contact information (telephone number and mailing address) for the US Department of Homeland Security and the Mexican Consulate are provided in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook.

In addition, the Travis County Juvenile Probation Department Detention Services

Juvenile Handbook (page 6) clearly explains a youth's right to report the abuse via phone and provides the phone numbers for the Texas Juvenile Justice Department and the Texas Department of Family and Protective Services abuse hotline (to make a report).

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" states, "Allegations will be accepted verbally or in writing from juveniles, parents/guardians, a third party or a private or anonymous source" (Section III, A1). Similar information related to third-party and anonymous reports appear in Policy 4-DS-11 "First Responder Duties" which directs, "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" (Section III, A1). Additionally, agency policy "AS-401: Staff Training and Development Plan" requires all JSO staff be trained on the department procedures for reporting abuse, neglect and exploitation (Section III, F).

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 they could write a written grievance using the facility's grievance form and handing the sealed envelope to a staff member they trusted. Youth and staff both reported that 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 Case Manager/Grievance Officer.

Several agency policies support this standard provision. Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" 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" (Section III, A1). This same language also appears in agency Policy AS-903 "First Responder Duties" and Policy 4-DS-11 "First Responder Duties."

Staff and youth interviews confirmed that youth are provided with the tools necessary to make a written report. In addition, review of a sample of non-PREA related grievances provided evidence that residents understand how to make a written report using the grievance form.

Provision (e)

	As previously mentioned, the majority of youth 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). Youth explained that if they wanted to call the abuse hotline number, staff would likely escort 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 report. Staff and youth also confirmed that written grievances are sealed and not read by JDOs – that only Shift Supervisors and the Gardner-Betts Case Work Manager/Grievance Officer are permitted to read these grievances in private. In support of this PREA expectation, agency Policy AS-903 “First Responder Duties” 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 or integrity of the complaint” (Section III, A3). The Travis County Juvenile Probation Department Resident Rights which are reviewed with youth at intake, clearly states, “You have the right to confidentiality when reporting incidents of abuse, neglect, or exploitation.”
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 4-DS-11 “First Responder Duties” • Policy 2-DSRS-2-4 “Resident Grievance Procedures” • Policy AS-903 “First Responder Duties” • Policy AS-904 “Corrective Action and Notifications” • Travis County Juvenile Probation Department Detention Services Juvenile 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” • Random sample of written grievances (non-PREA related) • Interviews with youth • Interviews with Shift Supervisors • Interview with JDOs (direct care staff) • Interview with the Grievance Coordinator/Case Work Manager

Provision (a)

Youth can file a grievance at any time while at the Gardner-Betts 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 2-DSRS-2-4 "Resident Grievance Procedures" clearly 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."

Youth and staff interviews 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 hand the envelope to a staff member of their choosing or place it in the locked grievance box on the unit (which is checked daily by facility managers). JDOs are not permitted to open the grievance but are required to submit it to the Shift Supervisor as soon as possible. The Shift Supervisor is then required to give the grievance to the facility's designated manager - Grievance Officer for resolution and documentation. Interviews with youth and staff verified this process is fully operationalized. As previously mentioned, the auditor reviewed a sample of grievances filed within the past 12 months. The grievance process is described in the in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook and is explained to youth at intake.

Provision (b)

The Gardner-Betts facility has a formal grievance process in place. This process allows youth to file a grievance at any time while at the facility. The designated Grievance Officer/Case Work Manager 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 on the Grievance Excel Tracking Sheet. Grievances are categorized (i.e., staff; point/level system; programming; facility; food services; and medical services) and grievance data is aggregated (and corresponding charts created) every month. Staff and youth interviews as well as the auditor's review of a sample of grievances, verified all grievances are addressed in a timely fashion.

Staff interviews confirmed there is no time limit on when a youth can submit a grievance and that the facility does not require youth to submit a grievance to the subject of the grievance. This is supported by facility Policy 4-DS-11 "First Responder Duties" which includes the language: "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" (Section III, A1 (b)).

Facility managers interviewed verified that there is no time limit on when a resident may submit a grievance of sexual abuse. All staff reported that as mandated reporters, they must report everything and that every allegation is investigated thoroughly by TJJD, local law enforcement, and/or Travis County Juvenile Probation

investigators.

Provision (c)

In support of this PREA provision, agency Policy AS-903 “First Responder Duties” 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 toll-free hotline established by TJJD or DSHS for licensed substance use programs.” Policy 4-DS-11 “First Responder Duties” also includes the language: “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” (Section III, A1 (b)). All youth and staff interviewed verified they can submit a grievance to any staff member including submitting it directly to the Grievance Officer/Case Work Manager, the PCM, a Shift Supervisor, and/or the Facility Superintendent (Director of Detention Services).

Provision (d)

Although there have been two PREA-related grievances filed in the past 12 months (January – December 2025). The auditor reviewed the two investigation reports which included all supplemental documents (the incident report, witness statements, etc.). Because there were so few PREA-related allegations, the auditor reviewed a sample of non-PREA related grievances filed between January 2025 – December 2025 to determine if grievances are addressed in a timely manner. Most grievances were reviewed by the Grievance Coordinator (or designee) within 24 - 72 hours. In addition, the majority of grievances were resolved (1st level of review/ resolution) within the 96 hours of receiving the written grievance. None of the grievances reviewed were emergency grievances (besides the two reports that were made and investigated). Non-PREA related grievances reviewed included perception of unfair treatment (points taken away unfairly); wanting additional food items; outside for recreation; etc. All grievance forms indicated documentation of the initial findings and how the grievance was resolved (action taken). These filed grievances were signed by the Grievance Coordinator and the youth. Each grievance form indicated whether the youth wished to appeal the grievance decision. For those few grievances that youth wished to appeal the decision, the program documented additional steps taken (including referring to Compliance for investigation of the PREA-related allegations).

In support of this provision, the facility Policy 2-DSRS-2 “Resident Grievance Procedures” states, “1. 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” (Section III, D2). Evidence reviewed and interviews confirmed the facility responds rapidly to grievances and exceeds the PREA expectation of 90 days.

Provision (e)

Facility Policy 4-DS-11 “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)” (Section III, A, 2). All 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 (and many stated they would offer this option to youth).

Provision (f)

Facility Policy 4-DS-11 “First Responder Duties supports this provision. Specifically, the policy states, “When a staff learns that a juvenile is at risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately. 1. 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. 2. Information reviewed about the threat may include the specific type of risk, the credibility of the information, the juvenile’s housing and program assignment and previous victimization or risk of victimization. 3. Based on the initial information, the Chief Juvenile Probation Officer (Chief) or designee may initiate an internal investigation. After the review, corrective action may be taken and documented as soon as possible, but no later than 48 hours after the initial threat is received. Actions may include, but are not limited to: a. Separating the potential victim from the source of the threat; b. Reclassifying the juveniles; c. Adding staff supervision; d. Reviewing of any specialized treatment or housing plans; and/or e. Implementing a safety plan” (Section III, B4).

Interviews with staff supported that grievances are addressed within a day or two of the grievance being filed. Emergency grievances, such as a sexual abuse allegation would be addressed immediately or within 24 hours at the latest. Review of sexual abuse investigation reports and non-PREA related grievances supported that the facility responds quickly to any concerns raised by youth.

As previously mentioned, a sample of two sexual abuse allegations and investigation reports and supporting documents, verified all grievances are addressed immediately. Both investigations for the sexual abuse allegations commenced within less than 48 hours. In addition, the auditor reviewed a sample of non-emergency and non-PREA related grievances during the onsite audit. Each of the grievance forms included a resolution; whether youth wished to appeal the decision; and youth signature and date verifying the outcome was discussed with the youth. This serves as sufficient documentation of compliance with this provision which requires an initial facility response to emergency grievances within 48 hours and a final decision regarding youth placement is issued well within the five-day requirement. Staff and youth interviews verified all grievances are taken seriously and handled immediately by the Grievance Officer/Case Work Manager.

Provision (g)

Agency Policy AS-904 “Corrective Action and Notifications” 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” (Section III, C). The Travis County Juvenile Probation Department Resident Rights is reviewed with youth at intake which 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. Analysis of all information, allows the auditor to conclude the facility complies with this PREA expectation.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 4-DS-11 “First Responder Duties” • Policy 12-DS-1 “Access to Telephones” • Policy 12-DS-2 “Juvenile Visitation” • Policy 12-DS-3 “Correspondence” • Policy AS-905 “Services for Victims of Sexual Abuse” • MOU between Travis County Juvenile Department and Safe Alliance – Travis County Domestic Violence and Sexual Assault Survival Center (executed April 2025) • Travis County Juvenile Probation Department Detention Services Juvenile Handbook • Travis County Juvenile Probation Department Resident Rights (read to youth at intake) • Abuse Education for the Orientation Process • SAFE Posters posted on living units (English and Spanish) • Interviews with youth • Interviews with Intake staff • Interviews with JDOs (direct care staff) Provision (a) The Gardner-Betts 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

Detention Services Juvenile Handbook. More specifically, the handbook explains a youth's right to report the abuse via phone and provides the phone numbers for the Texas Juvenile Justice Department and the Texas Department of Family and Protective Services abuse hotline (to make a report). There is also 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.

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 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. 4. To the extent allowable by local, state, and federal law, communications will be private. Prior to the communication, the victim will be informed of the extent of the confidentiality or privilege allowed. 5. 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" (Section III, E1-E4).

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, this information is provided at intake and can be found in the Juvenile Handbooks located on each living unit. In addition, the auditor noted SAFE Alliance posters on every residential living unit. Therefore, this information is available to youth in several formats at intake and throughout their stay at the facility.

Provision (b)

Agency Policy "AS-905: Services for Victims of Sexual Abuse" states, "4. 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" (Section III, E4). Staff interviews provided evidence that youth would be afforded privacy when receiving emotional support services. Staff consistently reported a youth who alleged sexual abuse and wished to access emotional support services would be taken to an empty unit to make the phone call.

Staff would visually observe youth and be out of ear shot of youth.

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 April 2025. 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; provide juveniles with referrals for treatment after release from custody or upon transfer to another facility; provide a SAFE victim advocate upon request from the TCJPD or youth; allow the victim advocate to accompany and support the victim during the SANE exam and during investigatory interviews; etc. The auditor reviewed the MOU and determined its contents complies with this provision.

Interviews with facility managers verified that sexual abuse victims would be offered emotional support services. The auditor interviewed a SAFE Alliance advocate and confirmed that these services would be provided to victims of sexual abuse.

Provision (d)

The agency and facility have several policies to support this provision. More specifically, agency Policy AS-905 states, "5. 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" (Section III, E). The facility Policy 5-DS-5 "Juvenile Supervision and Movement" also puts forth, "3. Private visitation between one juvenile and his or her attorney, an authorized visitor, or clergy may occur without the constant physical presence of a JDO" (Section III, B6) In addition, facility Policy 12-DS-1 "Access to Telephone" directs, "Juveniles will be provided reasonable phone access to their attorneys. Juveniles will not be in audible range of facility staff or other juveniles when making calls to their attorneys or their attorneys' designated representatives" (Section III, H). Similarly, facility Policy 12-DS-2 "Juvenile Visitation" also requires, "Juveniles will be allowed to visit with a parent, legal guardian or custodian at least once every seven (7) calendar days for at least 30 minutes"(Section III, A).

Furthermore, facility Policy 12-DS-3 "Correspondence" states, "The Detention Facility recognizes the juveniles' needs for and right to maintain contact with persons outside the Detention Facility and asserts that juveniles may do so with a reasonable degree of privacy" (Section I). This same policy also clarifies,

"D. The amount of mail a juvenile may receive or send is unlimited. The Detention Facility shall provide adequate writing materials and unlimited postage for outgoing letters each week for each juvenile. Legal correspondence will not be limited. E. JDOs will monitor the opening of all correspondence received by the juvenile and be especially watchful for any contraband. F. Legal Correspondence is never opened by JDOs. G. Juveniles are permitted to send sealed letters to specific persons and organizations, including but not limited to: 1. Courts 2. Lawyers 3. Officials of the

	Confining and Releasing Authorities. 4. Administrator of the Grievance System” (Section III, D – G). The Travis County Juvenile Probation Department Detention Services Juvenile Handbook also informs youth of these rights to privacy with their attorneys. In addition, the Travis County Juvenile Probation Department Resident Rights that is read to youth at intake clearly states, “You have the right to confidential contact with legal counsel through telephone, uncensored letters, and personal visits at any reasonable time.” Most youth interviewed verified they are permitted to talk with their attorneys. Staff interviewed explained how they provide privacy when a youth makes this call (process is explained in earlier sections of this audit findings report). That said, it is important to note that more than half of the youth interviewed (3 out of 13 youth) reported a practice of staff having youth “fall back”(stay in their rooms) while youth talk with their lawyers in the day room area. Another four youth reported that staff do not always require other youth to stay in their rooms while an attorney phone call is made. Staff interviewed consistently reported that youth are brought to an empty living unit and/or youth are placed in their rooms while these calls are made. The auditor finds the program in compliance on this provision, although it is strongly recommended that the facility make clear its practice to ensure privacy when youth are communicating with attorneys. 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.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” • “End the Silence” pamphlet posted on the agency’s website (Brochure_PREA_male_v2 (traviscountytexas.gov)) • “Referrals of Allegations for Investigation” posted on the agency’s website • “End the Silence” posters observed posted throughout the facility provides phone number for reporting abuse to the Texas Juvenile Probation Department As described in other sections of this report, Travis County Probation Department

	and the Gardner-Betts facility have several policies requiring staff to take reports from third parties and requiring them to contact the necessary authorities (including TX DJJ). Agency Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” requires, “2. 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” (Section III, A, 2). The Travis County Probation Department makes third-party reporting information available through the “End the Silence” pamphlet posted on the agency website (www.traviscountytexas.gov). The webpage also hosts a document titled, “Referrals of Allegations for Investigation” which states, “Allegations of abuse, neglect and exploitation, to include sexual abuse and sexual harassment are accepted verbally and in writing. Third parties, such as family members, attorneys and advocates may file an allegation on behalf of a juvenile served by the Department. Private reports may be submitted through the toll-free hotline operated by the Texas Juvenile Justice Department (TJJD) by calling 1-877-STOP ANE (1-877-786-7263)” (page 1). While onsite the auditor observed “End the Silence” posters throughout the facility (including in the intake area) in English and Spanish that provides the ANE reporting hotline number. All direct care staff and facility leaders interviewed reported they are required to report all allegations of sexual abuse and sexual harassment to the appropriate authorities (i.e., supervisors, law enforcement, TX JJJ, etc.).
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-904 “Corrective Action and Notifications” • Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-217 “Administrative Investigations” • Staff training “Culture of Safety” • Staff training “First Responder Duties” • Sample of staff PREA training records • Interviews with JDOs (direct care staff) • Interview with PREA Compliance Manager • Interview with Director of Detention Services • Interview with the Case Work Manager/Grievance Coordinator • Interview with designated Clinician • Interview with facility nurses • Investigation reports (from 2025) showing proper notification was made and

documented

Provision (a)

The state of Texas child abuse reporting laws require 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 Probation Department has several policies that clearly state all individuals who work at the Probation Department (including the Gardner-Betts 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" 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" (Section III, C1). Similarly, the agency Policy AS-217 "Administrative Investigations" directs any staff member "1...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." (Section III, H1).

Review of the staff PREA training verified mandatory reporting responsibilities are addressed as well as how to make these reports. Training records verified all staff have been formally trained on reporting requirements. Staff interviews verified all staff (facility managers and direct care 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 reporting 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" states, "5. 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" (Section III, A5).

Staff interviews confirmed that all staff know they are mandatory reporters and must report all suspicion and knowledge of abuse or neglect occurring in the facility. This information is consistent with expectations set forth by the State of Texas and federal PREA standards.

Provision (c)

The Gardner-Betts 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 they are not permitted to investigate the incident or to share detailed information with anyone about the allegation. Staff reported they are only permitted to share 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" states, "8. 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" (Section III, A8).

Provision (d)

Agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" states, "5. 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" (Section III, A5). All medical and mental health staff interviewed understood their obligation to report sexual abuse.

In further support of this PREA provision, the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" directs, "Residents will be notified of the staff duty to report and the limitations of confidentiality when allegations of sexual abuse and sexual harassments are disclosed" (Section III, G1). All facility nurses and the designated Clinician verified they disclose their responsibilities as a mandatory report to youth before engaging youth in services. In addition, all youth interviewed knew about confidentiality and understood that staff's duty as a mandatory reporter 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. Although the Gardner-Betts facility has not had an allegation of sexual abuse in the past 12 months, 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. Specifically, the Director of Detention Services and other facility managers explained that when an abuse report is made to the state, the Shift Supervisor is responsible for

	contacting the parent/legal guardian to alert them of the allegation. It was also explained that the Shift Supervisor is also responsible for contacting the youth's probation officer. He or his designee would consult with the agency's General Counsel to determine who would inform the youth's lawyer. The auditor also reviewed investigation reports from 2025 and supplemental documents to confirm these notifications are consistently made. In support of this practice the agency Policy AS-901 "Reporting Child Abuse, Neglect, and Exploitation" states, "10. 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" (Section III, D 10). This same policy further directs, "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" (Section III, C6). Agency and facility leaders confirmed this process is in place. Provision (f) The agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" states, "A. 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" (Section III, A). As previously mentioned, all staff interviewed articulated that they are obligated to report all allegations of abuse regardless of the source of the report (i.e., anonymous, third-party, etc.). Youth interviews also verified that most 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.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination:

- Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation"
- Policy AS-903 "First Responder Duties"
- Policy AS-217 "Administrative Investigations"
- Policy 4-DS-11 "First Responder Duties"
- Review of two investigation reports (from 2025) and supplemental documents
- Interview with Director of Accreditation and Compliance (designee for the Chief Juvenile Probation Officer)
- Interview with Administrative Services Senior Director (human resources)
- Interviews with nurses
- Interviews with the designated Clinician
- Interview with PCM
- Interview with JDOs (direct care staff)

All Gardner-Betts 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 immediate action to separate the alleged perpetrator and victim. Interviews with facility leaders, 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" which states, "C. 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."

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. As part of the response protocol staff immediately inform the Shift Supervisor of the allegation. Staff interviews revealed JDOs and Shift Supervisors understand the coordinated response protocol which includes immediate action and then following up to ensure longer term safety (i.e., changing youth bedrooms, providing one-on-one staff supervision, etc.). Interviews with nurses and the mental health clinician also verified they are mandatory reporters and that they inform youth of the limitations to confidentiality prior to initiating services.

The agency and facility have policies to support this PREA standard. More specifically, facility Policy 4-DS-11 "First Responder Duties" states, "When a staff learns that a juvenile is at risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately, but no later than 48 hours" (Section III, B).

	Agency Policy AS-903 “First Responder Duties” also states, “4. 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. 1. 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. 2. Information reviewed about the threat may include the specific type of risk, the credibility of the information, the juvenile’s housing and program assignment and previous victimization or risk of victimization (Section III, B, 1 -2).” Review of two investigation reports and supplemental documents verified the facility immediately responds when a youth is at substantial risk of imminent sexual abuse. The document review provided additional evidence that the parents and/or legal guardians are notified when an allegation of sexual abuse is made. Interviews with staff verified that immediate actions are taken to protect juveniles who allege 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.
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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 Director of Accreditation and Compliance • Interview with the Director of Detention Services • Interview with Agency PREA Coordinator • Interview with PCM • Interviews with internal PREA Investigators Provision (a) The Gardner-Betts facility has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility in the past 12 months prior to the onsite review. However, facility and agency interviews indicated that if this were to happen, the Director of Detention Services would be responsible for contacting the superintendent/program director of the youth’s prior placement within 72 hours. In support of these testimonies the Policy AS-901 states, “The Chief or designee will make the appropriate notifications of allegations of sexual abuse or sexual harassment” (Section III, C, 6). This same policy 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” (Section III, D). 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.

Agency Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation” 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 who received the allegation will communicate the Department’s report. c. TDFPS or TJJD will also be notified of the allegation when either have conservatorship” (Section III, D10).

Provision (b)

Agency Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation” 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” (Section III, D10).

Interviews with the PCM and Director of Detention Services verified a notification to the other facility superintendent would be made well within 72 hours (most likely within 24 hours) of receiving the allegation.

Provision (c)

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” directs staff to document the details of the allegation and the corresponding reporting information from DSHS on a Department serious incident report.

Provision (d)

As previously stated, staff interviews verified that all allegations of sexual abuse are investigated. In the event the Gardner-Betts facility received notification that abuse had occurred in its facility, the staff member would be obligated as a mandatory reporter to report this to the proper authorities (consistent with the facility’s coordinated response plan). As previously discussed, TCJPD has several policies that support their practice that all allegations are investigated and that all proper notifications are made consistent with PREA expectations.

The auditor determines the program is fully compliant with this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 4-DS-11 “First Responder Duties” • Policy AS-903 “First Responder Duties” • Travis County “Creating a Culture of Safety” Power Point training for staff • PREA 115.364 - “First Responder Duties” Power Point Presentation (staff training) • Travis County Detention Services First Responder Plan for PREA • Interviews with Juvenile Detention Officers (direct care staff) • Interviews with Shift Supervisors • Interview with PCM • Interview with Agency PREA Coordinator • Interview Director of Detention Services Provisions (a) and (b) Interviews with Juvenile Detention 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.). A detailed review of the Power Point slides for the staff training titled, “PREA 115.363 First Responder Duties” verified the training includes details on appropriate actions first responders must take. In addition, the TCJPD has a “Detention Services First Responder Plan” for PREA that outlines the duties of the first responder as well as the medical staff; mental health staff; shift supervisors; and other individuals. The Travis County Probation Department and the Gardner-Betts facility have memorialized its coordinated response in formal policy. More specifically, facility Policy 4-DS-11 “First Responder Duties” 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” (Section I). This same policy directs the first responder to “4. take appropriate steps to separate the alleged victim from the alleged abuser; 5. request that the alleged victim and alleged abuser not take any actions to destroy physical evidence as outlined in section F of this policy; 6. notify his or her supervisor or manager immediately; and 7. document and report the allegation” (Section III, D).

The policy further explains, “E. 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 in 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” (Section III, E, 1-6).

Facility Policy 4-DS-11 “First Responder Duties” also states, “F. Key personnel will coordinate responses to an allegation or observation of sexual abuse. 1. 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” (Section III, F1).

Detailed first responder duties also appears in agency Policy AS-903 “First Responder Duties.” More specifically, the policy includes specific directives that staff “ In facilities, the supervisor on duty at a facility will coordinate the response and emergency services for the victim by: 1 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 concern; 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 the alleged perpetrator; f. addressing additional safety concerns as needed; and g. ensuring the information is documented” (Section III, F, 1). Review of the staff training slides for the “Culture of Safety” and the “First Responder Duties” trainings further verified that staff are formally trained on their duties as first responders. In addition, review of staff training records verified that staff are required to complete both of these trainings on a yearly basis. Additionally, information gathered from facility managers and direct care staff interviews confirmed that the individuals are aware of their first responder duties. The “Detention Services First Responder Plan” also clearly outlines the responsibilities of first responders, Shift Supervisors, medical and mental health staff, and investigators. Review of all evidence allows the auditor to conclude the facility is fully compliant with this PREA standard.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-903 “First Responder Duties” • Policy 4-DS-11 “First Responder Duties” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Review of Power Point slides for the “First Responder Duties” training slide deck

- Review of PREA “Culture of Safety” training slide deck
- Review of the Travis County “Detention Services First Responder Plan”
- Interview with Director of Detention Services
- Interviews with internal PREA Investigators
- Interview with PCM
- Interview with Agency PREA Coordinator
- Interviews with JDOs (direct care staff)
- Interviews with Shift Supervisors
- Interviews with Mental Health Clinician
- Interviews with facility nurses

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 4-DS-11 “First Responder Duties.” In addition to the detailed evidence provided in Standard 115.364 of this audit findings report, agency Policy AS-903 “First Responder Duties” 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”(Section III, F, 2).
- “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” (Section III, F, 3).
- “Treatment and counseling staff will ensure the victim’s mental health needs are addressed. a. The counselor will follow up with the 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” (Section III, F, 4).
- “The Division Director or designee will take the necessary steps to assist in coordinating the response. 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” (Section III, F, 5).

	In addition, a review of Power Point slides for the “First Responder Duties” training verified staff are trained each year on the coordinated response plan. Staff interviews also confirmed that 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. In further support of this standard and to ensure smooth coordination, the facility uses the Travis County “Detention Services First Responder Plan” guide the response process in the event a sexual abuse allegation is made.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Memorandum from Lawrence Glenn, Accreditation and Compliance Officer (and Garder-Betts PCM) to Sharon Pette, DOJ Certified PREA Auditor dated February 18, 2023 • Interview with Director of Accreditation and Compliance • Interview Agency PREA Coordinator • Interview with PCM • Interview with Administrative Services Senior Director (human resources) • Interviews with Shift Supervisors • Interviews with JDOs (direct care staff) Provisions (a) and (b) In support of provisions in this standard, a formal Memorandum dated 2/18/2023 was submitted by Lawrence Glenn, PCM/Accreditation and Compliance Officer to the auditor. The memo reads, “Because Texas is a right to work state, the Department cannot enter into or renew a collective bargaining agreement. Pursuant to 37 Texas Administrative Code (TAC) Chapter 358, all staff 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 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” (Section III). 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. Review of incident and investigation reports further confirmed that staff alleged to have sexually abused youth are immediately removed from the facility.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • 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 • Investigation files (n=2) • Interviews with PREA Investigators • Interview with Agency PREA Coordinator • Interview with PCM • Interview with Direction of Detention Services • Interviews with Shift Supervisors • Interview with facility Clinician • Interviews with JDOs (direct care staff) Provision (a) There are several Travis County Probation Department policies that put forth a zero tolerance of retaliation for making a report of sexual harassment or sexual abuse. Agency policy AS-217 “Administrative Investigations” states, “All staff members that report staff misconduct or participate in an Investigation have the right to be free from discrimination, harassment and retaliation by staff or juveniles” (Section III, H). 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” (Section III, G). In further support of this standard provision, Policy AS-904 further explains, “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” (Section III, G4). 5. Contractors and volunteers may be prohibited from further contact for violations of sexual abuse or sexual harassment policies and for participating in behaviors

that is deemed retaliatory in nature” (Section III, G5).

6. Juveniles who participate in harassment, discrimination or retaliation will be subject to the program or facility’s disciplinary plan” (Section III, G6)

“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” (Section III, G2).

Interviews with PREA Investigators indicate they are responsible for monitoring retaliation at the Gardner-Betts 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. While onsite the auditor reviewed two investigation files (from 2025) to verify this form is completed as part of the monitoring process. Both allegations were unfounded and therefore, monitoring retaliation was not necessary. Gardner-Betts staff also reported that they are all responsible for monitoring retaliation and are required to report retaliation by staff or youth.

Provision (b)

The Gardner-Betts facility uses multiple protection measures to ensure safety of staff and residents, particularly from retaliation for making a sexual abuse report or cooperating with an investigation. Staff interviews with the Director of Detention Services, Human Resources staff, and Shift Supervisors 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. The agency Policy AS-904 “Corrective Action and Notifications” support provisions in this standard by requiring formal check ins with youth to assess for retaliation. More specifically, Policy AS-904 states, “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.” (Section III, G2).

Review of investigation reports verified that alleged perpetrators are immediately removed from the facility and are not allowed to return to work until the investigation has been completed (and the investigation results in a finding of unfounded).

Provision (c)

Agency Policy AS-904 “Corrective Action and Notifications” 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” (Section III, G2). This same policy also directs,

“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” (Section III, G2 (a-b)).

In addition, this agency policy explains, “1. 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. e. 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” (Section III, G1).

Interviews with PREA Investigators indicate they are responsible for monitoring retaliation at the Gardner-Betts 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. The auditor reviewed two completed retaliation monitoring forms to verify compliance.

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. Several agency policies support this practice, including Policy AS-904 “Corrective Action and Notifications.” More specifically the policy clearly states, “G. Retaliation against any individual who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited. 115.361(a)-2 and 115.361(a)-3 1. 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.....2. 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. 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” (Section III, G).

Provision (e)

Agency Policy AS-904 “Corrective Action and Notifications” states, “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” (Section III, G (a – b)). Interviews with the Director of Detention Services, the Agency PREA Coordinator, PCM, and PREA Investigators verified they are required to take immediate action to end retaliation against youth or staff member. 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 investigation determines the allegation is unfounded. This is also clearly stated in the policies referenced in previous provisions in this standard
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 10-DS-8 “Room Isolation/Confinement” • Interview with Director of Detention Services • Interviews with Shift Supervisors • Interviews with JDOs (direct care staff) • Interviews with youth During interviews, staff and youth reported they do not use protective isolation for victims of sexual abuse. As previously described in this report, the Gardner-Betts facility would separate youth for safety reasons by placing the youth on a 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 (they would be out in the day room during the day). 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 victims of sexual abuse are not placed in isolation (although sexual perpetrators may be for disciplinary sanctions associated with the abuse). If there is a need to separate the victim from the group (on another living unit), youth are provided the necessary programming and services (i.e., access to counselors, visits from medical staff, education, recreation, etc.). In support of this PREA standard the facility Policy 10-DS-8 “Room Isolation/Confinement” defines “protective isolation” as: “The exclusion of a threatened or

chronically threatening juvenile from the group by placing the juvenile in an individual room that minimizes contact with the juveniles from a specific group” (Section II). This policy clearly directs:

“E. Protective isolation may only be used as a last resort when a juvenile is physically threatened by a juvenile or a group of juveniles or a juvenile is persistently assaulting other juveniles, and less restrictive measures are inadequate to keep the juvenile(s) safe. 1. The decision to place a juvenile on protective isolation will be approved in writing by the Director. 2. Protective isolation may only be used until alternative means for ensuring the juvenile(s) safety. 3. Juveniles on protective isolation will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence that the juvenile(s) safety is at risk. While on protective isolation, the juvenile will: a. receive all legally required educational programming and daily large muscle exercise; b. receive daily visits from medical or mental health care staff; and c. have access to other programs and services to the extent possible. 4. The decision to place a juvenile on protective isolation will be approved in writing by the Director. 5. If the protective isolation of a juvenile 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 juvenile; 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, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation. 6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile’s file” (Section III, E).

In addition, Policy 10-DS-8 “Room Isolation/Confinement” describes: “d. When a juvenile is in his or her room for more than eight (8) hours, the on-duty Supervisor will arrange for the juvenile to participate in physical activity. e. Juveniles on room isolation/confinement will be allowed access to any legally required educational programming or special education services and other programs to the extent possible. f. Juveniles in room isolation/confinement will receive daily visits from a medical or mental health care staff...”(Section III, A3 (d – f)). The policy also specifies, “A mental health provider shall be consulted before disciplinary seclusion is imposed if the juvenile has a current designation as moderate (suicide precaution) or high risk (suicide watch) for suicide” (Section III, B3).

Interviews with staff confirmed that the facility does not use traditional isolation as a measure of protection. Youth who were isolated on SBS for 24 hours for safety and security reasons, reported they received visits from nurses and were provided large muscle exercise.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Used in Compliance Determination: • 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” • TCJPD Internal Investigation Checklists • Referrals of Allegations for Investigations (posted on the Travis County website) • Review of two investigation reports (from 2025) and supplemental documents • Training roster from PRC “PREA Specialized Investigator Sexual Abuse Investigations in a Confinement Setting” training (11/12/2025-11/13/2025) • Interview with Travis County internal investigators • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator Provision (a) As stated previously, the Travis County Probation Department has several policies that require all sexual abuse and sexual harassment allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling Texas Juvenile Justice Department (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 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 the satellite office and program space” (Section III, C). Staff are required to document these referrals/notifications in an incident report. In addition, agency Policy AS-904 “Corrective Action and Notifications” puts forth: “The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. 1. 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” (Section III, B). The Travis County Sheriff’s Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the

Gardner-Betts 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 Gardner-Betts 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 PREA investigators verified that investigations are completed in a timely manner. PREA standards require investigations of sexual abuse and sexual harassment be investigated promptly, thoroughly, and objectively. Since there is no specific timeline associated with PREA standards regarding when an investigation must be started, review of the two investigation reports provide evidence that law enforcement was contacted on the same day the report to TJJD was made.

Additional agency policy provides detailed guidance regarding conducting a thorough investigation. Agency Policy AS-217 B "Conducting Administrative Investigations" describes, "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 audio recording the interview as needed and 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" (Section III, D5).

There were two allegations of sexual abuse at the Gardner-Betts facility in the past 12 months. The auditor reviewed the two investigation reports from 2025 (staff-to-youth sexual misconduct) which provided evidence that investigations are conducted in a reasonable timeframe. Both investigations commenced within 48 hours of initial video reviews and on the same day as the formal report was made to TJJD. The final reports were issued within one month of the investigation case being assigned. Travis County is conducting investigations in a timely manner as required by DOJ PREA standards.

A detailed review of the investigation reports revealed 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; and the Alleged Victim Attorney Notification form. The investigator provided a detailed

account of statements from the victim, witnesses, and the perpetrator as well as describing additional documents considered in making a 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 four PREA investigators articulated the thorough process for conducting investigations.

The internal PREA investigators use the TCJPD Internal Investigation Checklist to ensure they document and track key pieces of an investigation. The checklist requires the investigator to document the 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 Gardner-Betts 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 investigators most often assigned to conduct PREA investigations at the Gardner-Betts facility, have completed the National Institute of Corrections online course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting.” In addition, in November 2025, more than 20 Travis County Gardner Betts and agency leaders participated in a two-day PREA Specialized Investigator Training provided by the TJJD Office of Inspector General. The auditor reviewed the training roster to verify training completion (particularly for the four main investigators assigned to the Gardner-Betts facility). Interviews with investigators verified they attended the two-day training. All criminal investigations are handled by the Travis County Sheriff’s Office.

The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B 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” (Section III, C). 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 provisions in this standard agency Policy AS-217B “Conducting Administrative Investigations” directs: “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” (Section III, D2).

As previously mentioned, a detailed review of the two investigation reports from 2025 revealed Travis County investigators conducted 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 a 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, PREA investigators articulated the process of gathering and preserving all direct and circumstantial evidence.

Provision (d)

Interviews with Travis County internal PREA investigators verified that investigations are not terminated if the source of the allegation recants the allegation. This practice is supported by Policy AS 217B “Conducting Administrative Investigations” which states, “The Department will not terminate an investigation solely because: a. the source of the allegation recants; b. the alleged abuser has resigned from employment or has been released from the facility; or c. the victim has been released from the facility” (Section III, E2 (a-c)).

Although none of the PREA-related investigations involved youth retracting their allegations, both cases involved the victim denying any sexual contact with alleged perpetrator. A review of the investigation reports and supporting documents confirmed that despite the youth’s denials, thorough investigations were conducted consistent with federal PREA standards.

Provision (e)

Agency policy and information obtained from interviews provided sufficient evidence of compliance with this provision. Policy AS 217B “Conducting Administrative Investigations” states, “a. 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” (Section III, J2).

Interviews with internal PREA investigators confirmed that all allegations of sexual abuse are reported 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 paused. 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.

In addition, both of the investigations that occurred in 2025 were reported to TJJD, who are responsible for sexual abuse investigations (in cooperation with the Sheriff’s office).

Provision (f)

Agency Policy AS 217 B “Conducting Administrative Investigations” describes the process for determining the credibility of a witness. The policy describes, “F. Investigators will balance the credible 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 juvenile or staff. 2. Investigators 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 any contradictions between statements and other evidence, such as photographs, floor plans, and incident reports” (Section III F).

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 an individual to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation” (Section III, E, 1).

Review of investigation reports and interviews with internal investigators provided evidence that the agency is aligned with this PREA provision.

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” states, “Reports sent to TJJD will include the elements listed in Title 37 of the 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” (Section III, J).

In addition, Policy AS-217 “Administrative Investigations states, “2. The investigator’s role is to be objective, impartial and to conduct a thorough review of an incident to determine the facts. 3. The investigator will submit a report outlining the findings” (Section III, D). This same policy provides a detailed description of the investigation process. More specifically, agency Policy AS 217 “Administrative Investigations” states, “...A thorough and competent investigation into the allegation(s) will be conducted. Whenever possible, investigations will clearly support or refute the allegations” (Section III, B).

Agency policy also provides detailed guidance regarding gathering information during the investigatory process. Agency Policy AS-217 B “Conducting Administrative Investigations” 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 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” (Section III, D5).

Interviews with investigators as well as review of the two comprehensive investigation reports provided evidence the agency is aligned with this PREA provision.

Provision (h)

As previously described, a review of the two investigation reports provided evidence that investigation reports include a description of physical, testimonial, and documentary evidence. In addition, the report included a series of attachments (i.e., documents reviewed by the investigator and used in making the investigation determination). In support of this practice, the agency Policy AS 217 B “Conducting Administrative Investigations” states, “Investigation reports will follow the approved Department format. The reports will minimally include the: 1. Purpose of the investigation. 2. Investigation methodology, which includes: a. individuals that were interviewed, b. documents that were reviewed, and c. chronology of 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; and d. additional information as requested by the Chief

or designee, which may include: 1. circumstances that went well and deserve recognition; 2. processes that need to be changed or enhanced, such as training or policy and practice; and/or 3. more appropriate responses to a similar situation” (Section III, H4).

Review of investigations reports verified that investigations are comprehensive and include all of the required elements as put forth by PREA standards. Final investigation reports and supporting documents are sent to the General Counsel and kept in secure locked file cabinets to which only designated individuals have access. Electronic copies of the document are stored in secure files by the General Counsel and the Accreditation and Compliance Unit.

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” 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 Sherriff’s Department at the main campus and Austin Police Department and / or AISD Police Department at the satellite office and program space” (Section III, C)

In addition, agency Policy AS 217 B “Conducting Administrative Investigations” clearly directs, “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” (Section III, J). Additionally, this same policy states, “I. The Department will promptly and fully cooperate with law enforcement agencies and/or any oversight agency regarding allegations of ANE, to include sexual abuse or sexual harassment...a. 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 Investigation can be conducted at the same time as the criminal investigation, the investigator will attempt to coordinate interviews with law enforcement” (Section III, I).

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.

Provision (j)

Policy AS-217 “Administrative Investigations states, “Upon completion of the

Administrative Investigation, the Investigation report and any supporting attachments will be maintained for seven (7) years after the Investigation has been closed in a secure location and separate from any personnel files. An electronic copy of the Investigation file may be maintained in a secure drive accessible only to the Chief or designee" (Section III, I).

Interviews with PREA investigators confirmed investigation reports and supporting documents are sent to the General Counsel. The agency stores this information in its secure electronic records system (investigation information is only accessible to select investigators and the General Counsel.

Provision (k)

Interviews with Travis County internal PREA investigators provided evidence that all investigations are completed even if the alleged abuser or victim leaves the agency employ. This practice is supported by directs set forth in Policy AS 217B "Conducting Administrative Investigations." The policy specifically states, "The Department will not terminate an investigation solely because: a. the source of the allegation recants; b. the alleged abuser has resigned from employment or has been released from the facility; or c. the victim has been released from the facility" (Section III, E).

Provision (I)

The Texas Department of Juvenile Justice 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" 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" (Section III, J). In addition, agency Policy AS-904 "Corrective Action and Notifications" states, "4. 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" (Section III, B).

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. Investigation reports and supporting documents confirmed that the Travis County PREA investigators maintain contact with the Sheriff's office and TJJD throughout the investigation (i.e., via emails and telephone calls).

All evidence indicates the facility is in compliance with provisions in this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-217 “Administrative Investigations” • Policy AS-217 B “Conducting Administrative Investigations” • Interview with Travis County internal PREA Investigators • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Review of two investigation reports (2025) Interviews with Travis County Internal PREA Investigators, the Agency PREA Coordinator, 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). In support of this practice the agency Policy AS-217 B “Conducting Administrative Investigations” states, “The Department conducts administrative investigations of alleged violations of Department policy, procedure, contract or standard. The preponderance of evidence standard will be used to determine whether an investigation is founded, unfounded or inconclusive” (Section I). There are three findings the agency uses to define an outcome of an investigation: Founded, Unable to Determine, and Unfounded. These terms are clearly defined in Policy AS-217 “Administrative Investigations. ” This same policy also 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. Preponderance of evidence is the standard of proof applicable to all Administrative Investigations” (Section II). Review of two investigation reports coupled with information obtained from interviews provides evidence that the agency is in compliance with this PREA standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-904 “Corrective Action and Notifications”

- Policy AS 217 “Administrative Investigations”
- Copy of notification letter sent to youth and family member
- Review of a sample grievances
- Review of two investigation reports (2023)
- Interview with Director of Detention Services
- Interview with Agency PREA Coordinator
- Interview with PCM
- Interview with Travis County Internal PREA Investigators

Provision (a)

The Travis County Probation Department sets clear expectations that align with provisions of this PREA standard. Agency Policy AS 217 “Administrative Investigations” states, “G. The Chief determines the final outcome of an Administrative Investigation. 1. The outcomes of the Department’s Investigations are Founded, Unfounded, or Inconclusive. 2. If the allegation(s) involves a juvenile, the Department will notify the juvenile, parent/guardian, and the Person of Interest of the outcome. State oversight agencies will also be notified as required by law. 3. The determination of an allegation being Unfounded does not preclude disciplinary action based on information revealed during an Investigation, such as a policy violation(s)” (Section III, G).

In further support of this PREA provision the agency Policy AS-904 “Corrective Action and Notifications” 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 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” (Section III, F).

As previously mentioned, there have been two allegations of sexual abuse made within the past 12 months. Review of these files as well as interviews with Travis County Internal PREA Investigators and the PCM verified that these notifications are documented. In addition, the auditor reviewed a sample of non-PREA related grievances filed in the 12 months prior to the onsite review. The majority of grievances reviewed were addressed in less than 48 hours. The resolution was written on the grievance form; youth were offered an appeal (which was also documented on the form); and youth were required to sign and date the grievance form.

The auditor reviewed a notification letter for an investigation that was sent by the General Counsel to the legal guardian/parent to verify compliance with this provision. Staff and youth interviews verified grievances, especially those alleging sexual abuse and/or sexual harassment, are taken seriously and handled immediately by the Grievance Officer/Case Work Manager and/or facility leaders.

Provision (b)

Agency Policy AS-904 "Corrective Action and Notifications" 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" (Section III, B4). Interviews with PREA Investigators verified they are responsible for maintaining contact with outside entities leading an investigation. This is done via regular emails. Emails to TJJD from internal investigators were reviewed by the auditor for the two investigations completed in 2025.

To further ensure the required documentation is completed, The TCJPD Internal Investigation Checklist has a space where the investigator must indicate if charges were filed by law enforcement (and when), as well as the outcome of the investigation (if TJJD was the primary investigator).

Provision (c)

Interviews with the PCM and Travis County PREA Investigators verified that residents would be notified of the outcome of the investigation and whereabouts of the staff member who was the alleged abuser. Agency Policy AS-904 "Corrective Action and Notifications" states, "c. 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" (Section III, F1). A notification letter sent by the General Counsel was reviewed by the auditor to verify compliance.

Provision (d)

Agency Policy AS-904 "Corrective Action and Notifications" states, "d. 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 2. the Department learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility" (Section III, F1). The Agency PREA Coordinator, the PCM, and Internal PREA Investigators reported they work with the General Counsel to determine who is the most appropriate individual to make this verbal notification (phone) to the victim. As a follow up, a formal letter is sent by the General Counsel to the parent or guardian upon completion of an investigation, further demonstrating compliance with this PREA provision. The auditor reviewed the notification letters for the investigations completed in 2025.

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, "G. The Chief determines the final outcome of an

	Administrative Investigation. 1. The outcomes of the Department's Investigations are Founded, Unfounded, or Inconclusive. 2. If the allegation(s) involves a juvenile, the Department will notify the juvenile, parent/guardian, and the Person of Interest of the outcome. State oversight agencies will also be notified as required by law" (Section III, G). As part of the Travis County process, once the investigation has concluded, the agency's General Counsel sends a formal letter to the parent/legal guardian and the youth informing them of the outcome of the sexual abuse investigation. A copy of this letter is maintained in the investigation file. This practice is supported by agency Policy AS-904 "Corrective Action and Notifications" which states "The notifications or due diligence efforts to notify will be documented and maintained in the investigation file" (Section III, F, 4). If the youth is a ward of the state, a formal letter is also sent to the youth's case worker as well as the youth's attorney. Interviews with PREA Investigators verified this practice is in place. As stated earlier, the auditor reviewed formal notification letters sent to the victim as further evidence of compliance with this PREA provision. Provision (f) The auditor is not required to audit this provision.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" • Policy AS-904 "Corrective Action and Notifications" • Policy AS-214 "Standards of Conduct and Disciplinary Procedures" • Interview with Director of Accreditation and Compliance • Interview with Agency PREA Coordinator • Interview with PCM • Interview with Administrative Services Senior Director (human resources) • Interviews with investigators • Interview with Director of Detention Services • Interviews with JDOs (direct care staff) Provision (a) As previously described in this report, the Travis County 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. These include:

- Policy AS-904 “Corrective Action and Notifications” which states, “1. 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. b. 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” (Section III, D).
- Policy AS-214 “Standards of Conduct and Disciplinary Procedures” declares, “Conduct warranting discipline or dismissal includes, but is not limited to....4. Being found to have engaged in abusive, neglectful, and/or exploitive behavior towards a juvenile, to include sexual abuse and sexual harassment” (Section III, C).

Interviews with the Director of Accreditation and Compliance, PCM, and Administrative Services Senior Director (human resources) verified that the agency acts in accordance with its policies and federal DOJ regulations.

Provision (b)

Interviews with agency and facility leaders confirmed that any staff member substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the investigation process). 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 Probation Department. This practice is supported by agency Policy AS-904 “Corrective Action and Notifications” 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” (Section III, D). Interviews with JDOs (direct care staff) verified they understood the agency’s zero-tolerance policy and that termination would result if they sexually abused or sexually harassed youth at Gardner-Betts.

Provision (c)

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 outlined in PREA standards. Agency Policy AS-904 “Corrective Action and Notifications” 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” (Section III, D1).

	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 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” (Section III, D2). Interviews with agency and facility leaders as well as PREA Investigators verified this is the notification process in the event a staff member is substantiated for sexual abuse and/or sexual harassment. Interviewees reported that the General Counsel along with the Investigator, Director of Detention Services, Agency PREA Coordinator, and PCM would determine who is responsible for making the notification to relevant licensing bodies if an allegation was substantiated.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS 1001 “Citizen, Volunteer, and Intern Services” • Policy AS-904 “Corrective Action and Notifications” • Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” • Travis County Probation Department Volunteer/Intern Handbook 2026 • Interview with Director of Accreditation and Compliance • Interview with Agency PREA Coordinator • Interview with PCM • Interview with Direction of Detention Services • Interview with Administrative Services Senior Director (human resources) • Interview with GB Grievance Coordinator Provisions (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-1001 “Citizen, Volunteer, and Intern Services” requires volunteers and interns to “4. Inform the Volunteer Coordinator of any law violation charges within 48 hours” (Section III, D). In addition, this same policy states, “2. 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” (Section III, H). The

	policy 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” (Section H). In further support of provisions in this standard, Travis County Probation Department Volunteer/Intern Handbook 2025 states (page 27) “...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 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 placed on paid administrative leave until the conclusion of the investigation. Interviews with agency and facility leaders confirm violations of agency policy would automatically result in prohibiting these individuals from working with program youth. To date, the facility reports not having any volunteers, interns, or contractors who have violated these policies.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy 901 “Reporting of Child Abuse Neglect and Exploitation” • Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” • Policy AS-904 “Corrective Action and Notifications • Policy 10 DS-1 Disciplinary Hearings • Policy “10-DS-2 Facility Discipline Plan” • Policy 10-DS-8 “Room Isolation/Confinement” • Interview with Director of Detention Services • Interview with facility Clinician • Interviews with Shift Supervisors • Interviews with JDOs (direct care staff) • Interviews with PREA Investigators • Review of Texas Administrative Code 343.285 • Review of a sample of “Alternative Personal Responsibility Program Daily Record of Behavior/Events” documents for youth isolated more than 24

- hours
- Interviews with Youth

Provision (a)

The Gardner-Betts facility prohibits all sexual contact between residents.

Expectations put forth in this PREA provision is supported in several agency policies. Agency Policy AS-904 "Corrective Action and Notifications" states, "E. 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. 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced" (Section III, E). All youth interviewed understood physical contact with other residents and staff is prohibited.

Provision (b)

In addition, the facility Policy "10-DS-2 Facility Discipline Plan" describes a system of discipline to appropriately address youth behaviors for rule violations while in detention. 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 building or unit restriction; Alternative Intervention Program (AIP); Personal Responsibility Program (PRP); and criminal charges as appropriate (Class B misdemeanor offense or more severe).

Similarly, agency Policy AS-904 "Corrective Action and Notifications" states, "6. 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." (Section III, E). Facility Policy 10-DS-8 "Room Isolation/Confinement" states, "e. Juveniles on room isolation/confinement will be allowed access to any legally required educational programming or special education services and other programs to the extent possible. f. Juveniles in room isolation/confinement will receive daily visits from a medical or mental health care staff" (Section III, A). This same policy also specifies, "d. When a juvenile is in his or her room for more than eight (8) hours, the on-duty Supervisor will arrange for the juvenile to participate in physical activity" (Section III, A3).

This PREA provision directs, "In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services." The Gardner-Betts facility uses Safety Based Seclusion (SBS) when a youth is physically aggressive and/or danger to self or others. Youth are placed in a room away from other youth. Once youth are emotionally regulated,

they are released from this short-term isolation. It is possible for safety reasons that a youth may not be allowed out for large muscle exercise during a 24- or 48-hour period for safety reasons (i.e., if they are physically aggressive and/or verbally threatening to harm other individuals). That said, the vast majority of staff and youth reported they are typically placed on SBS for less than 24 hours.

Texas Administrative Code 343.285 allows disciplinary seclusion for a major rule violation be imposed for a maximum of 48 hours. The statute also states, “disciplinary seclusion shall not be issued to a resident with a known diagnosis of: 1) a serious mental illness; or 2) severe or profound intellectual disability.” Agency and facility leaders confirmed that youth are checked in on each day by a nurse and several times per week by the facility clinician. Youth interviewed reported that they have been on SBS for 24-48 hours and most reported they remember getting visits from nurses daily.

Youth who have a major rule violation and are placed on SBS must have a formal disciplinary hearing within 48 hours to determine additional consequences for the infraction. Disciplinary hearing officers may decide it is in the best interest of the youth and facility to keep a youth separated from other youth in the facility. In this situation, following the disciplinary hearing a youth may be placed on an Alternative Intervention Program (AIP). The AIP includes a youth being placed on another living unit away from other youth and following a strict daily routine. Facility staff, including JDOs, Shift Supervisors, and medical staff reported that youth are permitted to exercise daily and that nurses make daily rounds while on AIP.

The auditor concludes there is enough evidence to determine the program uses SBS for youth who are emotionally dysregulated and only for the shortest time needed. These youth receive daily visits from a nurse and/or visits from the clinician. Once an SBS youth is safe to participate in programming (typically within a few hours and at most by 48 hours) they have one-hour of large muscle exercise each day. Youth who are placed on AIP as an outcome of a formal disciplinary hearing are required to follow a strict schedule that includes daily large-muscle exercise.

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.

Evidence reviewed supports compliance with this provision.

Provision (c)

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” (Section III, E). The policy also states, “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. 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” (Section III, E).

	Interviews with the Director of Detention Services and the facility Clinician verified that a resident's mental health or mental disabilities are taken into account when determining sanctions. In addition, as previously mentioned the Texas Administrative Code 343.285 states, "disciplinary seclusion shall not be issued to a resident with a known diagnosis of: 1) a serious mental illness; or 2) severe or profound intellectual disability." Provision (d) An interview with the facility Clinician and the Director of Detention Services verified that youth would be provided counseling services if substantiated for sexual assault or abuse. In addition, and in support of this provision, the agency Policy AS-904 "Corrective Action and Notifications" states, "5. 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" (Section III, E). Provision (e) Agency Policy AS-904 "Corrective Action and Notifications" 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" (Section III, E). Staff interviewed confirmed this practice is in place. Provision (f) Agency Policy AS-904 "Corrective Action and Notifications" 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" (Section III, C). Staff interviews verified youth are not punished for making reports in good faith. Youth also confirmed that they would not be punished for making a report. Provision (g) Policy AS-904 "Corrective Action and Notifications" states, "E. 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. 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced" (Section III, E). Staff and youth interviews confirmed that physical interactions and sexual activity is not permitted while in the Gardner-Betts facility (either with staff or another resident).
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- Policy AS-905 Services for Victims of Sexual Abuse
- Policy 8-DS-5 Access to Mental Health Care
- Standard Operating Procedures (SOP): "Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards."
- Review of random sample of youth files indicating youth who disclosed sexual victimization and/or perpetration were referred for follow-up meeting with a medical and/or mental health practitioner within 14 days
- Sample of completed Detention Housing Screener/vulnerability risk assessments (n=26)
- Interview with facility nurses who conduct vulnerability risk assessments
- Interview with facility Clinician
- Interview with Director of Detention Services
- Interviews with JDOs (direct care staff)

Provision (a)

The Travis County Juvenile Probation Department created Standard Operating Procedures (SOP) for addressing the "Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards." This document was submitted to the auditor for review. The SOP provides clear guidance on the purpose of the SOP, requirements, definitions, and procedures. More specifically, the SOP directs medical staff to: "1. Administer the Housing Screener to all juveniles that are to be detained in Detention Services" and clearly states, "c. If a juvenile responds "yes" to question 7, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener. d. If a juvenile responds "yes" to question 11, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener" (page 2, Medical Section 1). For purposes of clarity, the housing screening form question 7 addresses risk of victimization and question 11 addresses risk of sexually aggressive behavior.

To better ensure appropriate referrals are made and documented, the Travis County Probation Department Detention Housing Screening form clearly states beneath question 7 ("Have you ever had a sexual experience that you did not want to have?"): "*If answered yes or UNK, an offer for a follow up meeting with counselor must be offered." The person administering the assessment is also required to document their response to an additional question, "Who was referral made to and how?" and indicate the method by checking one of three boxes (i.e., email, phone,

or in person). These additional questions were also added to question 11 which asks, "Have you ever engaged in behavior that may be considered sexually aggressive?" A review of youth files (n=26) indicated these boxes were checked and information provided on the form as directed.

Agency AS-905 Services for Victims of Sexual Abuse states, "A. 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" (Section III, A, 1).

In addition, facility Policy 8-DS-5 Access to Mental Health Care states, "C. Juveniles will be screened for mental health issues prior to admission into facilities...3. The nursing staff and / or the intake staff will make referrals for additional nonemergency assessments and / or follow-up services based on the available information."

All youth who are processed at the Gardner-Betts facility are assessed by a licensed nurse for vulnerability risk during the intake process. At this time, youth are told that they can request an appointment with the facility Clinician if they wish. 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. Interviews with nurses verified that if a youth answers affirmatively to questions related to having an unwanted sexual experience or having forced others in a sexual manner, they would be automatically referred to the facility's clinician. This referral is documented by email sent by the nurse. As part of its practice, if a youth answers yes to questions 7 and 11 on the housing risk screener, the nurse is required to send an email to two groups: Juv-Assess@Traviscounty.gov and Juvenile-Medical-Unit@traviscounty.gov. These email groups include medical staff and clinical staff. This ensures follow-up occurs within the 14 day period. Review of 26 youth files (13 current and 13 discharged youth) indicated that no youth disclosed a history of sexual victimization at intake.

Provision (b)

PREA also requires that if the screening process indicates a youth has a previous history of sexual perpetration, the youth must be referred a mental health practitioner within 14 days of the intake screening. While the agency Policy AS-905 "Services for Victims of Sexual Abuse" clearly states that youth who disclose prior victimization will be referred to a mental health professional within 14 days, this policy does not explicitly state that youth who disclose prior sexual perpetration will

be offered a referral. A review of youth files (n=26) revealed that only one youth disclosed prior perpetration. Documentation verified that this youth was offered a mental health referral but declined the invitation. Interviews with nurses verified that youth who disclose prior victimization or perpetration are referred to a mental health clinician. Since PREA does not require facilities to include specific language in its policy and evidence supports that youth who disclose prior victimization or perpetration are referred to a mental health professional, the auditor concludes the program is in compliance with this provision.

As previously mentioned, all youth who are detained at the Gardner-Betts Detention facility are assessed by a Registered Nurse for vulnerability risk during the intake process. At this time, youth are told that they can request an appointment with the facility Clinician if they wish. 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. The facility uses a group email that includes medical and mental health staff to alert the team that a follow-up appointment is needed (i.e., based on the house risk screening tool). Review of completed vulnerability risk tools (N=26; current and discharged youth) indicated that only one youth disclosed a history of sexual perpetration. Formal emails to the group inbox were reviewed to confirm these referrals are sent consistent with PREA expectations.

Provision (c)

Agency Policy AS-905 "Services for Victims of Sexual Abuse" 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" (Section III, A, 4).

Shift Supervisors and JDOs (Classification Staff) who make the bed placement decisions at intake receive only the last page of the vulnerability assessment. This page includes check boxes indicating youth medical restrictions and key behaviors (i.e., Aggressive/Assaultive; Sexually Inappropriate; etc.) but does not provide more detailed information regarding a youth's history of sexual victimization or perpetration. Interviews with JDOs revealed that intake JDOs do not share detailed information with other JDOs but do use the final scores (risk level for victimization and/or perpetration) to make placement decisions. The original copies of the completed vulnerability tool are kept in the youth's medical folder in a locked cabinet. The last page of the risk tool (which has no specific youth history information) is placed in the youth's working folder on the living unit and secured in the staff office.

Staff interviews and review of vulnerability risk tool information support that client information is protected and staff adhere to privacy information policies and expectations. The facility complies with this PREA provision.

Provision (d)

	Agency AS-905 “Services for Victims of Sexual Abuse” supports provision (d) by stating, “5. 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” (Section III, A). Interviews with agency and facility staff confirmed that the Gardner-Betts facility does not house youth who are 18 years old and therefore, this provision is N/A.
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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 “First Responder Duties” training • MOU with Safe Alliance (executed February 2019) • Travis County Probation Juvenile Handbook • Interviews with JDOs (direct care staff) • Interviews with Shift Supervisors • Interviews with the facility Clinician • Interview with facility nurses • Facility tour observations Provision (a) As previously mentioned, the Gardner-Betts 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 Detention Services Juvenile Handbook. Safe Alliance posters were observed by the auditor during the facility tour. 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 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” (Section I). The policy also states, “2. determinations about what testing and treatment services are medically necessary and appropriate will be made by a medical professional in accordance with their professional judgement” (Section III, A). The agency Policy AS-905 “Services for Victims of Sexual Abuse” also states, “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” (Section III, C).

The Travis County Probation Juvenile Handbook provides contact information for Safe Alliance (mailing address and telephone number). Staff interviews verified victims of sexual abuse would be offered to be transported to the hospital for a SANE exam. In addition, if an allegation of sexual abuse was made, the facility Clinician is contacted as part of the first responder protocol. Therefore, abuse victims have access to timely, unimpeded access to emergency medical treatment and crisis intervention services while at the Gardner-Betts facility.

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 the nurse and clinician are contacted shortly after the allegation is disclosed.

Provision (c)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” clearly directs, “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” (Section III, B).

This same policy also states, “d. 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” (Section III, 4). While onsite, facility nurses consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews verified nurses at Gardner-Betts can offer STI testing. If a youth who has been sexually assaulted declines to go to the hospital for the SANE exam but wants treatment, the protocol is for the Nurse on duty to contact the contracted physician. Facility nurses interviewed reported that there is a standing order from the facility’s contracted physician that allows them to offer victims of sexual abuse or assault emergency contraception and to do so in a timely manner.

Provision (d)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” supports provision (d) of this standard by specifically stating, “3. If the abuse occurred in a facility or juvenile justice program, the cost of any treatment services will not be assessed to the victim or their family regardless of whether the victim names the abuser and/or

	cooperates with any investigation” (Section III, B). Staff interviews confirmed that SANE exams would be provided at no cost to the victim or whether the victim names the abuser. Review of all evidence allows the auditor to conclude the facility complies with this PREA standard.
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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
	Evidence Used in Compliance Determination: • AS-905 “Services for Victims of Sexual Abuse” • Travis County Probation Detention Services Juvenile Handbook • Travis County Internal Investigation Checklist • Interviews with JDOs (direct care staff) • Interviews with Shift Supervisors • Interviews with the facility clinician • Interview with facility nurses Provision (a) Agency Policy AS-905 “Services for Victims of Sexual Abuse” 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” (Section I). The policy explains that treatment services (both medical and mental health services) are provided to victims who disclose sexual abuse that occurred at a previous placement, at home, or in the Gardner-Betts facility. Interviews with facility nurses as well as the mental health clinician confirmed that if a youth alleged sexual abuse, medical and mental health clinicians would evaluate the youth as soon as possible. Provision (b) Facility Policy 4-DS-11 “First Responder Duties” states, “Treatment and counseling staff will ensure the victim’s mental health needs are addressed. a. The counselor will follow up with the victim to see if any crisis intervention counseling services are needed. b. The counselor will assist the victim in accessing outside advocates as requested” (Section III, F). In addition, agency Policy AS-905 “Services for Victims of Sexual Abuse” supports expectations outlined in provision (b) and clearly directs that youth who disclose sexual abuse will be offered follow-up services including,

“1.d. Treatment plans, follow-up services and referrals for continued care following transfers to other facilities or release from custody” (Section III, A). This same policy clearly explains, “1. Upon the conclusion of an administrative investigation or at the discretion of the Chief 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” (Section III C).

Interviews with the Clinician and other program staff verified the program would evaluate and treat the victims based on their individual needs and consistent with the community level of care.

Provision (c)

Agency and facility policies support this PREA provision. Specifically, agency Policy AS-905 states, “3. All medical and mental health services and treatments will be consistent with the community level of care” (Section III, A). Interviews with the Clinician, nurses, and other program staff verified the program would evaluate and treat the victims based on their individual needs and consistent with the community level of care.

Provision (d)

As previously stated, the agency Policy AS-905 “Services for Victims of Sexual Abuse” clearly states, “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” (Section III, B). Interviews with Gardner-Betts nurses revealed that if a sexual assault or abuse involved vaginal penetration, they would be able to offer pregnancy testing at the facility, even if the youth declined getting a SANE exam at the hospital.

Provision (e)

Policy AS-905 “4b. 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” (Section III, B). While onsite, facility nurses consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews verified that Gardner-Betts offers pregnancy testing and emergency contraception through the SANE exam at the local hospital. However, if a youth refuses to go to the hospital for a full SANE exam, the protocol is to contact the contracted physician, to enact the standing order that currently exists for STI testing

and emergency contraception.

Since the facility has not had allegations of sexual abuse that involved penetration, the auditor was unable to determine whether the practice of offering STI testing and emergency contraception by the facility (in the event a youth refuses to go to the hospital for a SANE exam) has been fully institutionalized. However, as previously mentioned interviews provide consistent evidence that this practice is in place.

Provision (f)

Agency Policy AS-905 "Services for Victims of Sexual Abuse" supports all provisions of this standard. Interviews with Gardner-Betts nurses verified they would offer STI testing through the SANE exam at the local hospital and would offer this at the facility in the event there was an incident of sexual assault or abuse. This would be accomplished by working with the contracted Gardner-Betts physician to order the necessary tests and prescriptions.

Since the facility has not had allegations of sexual abuse that involved penetration, the auditor was unable to determine whether the practice of offering STI testing and emergency contraception by the facility (in the event a youth refuses to go to the hospital for a SANE exam) has been fully institutionalized. However, since the local hospital does have certified SANEs, offering these additional services is likely part of the routine SANE process. Additionally, as mentioned previously, interviews revealed that the medical team has a standing order with the contracted physician to provide the services required by PREA.

Provision (g)

Agency Policy AS-905 "Services for Victims of Sexual Abuse" supports provision (g) of this standard by specifically stating, "3. 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 regardless of whether or not the victim names the abuser and/or cooperates with any investigation" (Section III, C). Staff interviews confirmed that these treatment services would be provided at no cost to the victim.

Provision (h)

The DOJ PREA standards require "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." Agency Policy AS-905 "Services for Victims of Sexual Abuse" supports provision (h) of this standard by stating, "Known juvenile abusers engaging in youth-on-youth sexual abuse will be referred to treatment, counseling, educational programs or other interventions. 1. The Department will attempt to conduct a mental health evaluation of all known juvenile abusers within 60 days of learning of the abuse history. 2. Known juvenile abusers will be offered appropriate treatment as determined by the Chief or designee and a mental health professional" (Section III, D).

Since the Gardner-Betts facility is a short-term facility with a length of stay of approximately 16 days most youth would not be in the facility for 60 days. That

	said, interviews with facility manager and the clinician verified known abusers would be evaluated by the contracted Psychiatrist, the facility clinician, or the dozens of other psychology interns/counselors soon after the incident occurred (likely within a week of the report).
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-906 “Incident Reviews and Data Collection” • Travis County Internal Investigation Checklist • Sexual incident review documents • Interview with Director of Detention Services • Interview with PREA Investigators • Interview with Agency PREA Coordinator • Interview with PCM • Interview with Director of Accreditation and Compliance Provisions (a) and (b) Agency Policy AS-906 “Incident Reviews and Data Collection” states, “A. 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” (Section II, A). The “TCJPD Internal Investigation Checklist” includes a section regarding the Sexual Abuse Incident Committee. The auditor reviewed the form which now includes a question that asks the investigator: “PREA Incident Review Required? Yes/No” and provides a reminder that the committee “must be conducted within 30 days of investigation completion.” The checklist also requires the investigator to document the date and time the Sexual Abuse Incident Review Committee met. As previously mentioned, the facility has had two allegations of sexual abuse (no penetration) in the past 12 months. Both of these allegations were fully investigated and determined to be “unsubstantiated.” Agency and facility leaders articulated they were aware of this federal requirement and are committed to ensuring the sexual abuse incident review committee convenes consistent with federal requirements. To further verify compliance, the auditor reviewed both completed sexual abuse committee forms. One of the reviews took place 30 days after the conclusion of the investigation. The other review took place approximately 45 days after the conclusion. The facility provided a plausible explanation for the delayed

review. The auditor is confident that this delay was an anomaly and reminded the facility of the 30-day requirement. The PREA standard states, “b. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.” The auditor confidently concludes that these reviews almost always occur within the 30-day timeframe. Therefore, the auditor finds the program in compliance with this provision.

Provision (c)

Agency Policy AS-906 “Incident Reviews and Data Collection” states, “2. 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” (Section II, A). Staff verified that if there is a sexual abuse investigation that results in a finding of substantiated or unsubstantiated, a formal committee comprised of the PREA Investigator, Director of Detention Services, Case Work Manager, PCM, Agency PREA Coordinator, and other agency and facility managers is convened to discuss the incident and develop an action plan to prevent similar incidents in the future. As previously mentioned, the auditor reviewed both Sexual Abuse Incident Review Committee forms. The documentation verified that there were nearly a dozen agency and facility leaders and managers who participated in these discussions. These individuals included the Director of Detention Services, the Agency PREA Coordinator, the PCM, mental health staff, the lead investigator, shift supervisors, and medical staff, to name a few. The auditor determines the facility is in compliance with this PREA provision.

Provision (d)

Agency Policy AS-906 “Incident Reviews and Data Collection” 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; c. 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.; e. 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” (Section II, A3).

	As previously mentioned, the facility uses a structured format for the incident review to document the discussion and to ensure all key areas are discussed. The auditor reviewed the two investigation reports and the corresponding SAIR committee review forms to further verify compliance. The completed forms captured the detailed discussion that took place and sufficiently address all areas outlined in provision (d). The auditor applauds the facility for facilitating comprehensive discussions to determine if the incident was motivated by race, gender identity, etc.; whether physical barriers existed; whether policies and practices needed to be changed; whether staffing levels were adequate; and other items as required by this PREA provision. Provision (e) Agency Policy AS-906 “Incident Reviews and Data Collection” states, “4. 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” (Section II, A). Staff interviews verified that the sexual abuse committee is required to document what they learned from the incident and develop specific strategies to help prevent sexual abuse incidents in the future. Review of the two SAIR forms verified that the participants identified policy and practice changes (e.g., youth no longer permitted to put paper over their windows and staff are not permitted to enter a youth’s room alone) as well as additional staff training needed (i.e., healthy boundaries). All information reviewed allows the auditor to determine the program is compliant with this PREA standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Determining Compliance: • Policy AS-906 “Incident Reviews and Data Collection” • Two investigation reports and supporting documents (2025) • Travis County Juvenile Probation Annual Report (2026) • 2025 TCJPD Contracted Facility PREA Aggregate Data • Interviews with PREA Investigators

- Interview with PCM
- Interview with Agency PREA Coordinator

Provision (a)

Agency Policy AS-906 "Incident Reviews and Data Collection" states, "B. 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" (Section II, B). An interview with the Agency PREA Coordinator and facility PCM confirmed that all allegations of sexual abuse and sexual harassment are tracked on an Excel tracking sheet. The tracking sheet includes the date of the event, involved parties (i.e., victim, perpetrator, witnesses), investigation outcome, date of requisite notifications, etc. This information is provided by the PCM to the Agency PREA Coordinator monthly. As mentioned, there have been two allegations of sexual abuse in the 12 months preceding the onsite visit. Both allegations were thoroughly investigated and determined to be unsubstantiated. Interviews with the PCM, the Agency PREA Coordinator, and other agency leaders confirmed this process is in place.

Provision (b)

Agency Policy AS-906 "Incident Reviews and Data Collection" requires, "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" (Section II, B).

Interviews with the Agency PREA Coordinator and other facility managers supported that the Department reviews sexual abuse data a minimum of quarterly. The facility uses a formal report titled, "Travis County Juvenile Probation Department 2025 1st Quarter ANE Report" that provides a tally of the number of ANE (Abuse, Neglect, and Exploitation) incidents for Gardner-Betts. This report includes several categories including but not limited to: Emotional/Verbal Abuse, Physical Abuse (Physical Restraint); Sexual Abuse Non-Contact, and Sexual Abuse Contact. This report provides information regarding events that have occurred in the designated quarter and the total for the year. This report is created on a quarterly basis and is presented to the Travis County Juvenile Board. Interviews with agency and facility leaders verified these data are reviewed a minimum of quarterly. These data are also aggregated each year and appear in the Department's annual PREA progress report.

Provision (c)

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. In the event a sexual abuse allegation is made, Travis County Juvenile Probation staff are prepared to provide this information. In support

	of this future practice, agency Policy AS-906 “Incident Reviews and Data Collection” states, “2. 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” (Section II, B). Provision (d) The agency Policy AS-906 “Incident Reviews and Data Collection” states, “1. 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” (Section II, B). Interviews with the PCM and PREA Investigators verified the necessary investigation documents and data are maintained. The auditor also reviewed two investigation files to confirm these files include the necessary information/data required by PREA standards. Provision (e) Contract language requires programs to submit the requisite data a minimum of annually as well as submit the formal PREA audit findings report to Travis County Probation. The auditor reviewed the “2026 PREA Annual Report” which provided data for 2025 for the eight programs with which Travis County Probation contracts. Provision (f) As previously stated, the PCM and Agency PREA Coordinator are aware of the requirement to submit data to DOJ upon request. The data tracking sheets and comprehensive investigation documents that are currently maintained will allow the facility to provide this information as needed. In support of this practice the agency Policy AS-906 “Incident Reviews and Data Collection” directs, “3. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice” (Section II, B). The auditor determines the program is in compliance on provisions in this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-906 “Incident Reviews and Data Collection” • Travis County Juvenile Department Annual Report, Findings, and Action Plan (May 2022) • 2026 PREA Annual Report posted on traviscountytexas.gov website (dated 2/12/

2026)

- Interview with Director of Accreditation and Compliance
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

Provisions (a) and (b)

The Travis County Probation Department has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, "2026 PREA Annual Report " and is posted on the agency's website (traviscountytexas.gov). The webpage includes reports from 2016-2026. Each individual report includes comparison data for sexual abuse incidents from prior years. The reports describe any problem areas and steps to minimize the risk of sexual abuse and/or sexual harassment. The auditor checked the website, and all 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 states, "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" (Section II, C).

The auditor concludes the program is in compliance on provisions (a) and (b) of this PREA standard.

Provision (c)

The auditor reviewed a sample of the "2026 Annual PREA Report" 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 per the signature). During interviews with the Director of Accreditation and Compliance and the Agency PREA Coordinator, it was confirmed that the Agency PREA Coordinator drafts the annual PREA progress report and that the Chief Juvenile Probation Officer approves 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 states, "a. The Department report will be approved by the Chief and made readily available to the public through the Department's website" (Section II, C).

The program is in compliance on this provision.

Provision (d)

	The auditor reviewed the annual reports to ensure that sensitive or identifying information has been removed. The review confirmed the agency consistently 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 states, “b. Personal identifiers will be removed before the aggregated sexual abuse data is made available” (Section II, C2). In addition, this same policy directs, “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.” (Section II, C). Review of all evidence allows the auditor to confidently conclude the program complies with this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Used in Compliance Determination: • Policy AS-906 “Incident Reviews and Data Collection” • 2026 PREA Annual Report • Annual PREA report on website (traviscountytexas.gov) • Interview with Director of Accreditation and Compliance • Interview with Agency PREA Coordinator • Interview with PCM • Interviews with PREA Investigators • Facility tour observations Provision (a) 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” 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” (Section II, C). This same policy also states, “d. 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” (Section II, C2). Interviews with the PCM, PREA Investigators, and the Agency PREA Coordinator confirmed that investigation files and corresponding data are locked in a secure area, to which only the PREA Investigators and General Counsel have access. Provision (b)

In support of this provision the agency Policy AS-906 "Incident Reviews and Data Collection" states, "a. The Department report will be approved by the Chief and made readily available to the public through the Department's website" (Section II, C). As previously stated, the agency annual PREA report (2026) and previous reports from 2015 - 2025, provide detailed data for the facilities it operates. The report provides comparisons of the current year's data and corrective actions from prior years for the facilities under the direct of Travis County Probation Department - Gardner-Betts Detention Center 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 Juvenile Probation Officer as well as the Agency PREA Coordinator and is posted on the agency website (traviscountytexas.gov). The auditor checked the links verifying that the links to the 2026 report (data from 2025) as well as previous reports are in working order.

PREA standards require, "(b) The agency shall 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." The auditor reviewed the traviscounty.gov website and verified 2025 data from contracted placements are also posted on the website. This information appears in the document titled, "2026 PREA Annual Report."

Provision (c)

A review of a sample of "PREA Annual 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" 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" (Section II, C2).

Provision (d)

Agency Policy AS-906 "Incident Reviews and Data Collection" specifically states, "e. 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" (Section II, C). Interviews with PREA Investigators and agency leaders verified these files and supporting documents are retained consistent with this PREA provision. The agency has an electronic record and storage system which allows the agency to retain these documents in perpetuity. The facility and agency retain sexual abuse data consistent with PREA standards.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the fifth PREA audit the Gardner-Betts Juvenile Center has undergone (the previous audits were conducted in 2016, 2017, 2021, and 2023). This audit report details information obtained from the fifth PREA audit, the onsite portion of which was conducted on March 10 – 11th, 2026. 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. 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 conducting a facility tour. The process also included interviews with several staff, contractors, and volunteers. To the best of her knowledge, the auditor adhered to the expectations outlined in the PREA Auditor Handbook Version 2.1 (revised November 2022) – i.e., sampling methods; not receiving additional financial compensation from Travis County Juvenile Probation Department; and other provisions.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor has confirmed that the Gardner-Betts final PREA audit reports (2016, 2017, 2021, and 2023) have 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	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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	yes

	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.)	
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	yes

	interviews?	
	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	Policies to ensure referrals of allegations for investigations	

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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	Obtaining information from residents	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	

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

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

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

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

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

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

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

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

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

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

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	Access to emergency medical and mental health services	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes