

# PREA Facility Audit Report: Final

**Name of Facility:** Rockdale Youth Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 06/11/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	05/19/2024
<b>End Date of On-Site Audit:</b>	05/20/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Rockdale Youth Academy
<b>Facility physical address:</b>	696 North Farm to Market 487, Rockdale, Texas - 76567
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Cruzbeth Hernandez
<b>Email Address:</b>	cruzbeth.hernandez@youthopportunity.com
<b>Telephone Number:</b>	5124463930

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	cruzbeth hernandez
<b>Email Address:</b>	cruzbeth.hernandez@youthopportunity.com
<b>Telephone Number:</b>	806-789-8349

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Cruzbeth Hernandez
<b>Email Address:</b>	cruzbeth.hernandez@youthopportunity.com
<b>Telephone Number:</b>	O: 806-789-8349

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Bettie Fuentes
<b>Email Address:</b>	bettie.fuentes@youthopportunity.com
<b>Telephone Number:</b>	512-446-3930

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	65
<b>Current population of facility:</b>	63
<b>Average daily population for the past 12 months:</b>	61
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	5
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	43
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

#### AGENCY INFORMATION

<b>Name of agency:</b>	Youth Opportunity Investments, LLC.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	701 94th Avenue North , Suite 100, St. Petersburg , Florida - 33702
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

#### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Joseph Nixon	<b>Email Address:</b>	joseph.nixon@youthopportunity.com
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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:

2

- 115.317 - Hiring and promotion decisions
- 115.381 - Medical and mental health screenings; history of sexual abuse

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-19
2. End date of the onsite portion of the audit:	2024-05-20

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	65
15. Average daily population for the past 12 months:	61
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	63
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	44
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1

51. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	15
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	The auditor utilized the resident roster to ensure a representative sample was selected from each of the five housing units and the two programs.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.         </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.</p>
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>1</p>
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.</p>
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.</p>
<b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.</p>
<b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	<p>1</p>

<b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	During the onsite audit, the auditor did not observe any youth who would fall under the specified criteria, nor did the auditor become aware of any evidence suggesting the presence of such youth within the facility.
<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	12
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	4	0	4	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	4	0	4	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

1

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

<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



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

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

## Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Organization Chart</li> <li>- Youth Opportunity Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Agency-wide PREA Coordinator (PC)</li> <li>- Facility PC, who is also the facility's Facility Administrator (FA)</li> <li>- Assistant Facility Administrator (AFA)</li> </ul>

**Explanation of Determination:****115.311**

(a): The Rockdale Youth Academy (RYA) facility is owned and operated by the Youth Opportunity company, which operates twenty-one juvenile facilities throughout the United States. As per the Youth Opportunity's website, "Youth Opportunity is dedicated to empowering young people to become successful and independent by establishing the strong foundations of physical and emotional health, positive social and family relationships, and education." The services offered at the Youth Opportunity facilities, as per their website, include: trauma-informed care; individualized case planning; evidence-based practices; mental health, substance abuse, and co-occurring disorders; family engagement and participation; and transition management. Moreover, as per the RYA page on the Youth Opportunity website:

- "The RYA program is as a 65-bed secure facility for pre- and post-adjudicated youth. The program serves both boys and girls, ages 10 to 17 years old. Intensive Offender Treatment Programs address issues unique to adolescent adjudicated for mental health, substance abuse and sexually natured offenses. Family Therapy, Life Skills, Educational Resources, and a wide variety of individualized programs are also offered. Services are provided 24 hours per day, seven days per week."
- "All Youth Opportunity programs have zero tolerance policies concerning any form of conduct that meets the definition of sexual abuse or sexual harassment. Residents have the right to be free from abuse, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff, vendors, volunteers, interns and other residents."

The auditor confirmed that the RYA has a written policy specific to the RYA facility that clearly mandates the agency's zero tolerance stance toward all forms of sexual abuse and sexual harassment. This Policy also thoroughly outlines the agency's approach to preventing, detecting, and responding to such conduct at the RYA facility, as well as the required corrective action process to ensure any deficiencies identified in compliance are immediately addressed. The RYA PREA Policy was found to be fully institutionalized at the RYA facility in practice, and the auditor sufficiently confirmed that the Policy outlines the necessary procedures for how the facility can successfully comply with each of the PREA Juvenile Standards. The RYA PREA Policy was initially approved in 2018 by the Facility Director and a designated corporate administrator for the Youth Opportunity agency, with the most recent revisions made in 2021. This Policy is also posted on the RYA page on the Youth Opportunity website: PREA - Youth Opportunity.

It was verified by the auditor that all RYA staff, contractors, and volunteers are trained on their PREA responsibilities of detecting, reporting, and responding to situations involving sexual abuse, sexual harassment, retaliation, and staff neglect,

as required by the PREA standards and the agency's PREA Policy. Furthermore, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment on pages two through four, as well as sanctions for those found to have participated in prohibited behaviors.

During the onsite phase of the audit, the auditor verified that the facility has posted several PREA zero-tolerance and reporting posters throughout all areas of the facility. For example, "End the Silence" posters are posted throughout the facility in both English and Spanish, with these posters clearly detailing how no one should be abused, abuse is a crime, how to report, and the TJJD Reporting Hotline information. Other PREA related postings include a laminated form of the multiple methods for making a PREA report, zero tolerance statement, victim support services and their contact information, outside and third-party reporting information, and a TJJD Abuse, Neglect, & Exploitation brochures in English and Spanish. Furthermore, the auditor confirmed that the Auditor Notice forms were posted throughout all frequently visited areas of the facility, and these signs were printed on bright greenish paper and laminated.

(b): The auditor confirmed that Youth Opportunity, Inc. has designated an agency-wide upper-level PREA Coordinator (PC) who also serves as Youth Opportunity's Vice Principal of Program Development. In interviewing the agency-wide PC and reviewing the provided documentary evidence, the auditor confirmed that the PC has the necessary time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the RYA facility. The facility's PREA Policy documents the specific PREA-related responsibilities of the PC, and the organization chart provided further illustrates the PC's level of authority within the organization hierarchy. Based on the evidence reviewed and interviews conducted onsite, it is evident that Youth Opportunity Inc. has taken the necessary steps to appoint a designated agency-wide PC with the authority and responsibilities to ensure compliance with PREA standards.

In addition to the agency-wide PC, the RYA designated the Facility Administrator (FA), who is at the top of the hierarchy of the facility, as the facility's PREA Coordinator (PC). The FA at the RYA facility is the designated facility head, and through the onsite interview with this administrator and through the documentary evidence review process, the auditor determined that the facility PC has the sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the RYA. The FA shared in her interview how she is able effectively and efficiently prioritize her PREA responsibilities of ensuring full compliance with each PREA standard by first and foremost having a keen knowledge of all the facility's PREA policies and procedures. The FA was able to elaborate on how the facility's PREA policies are practiced on a daily basis, such as PREA unannounced rounds, the investigative process, the reporting protocols for all individuals who enter the facility, the intake process to include the PREA orientation and comprehensive PREA education and risk screening procedures and forms used, the delegation of PREA related duties, the annual Staffing Plan and PREA aggregate data review processes, random check-ins on residents and staff, staff scheduling and supervision ratios, resident population dynamics and housing/programming

assignments, case manager and therapist responsibilities related to PREA, the communication process with the agency-wide PC, scheduling and logistics of meetings related to PREA standard requirements such as staff PREA training and resident PREA education, etc.

During the onsite phase of the audit, the FA/PC was the auditor's point of contact and led the auditor through all areas of the facility for the facility wide inspection. She provided the auditor with access to all areas of the facility, identified where the cameras were located, demonstrated how a new intake is processed, provided the auditor with access into the control room and her office- with each of these areas including monitors displaying the video surveillance footage of the facility.

(c): Due to the small size and unique hierarchy of Rockdale Youth Academy (RYA), the facility has opted not to designate a specific PREA Compliance Manager (PCM). Instead, the Facility Administrator (FA), who serves as the designated PREA Coordinator (PC), oversees PREA compliance with the support of two Assistant Facility Administrators (AFAs). The AFAs' responsibilities regarding PREA compliance are detailed extensively in the RYA PREA Policy. Through document reviews and interviews conducted during the onsite audit phase, it was confirmed that these AFAs are allocated sufficient time and authority to effectively coordinate the facility's PREA compliance efforts. The provided Organizational Chart and policy documents support that both AFAs have the necessary administrative authority and are actively involved in ensuring and assessing compliance with PREA standards.

During the onsite phase, the auditor verified that the facility's operational dynamics and size justify the decision to have the FA act as the PC, with adequate assistance from the AFAs. An interview with the FA confirmed that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards at RYA. Additionally, an interview with one of the AFAs clarified how they assist the PC and regularly meet to discuss PREA-related issues and practices, further supporting the effective delegation of PREA responsibilities.

Given the above considerations, the auditor concludes that RYA is compliant with the requirements of this PREA standard in practice and has effectively adapted its organizational structure to meet PREA requirements associated the PREA standards. Furthermore, RYA has successfully adjusted its organizational structure to fulfill PREA requirements by appointing a facility-specific PC at the facility. As confirmed by the auditor, this individual coordinates and collaborates with the agency-wide PC to ensure thorough compliance with all the PREA juvenile standards, as outlined in this report.

#### **Conclusion:**

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

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- PREA Coordinator (PC)</li> <li>- PREA Compliance Manager (PCM)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312</b></p> <p>(a &amp; b): As confirmed by the auditor through the review of the PAQ, the documentary evidence review conducted throughout all phases of the audit, and the interviews and facility inspection conducted for the onsite; the RYA does not contract with other entities for the confinement of residents. The RYA is owned and operated by the Youth Opportunity company, which operates twenty-one juvenile facilities throughout the United States. The RYA program is as a 65-bed secure facility for pre and post adjudicated youth. The program serves both boys and girls, ages 10 to 17 years old. Intensive Offender Treatment Programs address issues unique to adolescent adjudicated for mental health, substance abuse and sexually natured offenses. Family Therapy, Life Skills, Educational Resources, and a wide variety of individualized programs are also offered. Services are provided 24 hours per day, seven days per week.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy Staffing Plan
- Rockdale Youth Academy PREA Policy
- Unannounced PREA Rounds log sheet
- Unannounced Facility Observation Documentation
- Pictures of supervisors and administrators conducting the documented unannounced rounds
- Texas Juvenile Justice Department (TJJD) Monitoring Compliance Reports
- Daily Population Reports
- Population Data Reports
- Daily Task Checklists
- Supervisor Notes
- Shift Briefings
- Shift Supervisors Reports
- Staff Assignments
- Resident Data Reports

**Interviews:**

- Facility PREA Coordinator (PC), who is also the Facility Administrator
- Supervisor who Conducts Unannounced PREA Rounds

**Site Review Observations:**

- During the onsite audit, the auditor examined all areas of the facility and took note of the supervision ratios being provided at the facility. During the two days onsite, the auditor conducted the supervision inspections and verified that the facility was compliant with the 1:8 waking hour PREA ratio, as well as compliant with the sleeping hour PREA ratio of 1:16. The facility was found to be fully compliant with its Staffing Plan and there were no deviations identified by the auditor. Additionally, the auditor reviewed the population and staffing documentary evidence for the two days onsite and confirmed the facility's compliance in practice with the facility's Staffing Plan. In addition, it is important to note that the facility has certified teachers in each classroom who do not count in the facility's supervision ratios in practice, as per the facility's Staffing Plan. However, the auditor determined that per the applicable PREA requirements of the PREA Juvenile Standards, the teachers can be included in the PREA supervision ratios; therefore, further ensuring that the



facility maintains the minimum 1:8 waking hours PREA supervision hours. Furthermore, during the onsite, the auditor observed a teacher with at least one security staff member in each classroom of residents, which provided a 1:4 supervision ratio in each classroom.

During the onsite inspection conducted on each day of the onsite, the auditor took note of the supervising staff and resident locations to evaluate the line-of-sight practices and level of supervision. The auditor determined no issues with this assessment of supervision practices related to PREA compliance, and it should be noted that the facility consistently exceeded the minimum PREA ratios during the onsite phase of the audit, with teachers, therapist, medical staff, and administrators and supervisors all moving throughout the facility at random times to provide an additional level of staff presence. Furthermore, residents were provided adequate spacing from others, and staff were positioned in locations to ensure clear line of sight and immediate response if needed.

The auditor also observed the facility's video surveillance system and control room during the onsite inspection. During this inspection, the auditor did not observe any major issues related to blind spots or vulnerabilities associated with supervision of residents. Furthermore, the video inspection confirmed that the facility was compliant with the PREA ratios and throughout the walk through with the FA, the FA helped the auditor identify the location of each camera in the facility. The FA also has a monitor in her office that includes video surveillance of the entire facility, similar to the set up in the control room, and the FA shared how she has access to the facility's surveillance system remotely on her phone. Furthermore, the control room is staffed 24/7, with this officer not included in the facility-wide ratios.

**Explanation of Determination:**

**115.313**

(a): The auditor reviewed the facility's Staffing Plan that was uploaded in the PAQ prior to the onsite, which includes all the required elements of this provision. For example, the Staffing Plan has twelve sections that include the eleven elements (1-11) of this PREA provision, as well as the procedures for conducting the PREA unannounced rounds required by provision (e) and the staffing plan review process pursuant to provision (d). The Staffing Plan adequately details the staffing plan currently in place for the RYA in accordance with the requirements of this PREA provision and was verified to have been reviewed and signed by the PCM, PC, and Facility Administrator on May 31st, 2023. The Staffing Plan states that it was designed to help determine adequate staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

Furthermore, the agency's PREA Policy on page 5 outlines how the facility's PC shall periodically review the staffing plan to ensure adequate levels of staffing are in place to protect youth against sexual misconduct. The auditor also was provided the facility's most recent Texas Juvenile Justice Department (TJJD) compliance monitoring report for the pre and post programs, which further demonstrates how the facility utilizes any findings of inadequacies from external oversight bodies (TJJD)

to include as a part of their Staffing Plan and the Staffing Plan annual review process.

(b): The facility's Staffing Plan and PREA Policy both state that any deviations from the staffing plan are required to be documented by the shift supervisor on duty and reported to the Facility Administrator, the Assistant Facility Administrator, and the PREA Compliance Manager. Any such deviations are also required to be documented in either the logbook or the shift report. In order to assess for deviations to the facility's Staffing Plan, the auditor was provided a four-week period of documentary evidence that adequately supported the practice of the PREA supervision ratios of 1:8 and 1:16, as well as the other elements of complying with the facility's Staffing Plan in practice. In addition, the facility reported in the PAQ that there have not been any deviations to the Staffing Plan during the audit review period.

(c): During the pre-onsite phase of the audit, the auditor identified an issue with the PREA supervision ratios required by this provision. The facility's PREA Policy aligned with the Texas Administrative Code supervision minimum supervision ratios of 1:12 and 1:24 and not the PREA required supervision ratios of 1:8 and 1:16 respectively. This issue was immediately shared with the facility's PC, who took prompt action to remedy the non-compliance supervision ratios in policy and practice. The facility's PC met with the agency-wide PC, and they determined that three additional full-time positions would be immediately added, as well as developed an action plan to ensure the 1:8 and 1:16 PREA supervision ratios were complied with in policy and practice. A memo was provided to the auditor weeks before the onsite detailing this corrective action plan, as outlined below:

- Effective April 28, 2024 Rockdale Youth Academy will adhere to PREA 115.313 (C) supervision and monitoring ratios. Which requires secure juvenile facilities to maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.
- As of April 28, 2024, Rockdale Youth Academy will continue to operate 2-12 hour shifts that will consist of 10 juvenile correctional officers in total during programming hours and 5 certified JSO'S during non-programming hours. This staffing ratio will in compliance with PREA 115.313(C) Supervision and Monitoring ratios.

This memo also outlines how the details of how each housing unit at the facility will be, and are, compliant with the 1:8 and 1:16 PREA ratios.

In order to demonstrate adherence to the PREA ratios during a four-week period before and during the onsite audit, the auditor was provided with documentary evidence that sufficiently demonstrated how the facility adhered to the 1:8 and 1:16 PREA supervision ratios during this sampled period. For example, the auditor was provided the facility's updated PREA Policy and Staffing Plan, daily shift reports,

population rosters, and other relevant supervision and staffing documents for this four-week period. The reports include the names and shift assignments for each staff member, as well as the housing and programming assignments/locations for each resident in the facility. Upon the auditor's review, it was determined that the facility successfully complied with the PREA supervision ratios during this four-week review period. In addition, during the onsite visit, the auditor examined all areas of the facility and took note of the supervision ratios throughout all areas occupied by residents. During the two days onsite, the auditor conducted supervision inspections at random times and successfully verified that the facility was fully compliant with the 1:8 waking hour PREA ratio in all areas of the facility where residents were located, as well as compliant with the sleeping hour PREA ratios of 1:16.

This proactive approach by the agency-wide and facility's PC (FA) ensured that the PREA ratios were fully institutionalized in policy and practice at the facility before, during, and after the onsite phases of the audit. The auditor also interviewed both PC's, and these two administrators further elaborated how the addition of three full-time staff and the revised Staffing Plan helped to ensure full compliance with the PREA supervision ratios. The updated Staffing Plan ensured that the single occupancy housing units with more than 8 beds are limited to a maximum of eight residents (to ensure 1:8 during waking hours), and the multiple occupancy housing unit is continually staffed with at least three security staff to ensure the 1:8 PREA ratios are adhered to during waking hours (this housing unit maximum capacity is set at 24).

Since the implementation of the corrective action on April 17th, 2024, the PC's advised that there have been no situations involving a deviation to the facility's updated Staffing Plan and at no time during this time frame has the facility been in jeopardy of non-compliance with the 1:8 and 1:16 PREA supervision ratios. As noted above, this statement was verified through the documentary evidence provided and onsite inspection.

(d): The facility's Staffing Plan and PREA Policy both include the staffing plan review requirements of this provision, as outlined below:

- Once per year, the PREA Facility Compliance Coordinator shall review the staffing plan with the PREA Manager in order to assess, determine and document whether adjustments are needed to:
  - the staffing plans;
  - prevailing staffing patterns;
  - the deployment of video monitoring system and other monitoring technologies; and
  - resources the facility has available to commit to ensure adherence to the staffing plan.

In order to assess for compliance with the staffing plan review process, the auditor was provided the facility's Staffing Plan, which includes a section for the review process that was conducted by the AFA's, agency-wide PC, and Facility Administrator

on May 31st, 2023. The review included a documented step-by-step analyze of the four elements required to be assessed, as set forth by this PREA provision, and detailed the additional surveillance equipment (ten cameras) added in specific areas of the facility since the last Staffing Plan review was conducted.

The auditor interviewed the facility's PC (FA) onsite, who explained how she meets with the facility's AFAs to review the Staffing Plan every year. She advised that she reviews and approves the Staffing Plan during the annual meeting with the AFAs, and she and the AFAs continually monitor compliance with the Staffing Plan on a daily basis through frequent and random check-ins of daily operations, review of shift reports and other operational reports, scheduling development, camera review, frequent debriefings and meetings with all unit managers and supervisors, and ensuring an open-door policy is maintained for communication with staff and residents related to PREA compliance and reporting issues or problems related to Staffing Plan compliance. The FA answered all the auditor's questions related to the Staffing Plan and complying with the requirements of this PREA standard and shared how she can contact the agency-wide PC at any time to review any updates to the Staffing Plan. Furthermore, the FA was knowledgeable in all elements of the facility's Staffing Plan, providing the auditor with a summary of the entirety of the Staffing Plan and the Staffing Plan review process.

**(e): According to the RYA PREA Policy on page 5:**

- "Administration/Supervisors will conduct and document unannounced rounds at least once weekly on a different shift to identify and deter staff sexual abuse and harassment. Staff will not be alerted to the unannounced unscheduled rounds occurring by other employees, contractors or volunteers. The corresponding person completing the unannounced round will document the unannounced check and turned it in to the PREA Coordinator within 24 hours of completing the check. The PREA Coordinator will document in the log and file the form. These rounds are to deter staff sexual abuse and sexual harassment."

Furthermore, the auditor verified that the RYA Staffing Plan also includes the above procedures on page four for conducting the supervisory unannounced rounds.

Upon assessing compliance with the requirement for supervisory unannounced rounds at the facility, the auditor was provided with a large sample of unannounced round verification documents in the PAQ. These documents encompassed unannounced rounds conducted at the facility for each shift throughout the calendar year 2023. After analyzing the unannounced round logs, Unannounced Facility Observation Documentation forms, and visual evidence (screen shots) of supervisors and administrators conducting the documented unannounced rounds, it was determined that RYA consistently and adequately conducts unannounced rounds on each shift. This practice has been fully institutionalized in the facility's operations and no issues of compliance were identified. The documentation provided clearly demonstrates that unannounced rounds were conducted more than

	<p>once per month on each shift, with an average of 4.3 unannounced rounds performed monthly. These rounds were conducted at random, without any discernible patterns or concerns regarding the frequency or timing of their initiation.</p> <p>The auditor also interviewed one of the facility supervisors who is assigned to conduct unannounced PREA rounds at the facility. This supervisor sufficiently explained the unannounced round process, describing how the FA assigns and schedules different supervisors and administrators with specific weeks to conduct the unannounced rounds per month on each of the two shifts. The supervisor shared how he conducts the rounds at random, at unpredictable times and days, and at least one on each of the two shifts - changing the start and ending locations of the rounds at random to deter staff from being alerted. He advised that before, during, and after conducting the unannounced rounds, supervisors and administrators will listen on the facility radio for any alerts or code words that staff may communicate. The supervisor explained the PREA unannounced round documentation process, which includes documenting the unannounced rounds in a logbook and how the FA reviews the documentation to ensure the rounds are being conducted according to the facility policy.</p> <p>During their individual interviews, the agency-wide PC and RYA PC elaborated on the significance of conducting unannounced PREA rounds to prevent and detect instances of sexual abuse and harassment, with each administrator outlining the critical nature of these unannounced inspections in upholding a secure and accountable environment within the facility.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Pat-Search Training Verifications for Random Sample of Staff (10)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Twelve Random Staff</li> </ul>

- Seventeen Random Residents

**Site Review Observations:**

- Throughout the onsite audit, the auditor observed all areas of the facility to ensure compliance with the privacy requirements outlined in the PREA standard. Specifically, the areas where youth may be in a state of undress, including showers, restrooms, rooms, intake areas, and medical facilities, were examined. The audit affirmed that the facility consistently maintained a compliant level of privacy to safeguard residents from an invasion of their rights to privacy and confidentiality.

Furthermore, throughout the onsite, the auditor heard female staff make the required opposite gender staff announcements (all the youth in the facility were males during the two days onsite). The auditor also conducted a detailed assessment of the facility's video monitoring system. It was confirmed that the camera system does not capture direct views of areas where residents are likely to be in a state of undress, ensuring the protection of their privacy rights. In addition, the facility employs various privacy measures, such as shower curtains, partitions, secure doors, and strategic camera placements, to prevent any intrusion on the residents' privacy during sensitive moments.

The auditor made recommendations for enhancements to safety practices during the onsite audit, such as installing heavier duty shower curtains, adding additional partitions, and incorporating specific facility practices and training for resident restroom breaks into the facility's policies. The Facility Administrator (FA) assured that her administrative team would thoroughly consider these suggestions and determine their feasibility for implementation.

**Explanation of Determination:**

**115.315**

(a - c): According to the facility's PREA Policy on page 6:

- "Cross gender strip or pat searches will be conducted only in exigent circumstances (documented and justified) or when performed by L VN/ Physician/Physician's Assistant/RN. Staff will be trained to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- No anal or genital body cavity searches will be conducted by Rockdale Academy staff. Only a licensed physician can conduct body cavity searches with prior approval from the facility administrator. If available, the licensed physician should be of the same gender as the resident. The facility administrator or designee shall approve a body cavity search only if there is a probable cause to believe that a resident is concealing contraband. The search shall only be conducted by a licensed physician in a private room setting."

In interviews with 12 random staff members, each confirmed their adherence to the prohibition of cross-gender searches of residents. Staff members emphasized that they receive reminders about this prohibition during their annual PREA training. The only exception permitted for a cross-gender search is in exigent circumstances, with prior authorization from the administration. Staff members were further asked to provide examples of situations constituting exigent circumstances, with examples provided such as mass evacuations due to extreme weather events or suspicion of a weapon where no alternative options are viable. Furthermore, staff members affirmed that, during their tenure at the facility, they have not encountered scenarios necessitating cross-gender searches due to the consistent presence of sufficient staffing levels of each gender in the facility.

Additionally, in interviews with 17 residents, each resident confirmed that they have only been searched by staff of the same gender. Residents expressed their comfort with the search procedures at the facility and conveyed that they felt at ease with the process. No concerns or issues were shared by the residents regarding the search procedures, and each resident confirmed how they felt the facility was safe and there are staff at the facility they trust.

(d): The auditor confirmed that the resident privacy elements and staff announcement requirements are included in the facility's PREA Policy on page 6, as outlined below:

- "All residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts (female), except in the case of an emergency, by accident, or performing routine cell or room checks.
- All staff are required to announce their presence when entering a youth housing unit."

The staff interviewed shared how the opposite gender staff announcements are made before an opposite gender staff enters a housing unit. Examples provided of the announcements included, "female staff on the dorm" or "female staff on the unit/deck." Given the facility's predominance of male residents, female staff announcements were most frequently made. The post-adjudication program at the facility, where a significant majority of youth reside, exclusively accommodates male residents. Similarly, during the onsite audit, the pre-adjudication program consisted of solely male residents. Staff members were also questioned about resident privacy protocols during shower time, restroom breaks, and clothing changes. The staff confirmed that residents are afforded privacy during these activities, with specific procedures in place to maintain confidentiality and maximum privacy levels while also ensuring resident safety. Measures such as having only same-gender staff present during showers, utilizing curtains for privacy during showers, enforcing rules for fully clothed participation in the program, and implementing restroom breaks with individual, spaced stalls were highlighted as key components of the privacy safeguards in place.

In interviews with the residents, the consistent practice of announcing the presence of opposite-gender staff, such as "female on the dorm/on deck," was confirmed. Residents indicated that they routinely hear female staff announcements, reinforcing the facility's proactive approach to communication and respect for resident privacy boundaries. Residents also attested to being able to utilize restroom facilities, showers, and change clothes in privacy, without the risk of opposite-gender observation. They expressed satisfaction with the level of privacy maintained by the facility and reported feeling assured that their privacy was respected. Notably, no issues of concern regarding staff conduct encroaching on their privacy were reported by the residents. Furthermore, residents affirmed the practice of having only male staff present during showers, ensuring a gender-appropriate environment is provided. Additionally, the option for residents to partially cover their room door window during restroom use in individual rooms highlights the facility's efforts to accommodate resident preferences and enhance personal privacy during daily routines.

(e): As per the facility's PREA Policy on page 6:

- "Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical exam conducted in private by a medical practitioner."

During interviews with 12 random staff members, each staff member affirmed the prohibition on searching of resident to determine the resident's genital status. Staff members elaborated on alternative methods for determining genital status without resorting to a search. Examples included engaging in conversations with the youth, reaching out to the juvenile's parents or guardians, reviewing intake paperwork, consulting with transporting officers, and seeking assistance from administration, medical, or mental health units. Regardless of the circumstances, staff unanimously expressed the strict prohibition to proceed with a search if a resident expresses discomfort with the process or if there is uncertainty regarding the resident's biological sex.

Note: No residents who identified as transgender or intersex were found to be at the facility during the time of the onsite.

(f): The auditor confirmed that the resident search requirement of this provision is included in the facility's PREA Policy on page 6, as detailed below:

- "Staff will be trained to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."



	<p>In order to assess for compliance with the requirements of this PREA standard in practice, the auditor randomly selected ten security staff members for a sampling evaluation of their PREA training related to resident searches. The analysis revealed that each selected staff member had received training from the National PREA Resource Center's "Guidance in Cross-Gender and Transgender Pat Searches." This training equips staff with the necessary knowledge and skills to conduct searches in a manner that respects resident dignity and upholds security requirements.</p> <p>Additionally, during interviews with 12 random staff members, each confirmed that they had received training on conducting resident searches professionally and respectfully, aligning with security protocols. Staff members detailed their initial training, which included a review and discussion of the facility's resident search policy and viewing a search video upon hire. Additionally, this review of resident search procedures, along with the instructional video, was found to be incorporated into the annual PREA refresher courses, ensuring that staff remain informed and up to date on search procedures and standards.</p> <p>Verification documentation reviewed by the auditor revealed that the staff members selected had participated in and completed the search training, consisting of both video and instructor-led components. The training verifications provided demonstrated that the staff members had successfully completed the required pat-search training as outlined by the National PREA Resource Center. Furthermore, the training verifications furnished by the facility included proof of recent pat-search training sessions conducted in 2024, as well as evidence of past pat-search trainings that more experienced staff members in the sample had completed in 2021 and 2023.</p> <p>Based on the analysis of the training verifications and compliance assessments, it is evident that RYA has met the training requirements for cross-gender (in exigent circumstances) and transgender pat searches as mandated by this PREA standard.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- Rockdale Youth Academy PREA Policy
- Sign Language Interpreting Services (SLIS) Agreement
- SLIS Website (Sign Language Interpreting Services, LLC | Bryan College Station Texas)
- Memo explaining how specialized PREA education process
- Employee Training Verification Documents
- PREA Resource Center Published Training Curriculum

**Interviews:**

- 12 Random Staff
- One Limited English Proficient (LEP) Resident
- One Resident with a Low Education Level
- Facility Administrator (Facility Head)
- Therapist

**Site Review Observations:**

- During the onsite audit, the auditor tested the facility's ability to provide interpreting services on demand. The auditor interviewed a resident who was identified by the facility's PC as limited English proficient. The PC was able to promptly provide translation services onsite, and the interview was conducted without any issues or problems to note. Additionally, several of the staff interviewed shared how they are bilingual in English and Spanish and are able to assist with Spanish translation services when needed. Furthermore, the auditor took note of the certified teachers onsite, with interviewing one such teacher who advised he is also bilingual in Spanish and English.

While onsite, the auditor also conducted a test call to the state operated TJJD Reporting Abuse, Neglect, and Exploitation Hotline. The call went through on a dorm that was occupied by residents, and the operator confirmed that translation services can be provided on a case-by-case basis.

**Explanation of Determination:**

**115.316**

(a): According to the facility's PREA Policy on page 1:

- "Youth Opportunity (YO) is committed to maintaining a zero-tolerance policy regarding sexual abuse and sexual harassment. As a resident of this facility {Rockdale Youth Academy- RYA}, everyone has the right to be free from

sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of YO's efforts to prevent, detect, and respond to sexual abuse and sexual harassment."

In addition, the auditor was provided with the training curriculum titled "Making PREA and victim services accessible for incarcerated people with disabilities: An implementation guide for practitioners on the adult and juvenile standards." This training, published by the PREA Resource Center, assists in guiding security staff on ensuring that information about PREA and victim services is accessible to individuals with disabilities. The training curriculum aims to provide staff with strategies to ensure compliance with PREA requirements related to individuals with disabilities. The purpose of the guide, outlined on page four of the manual, is to offer correctional agencies practical strategies to enhance accessibility of information about PREA and victim services. The guide draws upon established practices utilized by victim service organizations, both community-based and government agencies, to make their services more accessible for individuals with disabilities.

By incorporating the training curriculum into the onboarding process for all security staff, the auditor determined that the RYA program is proactively addressing the need to make PREA and victim services accessible for individuals with disabilities in accordance with the requirements of this PREA standard.

Furthermore, as per this Policy on page 6:

- "Rockdale {RYA} shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- In addition, Rockdale Academy shall 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, limited reading skills, or who are blind or have low vision."

The auditor was also provided a memo from RYA that details the procedures for providing PREA information to a resident who presents a disability or limited reading skills. This memo outlines the following procedures:

- "In the event that a youth presents a disability or limited readings skills the information will be provided verbally (is it is already verbally explained during the intake process) and the youth is provided a video to watch that is age appropriate that explains the PREA rules and regulations. In the event that a youth does not speak English we do have Spanish speaking staff employed. If the youth speaks a language outside of English or Spanish the facility has located an entity that can assist with interpreting effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances the facility will not rely on resident interpreters".

Furthermore, the resident education PREA video link was included on this memo and was watched by the auditor. The video is approximately ten minutes long and can be found on YouTube at: PREA Training Juvenile (youtube.com). The auditor verified that this PREA resident education video is age-appropriate and found to be a fully comprehensive PREA education video that can aid a facility in ensuring all residents are informed of the PREA education pursuant to the orientation and comprehensive education requirements of PREA standard 115.333.

The auditor interviewed one of the facility's full-time therapist, who confirmed that the mental health unit meets with every youth who is admitted into the facility within hours in order to conduct an initial mental health assessment and provide the comprehensive PREA education. Furthermore, a full-time licensed therapist is onsite 7 days a week, including holidays, and if a youth is admitted during the overnight hours, a therapist will meet with the youth the next business day- usually in the morning. This practice ensures that all youth are provided the comprehensive PREA education by a licensed counselor within a 24 hour period of being at the facility.

The auditor also interviewed a limited English proficient resident and a resident who shared during his interview how he has trouble reading and writing. The auditor asked each of the youth questions related to their understanding of PREA, such as how to ensure they are safe, how and what to report, and their rights associated with PREA. The residents were able to effectively communicate with the auditor how they were provided this PREA information when they first arrived- both verbally and in writing with handouts and a Resident Handbook. The residents confirmed that they met with a therapist soon after arriving at the facility, who went over the PREA information and showed them the PREA video. The residents were aware of the PREA signage posted throughout the facility, and each youth confirmed that they feel safe at the program and there are staff they trust at the facility.

(b): As noted above, the facility includes the following procedures in their PREA Policy:

- "When necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- Rockdale Academy shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

The auditor also verified that the RYA has an agreement with an interpreting company named, "Sign Language Interpreting Services (SLIS) LLC." The information provided for this agreement states that SLIS "provides quality communication access in the Bryan-College Station area of central Texas, and all full-time interpreters working with SLIS are nationally and/or state certified." Furthermore, a service request form was provided to demonstrate how a professional interpreter from SLIS can be provided on a case-by-case basis.

The auditor reviewed the SLIS website and verified this company is owned and operated by a professional interpreter who has more than 20 years of experience. This owner is both state and nationally certified as an interpreter and transliterator for sign language users and holds a master's degree in educational psychology with an emphasis on consultation. SLIS employs over 20 interpreters and contracts with another 15-20 as needed.

(c): The facility's PREA Policy states that the Rockdale Academy shall not rely 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. Furthermore, the auditor was provided a memo that clarifies the following:

- "Due to the fact our policy states that we do not allow resident interpreters, readers, and other resident assistants under any circumstance we do not keep a log for this standard as there would never be an instance that a youth was used for services, and we have not had any instances where a youth's needs could not be met by our current practices in place."

The 12 random staff members who were interviewed verified the prohibited practice of utilizing one resident as an interpreter for another resident in PREA reporting scenarios. These staff members emphasized the presence of bilingual staff within the facility who are readily available to provide assistance if a resident with limited English proficiency needs to make a PREA report or engage in a conversation with

	<p>staff members about a specific situation. Additionally, the staff members underscored that any resident has the option to contact the TJJD Hotline to make a report, and they informed that this reporting center is equipped with translators to support individuals in need of language assistance. Lastly, the staff all confirmed that they have not encountered a situation where a resident at the facility made a PREA report concerning sexual abuse or sexual harassment, including instances involving a youth with limited English proficiency. including a youth who was limited English proficient.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.317	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy (RYA) PREA Policy</li> <li>- Texas Department of Public Safety (DPS) Criminal Background Records</li> <li>- Texas Department of Family and Child Protective Services (DFPS) Registry Clearance Checks</li> <li>- Prior Institutional Reference Checks</li> <li>- Employee, Contractor, and Volunteer Personnel Records Review</li> <li>- Employee, Contractor, and Volunteer Applications</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Human Resource (HR) Administrator</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.317</b></p> <p>(a): According to the RYA PREA Policy on page 7:</p> <ul style="list-style-type: none"> <li>• The agency or facility shall not hire, promote or contract with anyone who:</li> </ul>

- 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);
- 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; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) (b) of this section.

The auditor interviewed the facility's HR Administrator, who outlined the facility's rigorous hiring process to prevent individuals with disqualifying histories from entering the premises. Specifically, the HR Administrator explained that the Milan County Sheriff's Department conducts comprehensive criminal history background checks on all prospective employees, volunteers, and contractors. The Sheriff's Department reviews these criminal histories to verify the absence of any disqualifying records and promptly notifies whether the individual is eligible for employment.

Moreover, the HR Administrator disclosed that in addition to the criminal history checks, the Department of Family & Protective Services (DFPS) performs child abuse registry checks to identify any disqualifying history that might not be flagged in standard criminal background checks. Furthermore, all employees, volunteers, and contractors undergo scrutiny through a National Database search for sex offenders to ensure the safety and security of the facility and its residents.

(b): This Policy also states that RYA shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with the residents.

The HR Administrator emphasized the facility's stringent approach toward addressing allegations of sexual harassment and sexual abuse, indicating that such matters are treated with utmost seriousness. In the event that a situation arises involving the hiring, promotion, or enlistment of services of an individual (whether as an employee, contractor, or volunteer) with a history of such inappropriate conduct, the most likely course of action would be termination of employment or services.

An example illustrating the facility's commitment to upholding ethical standards was provided by the HR Administrator, recounting a case where a staff member was promptly terminated for violating a code of ethics policy. The individual's employment was terminated immediately upon confirmation of the violation by the TJJD OIG investigator, exemplifying the zero-tolerance stance toward ethical misconduct within the facility.

(c & e): The facility's PREA Policy outlines the requirements of this provision, as confirmed by the auditor and detailed below:

- Prior to hiring new employees who may have contact with residents, the corporate controller/training coordinator shall:
  - Perform a criminal background records check using the State of Texas Department of Public Safety fingerprint system (FAST system). The system will notify the training coordinator of any arrest for criminal activity of current employees, contractors and volunteers/ interns who may have contact with residents.
  - Consult the child abuse registry maintained by the Texas Department of Family and Protective Services Centralized Background Check system. This child abuse registry check will be conducted yearly for all employees, contractors, interns and volunteers.
  - These checks will notify the corporate controller/training coordinator of arrest for criminal activity of employees/contractors/interns who may have contact with residents.
  - Consistent with Federal, State, and local law, the JSO hiring supervisor shall make the best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The HR Administrator confirmed the above procedures during the onsite interview and presented the auditor with the documents used to demonstrate compliance with the hiring and promotion processes. After the interview, the HR Administrator helped the auditor review the personnel files of 10 randomly selected staff members, as well as a randomly chosen contractor and volunteer. Each file was well organized to show compliance with the requirements of this PREA standard.

Furthermore, utilizing the PRC Field Document Review Worksheets, the auditor analyzed and documented each requirement associated with this PREA standard for all 12 individuals randomly selected for the sample review process. Throughout this analyze, no instances of non-compliance were identified. It is noteworthy that the facility conducted the same background checks for volunteers as required for employees and contractors, a practice that exceeds the minimum requirements of the PREA standard.

(d & e): As per the facility's PREA Policy on pages 6 and 7:

- Criminal background records checks, (FAST) system using the DPS and FBI databases and child abuse registries will be conducted prior to enlisting the services of any contractor who may have contact with residents by the corporate controller/training coordinator.
- The system will notify the training coordinator of any arrest for criminal activity of current employees, contractors and volunteers/interns who may have contact with residents.
- These checks will notify the corporate controller/training coordinator of arrest for criminal activity of employees/contractors/interns who may have



contact with residents.

- Background checks using the FAST system will be conducted every 2 years on employees, contractors and interns, and the DFPS Child Registry check will be conducted yearly for all employees, contractors, interns and volunteers.

The HR Administrator and Facility Administrator (PC) affirmed during their interviews that the mandatory criminal history and child abuse registry checks are carried out for all individuals who interact with residents at the facility. Criminal background screenings are conducted by the Milan County Sheriff's Office in partnership with the Texas Department of Public Safety (DPS), while child abuse registry checks are completed through the Texas Department of Family & Protective Services prior to granting access to the facility for any individual.

Furthermore, the DPS agency enrolls all individuals in their system to the FACT Clearinghouse, enabling them to notify the HR Administrator of any alerts, updates to records, sex offender registry activities, or death notices relevant to the individuals screened. This proactive system allows for timely alerts on pertinent information to uphold the safety and security of residents within the facility.

Furthermore, the auditor found this information on the DPS website to provide additional information about the FACT Clearinghouse system:

- The FACT Clearinghouse is a repository of the DPS and the FBI fingerprint-based criminal history results. The FACT Clearinghouse allows an authorized entity access to a consolidated response of the DPS and FBI criminal history fingerprint results, including an electronic subscription and notification service for new arrest activity on subscribed persons.
- Only persons processed through Fingerprint Applicant Services of Texas (FAST) are eligible for FACT. FAST is a service of the DPS that provides the electronic capture and submission of fingerprints for a fingerprint background check.
- The subscription service notifies an entity of new activity to a Texas criminal history record and now with the implementation of FBI Rap Back, new activity on an individual's national criminal history. Not only will the subscribing entity receive notifications of events that occurred within Texas, they will also receive notifications of events that occurred elsewhere in the nation.
- Events that can generate a notification are arrests, record updates, Sex Offender Registry activity, and death notices. These notifications will help eliminate the need to re-fingerprint employees to determine if new activity has been received after the initial check.

(f - h): As included on page 7 of the RYA PREA Policy:

- "All applicants and employees who may have contact with residents directly

shall be asked by the corporate controller/training coordinator about previous misconduct described in paragraph (b) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. ROCKDALE ACADEMY requires that all employees, contractors, interns and volunteers immediately (within 24-hours) disclose, in written and verbal form, to their immediate supervisor, or his/her designee in the supervisors' absence, any misconduct.

- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the facility administrator shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work."

The HR Administrator shared the form used for the above procedures, and each file reviewed by the auditor was found to include this form that was completed by each employee, contractor, and volunteer before having contact with residents at the facility. The individuals documented their answers to the PREA questions on their application.

**Personnel File Review for Random Sample of Staff, Volunteers, & Contractors:**

As noted above, the auditor utilized the PRC Field Document Review Worksheet Template to successfully analyzed and documented each requirement associated with this PREA standard for all 12 individuals randomly selected for the sample review process (10 random staff, one contractor, and one volunteer). Throughout this analyze, no instances of non-compliance were identified. It is noteworthy that the facility conducted the same background checks for volunteers as required for employees and contractors, a practice that exceeds the minimum requirements of the PREA standard.

In addition, to demonstrate the facility's adherence to ensuring all teachers providing educational programming to residents undergo the necessary background checks, the PC furnished the auditor with a memorandum of understanding (MOU) signed by the Chief Human Resource Officer from the employing company of each teacher at the facility. This MOU clearly outlines the company's requirement for all applicants to successfully pass background checks and fingerprinting before employment. Candidates are vetted for employment based on the results from the Texas Department of Safety Criminal History, FACT Clearinghouse, and the public Sex Offender Registry, in alignment with the matrix attached to the MOU. Upon the auditor's inspection of the proof documents provided, it was confirmed that the teachers at the facility are vetted to the level as required by the provisions set forth by this PREA standard in relation to contractors.

Additionally, the MOU affirms that all employees (teachers) undergo fingerprinting in

	<p>accordance with the Texas Education Code. It is crucial to highlight that the PC confirmed with the Facility Administrator that child abuse registry checks are conducted through the Department of Public Safety (DPS) to further ensure compliance and thorough screening of teachers providing educational services at the facility.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the minimum requirements of this standard. No corrective action is required.</b></p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- RYA PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility PREA Coordinator (PC), who is also the Facility Administrator (FA)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite audit, the auditor did not note any significant expansions or alterations to the existing facilities. However, the PC highlighted additional camera installations for security and protective purposes throughout the facility during the onsite inspection. These cameras were installed post the last PREA audit to bolster security measures, ensuring enhanced safety practices without intruding into private areas where youth may be in a state of undress.</li> </ul> <p><b>Explanation of Determination:</b></p> <p>115.318</p> <p>(a &amp; b): As per the facility's PREA Policy on page 8:</p> <ul style="list-style-type: none"> <li>• When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Rockdale Academy shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</li> <li>• When installing or updating a video monitoring system, electronic</li> </ul>

	<p>surveillance system, or other monitoring technology, Rockdale Academy shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>According to the notes added in the PAQ by the PC and as verified during her interview onsite, the facility installed ten additional cameras since the last PREA audit in order to enhance safety and security measures for all individuals in the facility. No other substantial changes have been made at the facility since the last PREA audit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.321	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Sexual Assault Nurse Examination MOU with Baylor Scott &amp; White Memorial Hospital (BSW)</li> <li>- MOU with Families In Crisis (FIC)</li> <li>- MOU sent to Sheriff of Milan County's Sheriff's Department</li> <li>- TJJD OIG Website</li> <li>- PREA Investigative Files</li> <li>- FIC Website (<a href="http://www.familiesincrisis.net">www.familiesincrisis.net</a>)</li> <li>- BSW Website (<a href="http://www.bswhealth.com">www.bswhealth.com</a>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- 12 Randomly Selected Staff</li> <li>- PREA Coordinator (PC), who is also the Facility Administrator (FA)</li> </ul>

**Explanation of Determination:****115.321**

(a, b, and f): The RYA conducts only the internal administration investigation of an allegation of sexual abuse or sexual harassment, as verified by the auditor through the documentary evidence review and the onsite interviews and inspection of the facility. The law enforcement agencies authorized to conduct criminal investigations into sexual abuse at the facility is the Milan County Sheriff's Department (MCSD) and the Texas Juvenile Justice Department (TJJD) Office of the Inspector General (OIG). The TJJD OIG can also conduct administrative investigations on an as needed basis depending on the nature of the allegation.

Furthermore, the auditor confirmed the TJJD OIG's responsibilities under Texas law for responding to a sexual abuse or sexual harassment allegation from a juvenile facility in Texas, which includes the following information found on the OIG website {Inspector General (texas.gov)}:

- The Office of the Inspector General (OIG) of the Texas Juvenile Justice Department was created by the Texas Legislature to investigate crimes committed by the departmental employees, and crimes and delinquent conduct committed at departmental facilities. This investigative authority extends to parole officers, and other facilities operating under contract with the department. The chief inspector is a commissioned peace officer, and is authorized to appoint additional peace officers to fulfill the statutory duties of the office. The chief inspector is appointed by, and reports directly to the board. The inspectors general have all of the power and duties afforded to peace officers under the Texas Code of Criminal Procedure.
- The Texas Legislature established the Special Prosecution Unit (SPU) Juvenile Division in Senate Bill 653. The SPU assists District and County Attorney offices in prosecuting criminal investigations conducted by the TJJD Office of Inspector General (OIG).

When an administrative internal investigation is conducted by either the specially trained Facility Administrator or PC (Assistant Facility Administrator), RYA has institutionalized an uniformed evidence protocol that was verified by the auditor to maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The applicable evidence protocols are included throughout the RYA PREA Policy, as well as clearly documented on the RYA Coordinated Response to Allegations of Sexual Abuse document. The protocols are appropriate for youth and found to be based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication or similarly comprehensive and authoritative protocols developed after 2011.

The RYA PREA Policy specifically clarifies that all allegations will require an administrative investigation to be conducted by the PREA Coordinator or a criminal investigation to be conducted by the Milam County Sheriff Office (MCSO) or TJJD for all allegations of sexual abuse and sexual harassment. Moreover, as per this Policy

on page 20, if the allegation involves potentially criminal behavior the allegation will be referred to the MCSO for investigation to conclude criminal investigations.

Furthermore, a memo was provided that details how the RYA requested that the Sheriff of Milan County Sheriff's Department (MCSD) will be responsible for investigating allegations of sexual abuse for residents on an as needed basis. This memo was sent to the MCSD Sheriff and details the following MCSD responsibilities for responding to a sexual abuse situation at the facility:

- The Milam County Sheriff's Office will appear on-site at the Center for Success & Independence (CSI) Rockdale Academy in Rockdale (facility) on an as needed basis for all investigations.
- It is understood that all services rendered to the youth will be compliant with the PREA Evidence Protocol and Medical Examinations standards, which are:
  - §115.321 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
  - §115.321 (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
  - §115.321 (c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

(c): According to the facility's PREA Policy on page 20, the Coordinate Response Plan, the signed Sexual Assault Nurse Examination MOU, and the memo sent to the MCSD Sheriff:

- All residents who experience sexual abuse shall have access to a forensic medical examination without financial cost through Baylor Scott and White Mclane Children's Hospital (BSWH) by the SANE nurse. Efforts shall be made and documented on the facility incident report, nurse's notes or shift supervisor's report to provide Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANES).
- Attempts shall be made to make available a victim advocate through the SANE nurse at Baylor Scott & White Mclane Children's Hospital. All efforts must be documented. The SANE nurse is a victim advocate who will aid the

sheriff department and investigators collect evidence and to provide emotional support during the collection of evidence process.

More specifically to the requirements of this provision, the signed MOU between the BSWH President and RYA includes a detailed nine section protocol for ensuring a resident victim of sexual abuse is provided a certified sexual assault nurse examiner.

These services were also confirmed to be available at the FIC and BSW, as per the information verified from each entity's website. For example, the BSW website shares to the public the following:

- the Forensic Medicine department at Baylor Scott & White Health includes the Sexual Assault and Violence Response Team and the Child Abuse Support Center. Together, they provide compassionate, sensitive, timely care for victims of violent crimes, child abuse and neglect.
- Unique to Central Texas, Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children’s Medical Center – Temple staff serve individuals in an eight-county area, including Bell, McLennan, Falls, Milam, Coryell, Lampasas, Burnet and Williamson. A forensic medicine team at Baylor Scott & White Medical Center – College Station serves the Brazos Valley.
- Our forensic medicine teams are available at Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children's 24 hours a day, 365 days a year.
- When sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. They are certified by the Texas Office of Attorney General. In sexual assault cases, a forensic nurse can provide the following:
  - Gathering complete medical forensic examination
  - Forensic evidence collection with photographic documentation
  - Comprehensive medical care with compassion and support
  - Mental health support
  - Medicine to prevent sexually transmitted diseases (STDs)
  - Medicine to help prevent pregnancy from the sexual assault
  - An advocate from a local advocacy organization who can provide information about services including shelter, counseling and crime victim compensation Schedule follow-up care.
- Baylor Scott & White McLane Children’s Medical Center has a specialized Child Protection Team in Temple that provides historical documentation, medical evaluations and treatment for suspected victims of child abuse and neglect.
- In child abuse and neglect cases, the Child Protection Team in Temple can

provide the following:

- A complete medical forensic examination with photographic evidence
- Forensic evidence collection and photo documentation of injury
- Comprehensive medical care with compassion and support
- Mental health support
- Access to community resources including the Department of Family and Protective Services and local advocacy organizations, including the Children's Advocacy Center
- Physicians and forensic nurses with SANE training are qualified and may testify in court as medical experts.

To verify the response and evidence protocols implemented at the facility, the auditor randomly selected a representative sample of 12 staff members. The staff members confirmed that they receive initial training on these protocols upon hire and during annual PREA refresher trainings. They shared insights into their roles as mandatory reporters for sexual abuse, sexual harassment, retaliation, and staff neglect.

Additionally, the staff members discussed the specific reporting procedures at the facility, which include ensuring the victim's safety, immediately reporting allegations or incidents to their immediate supervisor (who will assist with contacting the Sheriff's Department and/or TJJJD OIG as necessary to the situation), arranging for medical and mental health support, securing the scene and preserving evidence, advising both the victim and perpetrator against actions that could compromise or destroy usable physical evidence, documenting the incident on an Incident Report form, and following up with their supervisor or the PC to ensure all requirements are met and the victim is safe.

(d & e): To demonstrate compliance with the victim advocacy services required by this provision, the auditor was provided the RYA PREA Policy, the facility's Coordinated Response Plan, and a MOU signed by the Director of Programs at the Families In Crisis, Inc. and the Facility Administrator and Assistant Facility Administrator with RYA. This MOU states the agreed intent as to establish a formal documentation of mutual agreement and understanding between the Center for Success & Independence (CSI) Rockdale Academy and the Families In Crisis, Incorporation (FIC) as it concerns providing advocacy services to our offenders when there is a report of sexual assault. As per this MOU, FIC agrees to provide the following:

- Send a victim advocate as available to Scott and White Hospital to accompany and support the victim through the forensic medical examination process and to provide emotional support, crisis intervention, information, and referrals upon request by the victim.
- Send an advocate at a frequency agreed upon by the CSI Rockdale Academy and FIC depending upon demand, to provide face-to-face crisis counseling



with victims of sexual violence at CSI Rockdale Academy.

- Maintain confidentiality, however, confidentiality is exclusive to the incident of sexual assault. Any other information provided by the victim is not considered confidential. Threats of self-harm or harm to others will be reported to the appropriate CSI Rockdale Academy.

Furthermore, as included in the facility's PREA Policy on page 20:

- "As requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

In addition, the auditor reviewed the FIC website ([familiesincrisis.net](http://familiesincrisis.net)) and verified that the following services are made available to juveniles:

- Services include: emergency safe shelter for survivors of family/sexual violence; transitional and permanent housing assistance; crisis intervention counseling; case management; 24-hour hotline; hospital accompaniment; provision of food, clothing, personal care items, and household items; support groups; life skills classes, and information and referral. FIC's services, which are confidential and free of charge, promote stabilization and self-sufficiency through a goal-oriented approach, helping clients become more effective as individuals, as parents, and as citizens.
- Families In Crisis, Inc. is a 501 (c)(3) nonprofit organization.
- 24-hr Hotline (1-888-799-SAFE)
- Sexual Assault Supportive Services
- Advocacy supportive services

The auditor conducted interviews with the facility's PC and a victim advocate from Families in Crisis to understand the response protocols and victim advocacy services in place in case of a sexual abuse situation at the facility.

The PC outlined the coordinated response protocols that would be activated immediately in the event of a sexual abuse incident, emphasizing the priority of ensuring victim safety and providing prompt services. Victims would be transported to Baylor Scott & White in Temple, TX for a forensic medical examination conducted by a certified SANE/SAFE nurse, with assistance from the Milan County Sheriff's Department and a forensic interview conducted during the investigative process. Families in Crisis would also be contacted to offer victim advocacy support throughout the investigative process. While no sexual abuse situations had been reported during her five-year tenure at RYA, the PC underscored how the facility's policies and procedures are structured to effectively implement necessary response protocols.

The victim advocate from Families in Crisis corroborated the comprehensive victim advocacy services provided by the agency. These services include a 24/7 hotline call center where information related to a sexual abuse victim is received and a specially trained victim advocate is dispatched to meet the victim in person. The victim advocate expressed the commitment to remain with the victim throughout the investigative process, including the forensic medical examination, to ensure the victim's needs are addressed and they feel as comfortable as possible.

(h): The RYA includes the language from this provision in their PREA Policy on page 20, as outlined below:

- "A qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general."

**PREA Allegation & Investigation File Review:**

Allegation of staff-on-youth sexual abuse (as reported by the facility):

Throughout the audit review period (calendar year 2023 and up to the date of this report), there were no reported instances of a resident being involved in a sexual abuse allegation at the RYA facility. This information was verified through a thorough examination of documentation compliance and interviews conducted onsite as part of the audit review process. To evaluate compliance with relevant PREA standards regarding sexual abuse investigations, the auditor was provided with the facility's most recent sexual abuse investigative file. This file documented an investigation carried out in calendar year 2022 in response to two allegations made by one resident against two staff members.

- For each allegation, it is important to clarify that the facility and the Texas Juvenile Justice Department (TJJD) Office of Inspector General assessed the allegations according to the Texas Administrative Code definitions for sexual abuse non-contact, which includes the PREA elements of sexual harassment as defined in the PREA Juvenile Standard Definitions (\*the TAC definitions do not distinguish sexual abuse from sexual harassment, as the PREA standards do).
- Furthermore, the RYA is required by TAC to immediately report sexual abuse and sexual harassment allegations to TJJD OIG, and OIG then assesses the allegations to determine if the OIG will open an investigation or refer the case back to the facility to be handled internally. The OIG has oversight over such situations and has the authority to conduct both an administrative and/or criminal investigation into allegations of abuse, neglect, or exploitation of juveniles secured in a juvenile facility in Texas.
- After closely examining the reported allegations made by the youth in this investigative file, the auditor determined that each allegation did not meet the threshold for sexual abuse as outlined by the PREA Juvenile Standard

Definitions. Instead, the allegations were categorized as instances of staff sexual harassment under the PREA definition. Despite this determination, the facility demonstrated a commitment to resident safety by adhering to all relevant PREA sexual abuse provisions essential for responding to an allegation of resident sexual abuse.

Additionally, the facility complied with the requirements outlined in the Texas Administrative Code for addressing allegations of abuse, neglect, and exploitation. The auditor utilized this PREA investigative file to effectively evaluate compliance with each of the relevant sexual abuse response procedures mandated by the PREA standards.

- An example of the thorough investigation process can be seen in the Internal Investigation Report, which demonstrates that the allegations were promptly, thoroughly, and objectively investigated by both the RYA Assistant Facility Administrator and TJJD OIG. The allegations were reported on 6/1/2022 and promptly brought to the attention of TJJD OIG on the same day, leading to the immediate re-assignment of staff members to non-contact positions. The internal investigation was initiated on the same date, as clearly indicated in the Internal Investigation Report.
- Additionally, the investigative file for this case included email correspondences between the Assistant Facility Administrator (PCM) and the TJJD Deputy Inspector General, who served as the TJJD OIG investigator for this case. The Internal Investigation Report provided a comprehensive account of the investigative process, starting with general information about the allegation and the initial investigative steps. It then detailed the law enforcement notification and information, witness testimonies, pertinent dates and specifics of the initial investigative process, a summary of the original allegation, written summaries of all oral interviews conducted, a list of evidence collected during the internal investigation (such as audio and/or video recordings), relevant investigation findings supporting the disposition (including evidence analysis), additional insights on the TJJD OIG investigation, assigned disposition, names of all individuals involved in the internal investigation process, an assessment of whether staff actions, inactions, or failures contributed to the abuse, relevant policies and procedures related to the alleged incident, name and contact information of the alleged victim's parent/guardian, and details of the internal investigator.
- The investigative file also included several key documents such as the "Staff/Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. The Internal Investigation Report concluded that the two allegations of sexual abuse non-contact (as per the TAC definition) made by the same juvenile were unsubstantiated. However, the OIG investigator determined that a preponderance of evidence substantiated an incident meeting the statutory definition of abuse, neglect, or exploitation. The Notification of Disposition form completed by the OIG investigator detailed this finding and indicated that a violation of the Code of Ethics was

	<p>identified, leading to the case being referred to TJJD's OIG General Counsel for potential disciplinary actions related to any certification granted by TJJD. Additionally, the form documented that the evidence collected during the OIG's investigation was shared with the county's criminal prosecutor, as the OIG had reasonable belief of a crime being committed. As a result of the substantiated outcome, the confirmed staff perpetrator was terminated from employment with RYA.</p> <p>Note: As explained above, the two sexual abuse allegations did not allege any type of sexual contact or sexual conduct that would require the sexual abuse protocols required by this PREA standard. With that said, however, the facility did refer the alleged victim to a licensed therapist and followed the necessary response protocols.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- MOU sent to Sheriff of Milan County's Sheriff's Department</li> <li>- Agency's Website</li> <li>- PREA Investigation File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA), who is also the facility's PREA Coordinator (PC)</li> <li>- Assistant Facility Administrator (AFA)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.322</b></p> <p>(a - c): As per the RYA PREA Policy and Coordinated Response Plan document, upon</p>

receiving any allegation of sexual abuse, the administrator or designee shall promptly report the allegation to the Sheriff's Department (Milan County), TJJD, and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. Furthermore, the auditor confirmed that the RYA includes their policy on the agency's website 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. This can be found at: PREA - Youth Opportunity. This link includes how the public can access the RYA full PREA Policy, as well as PREA Annual Reports for the past three years.

The RYA conducts only the internal administration investigation of an allegation of sexual abuse or sexual harassment, as verified by the auditor through the documentary evidence review and the onsite interviews and inspection of the facility. The law enforcement agencies authorized to conduct criminal investigations into sexual abuse at the facility is the Milan County Sheriff's Department (MCSO) and the Texas Juvenile Justice Department (TJJD) Office of the Inspector General (OIG). The TJJD OIG can also conduct administrative investigations on an as needed basis.

Furthermore, the auditor confirmed the TJJD OIG's responsibilities under Texas law for responding to a sexual abuse or sexual harassment allegation from a juvenile facility in Texas, which includes the following information found on the OIG website {Inspector General (texas.gov)}:

- The Office of the Inspector General (OIG) of the Texas Juvenile Justice Department was created by the Texas Legislature to investigate crimes committed by the departmental employees, and crimes and delinquent conduct committed at departmental facilities. This investigative authority extends to parole officers, and other facilities operating under contract with the department.
- The chief inspector is a commissioned peace officer and is authorized to appoint additional peace officers to fulfill the statutory duties of the office.
- The chief inspector is appointed by and reports directly to the board. The inspectors general have all of the power and duties afforded to peace officers under the Texas Code of Criminal Procedure.
- The Texas Legislature established the Special Prosecution Unit (SPU) Juvenile Division in Senate Bill 653. The SPU assists District and County Attorney offices in prosecuting criminal investigations conducted by the TJJD Office of Inspector General (OIG).

The RYA PREA Policy specifically clarifies that all allegations will require an administrative investigation to be conducted by the PREA Coordinator or a criminal investigation to be conducted by the Milam County Sheriff Office (MCSO) or TJJD for all allegations of sexual abuse and sexual harassment. Moreover, as per this Policy on page 20, if the allegation involves potentially criminal behavior the allegation will be referred to the MCSO for investigation to conclude criminal investigations.

Furthermore, a memo was provided that details how the RYA requested that the Sheriff of Milan County Sheriff's Department (MCSD) will be responsible for investigating allegations of sexual abuse for residents on an as needed basis. This memo was sent to the MCSD Sheriff and details the following MCSD responsibilities for responding to a sexual abuse situation at the facility:

- The Milan County Sheriff's Office will appear on-site at the Center for Success & Independence (CSI) Rockdale Academy in Rockdale (facility) on an as needed basis for all investigations.
- It is understood that all services rendered to the youth will be compliant with the PREA Evidence Protocol and Medical Examinations standards, which are:
  - §115.321 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
  - §115.321 (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
  - §115.321 (c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

The auditor interviewed the Facility Administrator (FA), who is also the facility's PC, and one of the Assistant Facility Administrators (AFA) on-site, inquiring about the internal investigation procedures regarding allegations of sexual abuse, sexual harassment, retaliation, or staff neglect. Each administrator individually explained how the investigative process is promptly initiated in response to any such allegation involving a current resident or a former resident who was at the facility. Both administrators mentioned that they received specialized training as investigators for conducting PREA investigations at a secure facility and provided a comprehensive overview of the investigative process from initiation to completion.

Emphasizing victim safety as the top priority for any incident at the facility, the administrators described the response protocols required for ensuring an effective coordinated response. It was clarified that the FA and AFA, while not criminal investigators, are authorized to conduct internal administrative investigations into allegations. For allegations of sexual abuse, the Milan County Sheriff's Department is immediately notified to conduct the criminal investigation. Additionally, in cases of sexual harassment, sexual abuse, retaliation, and staff neglect, the TJJD OIG must

be promptly informed to assess the situation and determine the appropriate course of action, whether handled internally or requiring OIG involvement.

The administrators detailed the process for a victim of sexual abuse at the facility, highlighting the transportation to Baylor Scott & White in Temple, TX for a forensic medical examination by a certified SANE/SAFE nurse, with support from the Milan County Sheriff's Department and a forensic interview conducted during the investigative process. Families in Crisis would be contacted to provide victim advocacy support throughout the investigation.

The FA and AFA elaborated on their internal investigative process, outlining the designation of an internal investigator (often the PC/FA), the initial steps including identifying the allegation, reviewing incident reports, witness statements, video footage, conducting interviews, evidence analysis, communication with criminal or OIG investigators as required, documentation of the investigation in a report (shared with TJJD upon conclusion), ongoing retaliation monitoring, necessary notifications to parents, probation officers, caseworkers, and the completion of a sexual abuse incident review.

**PREA Allegation & Investigation File Review:**

Three resident-on-resident sexual harassment allegations:

- The RYA reported three sexual harassment allegations at the facility. The auditor was provided with the initial Incident Reports and corresponding Internal Investigation Reports for each allegation. The facility demonstrated a commitment to addressing and investigating these allegations in accordance with the sexual harassment investigative provisions outlined by the applicable PREA standard.
- Upon reviewing the documentary evidence provided, it was evident that RYA treated each sexual harassment allegation with seriousness and followed prescribed investigative procedures. A specially trained internal investigator, the facility's Assistant Facility Administrator/PC, conducted the administrative internal investigations for each allegation in a prompt, thorough, and objective manner. The investigations were carried out in accordance with the applicable sexual harassment investigative provisions set forth by PREA standards.
- RYA promptly reported each sexual harassment allegation to the local sheriff's department and the Texas Juvenile Justice Department (TJJD) Office of Inspector General. However, as each case lacked a criminal element and fell within the scope of the facility's capabilities of an administrative investigation, the cases were referred back to RYA to be handled internally.

Allegation of staff-on-youth sexual abuse (as reported by the facility):

- Throughout the audit review period (calendar year 2023 and up to the date of this report), there were no reported instances of a resident being involved

in a sexual abuse allegation at the RYA facility. This information was verified through a thorough examination of documentation compliance and interviews conducted onsite as part of the audit review process. To evaluate compliance with relevant PREA standards regarding sexual abuse investigations, the auditor was provided with the facility's most recent sexual abuse investigative file. This file documented an investigation carried out in calendar year 2022 in response to two allegations made by one resident against two staff members.

- For each allegation, it is important to clarify that the facility and the Texas Juvenile Justice Department (TJJD) Office of Inspector General assessed the allegations according to the Texas Administrative Code definitions for sexual abuse non-contact, which includes the PREA elements of sexual harassment as defined in the PREA Juvenile Standard Definitions (\*the TAC definitions do not distinguish sexual abuse from sexual harassment, as the PREA standards do).
- Furthermore, the RYA is required by TAC to immediately report sexual abuse and sexual harassment allegations to TJJD OIG, and OIG then assesses the allegations to determine if the OIG will open an investigation or refer the case back to the facility to be handled internally. The OIG has oversight over such situations and has the authority to conduct both an administrative and/or criminal investigation into allegations of abuse, neglect, or exploitation of juveniles secured in a juvenile facility in Texas.
- After closely examining the reported allegations made by the youth in this investigative file, the auditor determined that each allegation did not meet the threshold for sexual abuse as outlined by the PREA Juvenile Standard Definitions. Instead, the allegations were categorized as instances of staff sexual harassment under the PREA definition. Despite this determination, the facility demonstrated a commitment to resident safety by adhering to all relevant PREA sexual abuse provisions essential for responding to an allegation of resident sexual abuse.
- Additionally, the facility complied with the requirements outlined in the Texas Administrative Code for addressing allegations of abuse, neglect, and exploitation. The auditor utilized this PREA investigative file to effectively evaluate compliance with each of the relevant sexual abuse response procedures mandated by the PREA standards.
- An example of the thorough investigation process can be seen in the Internal Investigation Report, which demonstrates that the allegations were promptly, thoroughly, and objectively investigated by both the RYA Assistant Facility Administrator and TJJD OIG. The allegations were reported on 6/1/2022 and promptly brought to the attention of TJJD OIG on the same day, leading to the immediate re-assignment of staff members to non-contact positions. The internal investigation was initiated on the same date, as clearly indicated in the Internal Investigation Report.
- Additionally, the investigative file for this case included email correspondences between the Assistant Facility Administrator (PCM) and the TJJD Deputy Inspector General, who served as the TJJD OIG investigator for



	<p>this case. The Internal Investigation Report provided a comprehensive account of the investigative process, starting with general information about the allegation and the initial investigative steps. It then detailed the law enforcement notification and information, witness testimonies, pertinent dates and specifics of the initial investigative process, a summary of the original allegation, written summaries of all oral interviews conducted, a list of evidence collected during the internal investigation (such as audio and/or video recordings), relevant investigation findings supporting the disposition (including evidence analysis), additional insights on the TJJD OIG investigation, assigned disposition, names of all individuals involved in the internal investigation process, an assessment of whether staff actions, inactions, or failures contributed to the abuse, relevant policies and procedures related to the alleged incident, name and contact information of the alleged victim's parent/guardian, and details of the internal investigator.</p> <ul style="list-style-type: none"> <li>• The investigative file also included several key documents such as the "Staff/Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. The Internal Investigation Report concluded that the two allegations of sexual abuse non-contact (as per the TAC definition) made by the same juvenile were unsubstantiated. However, the OIG investigator determined that a preponderance of evidence substantiated an incident meeting the statutory definition of abuse, neglect, or exploitation. The Notification of Disposition form completed by the OIG investigator detailed this finding and indicated that a violation of the Code of Ethics was identified, leading to the case being referred to TJJD's OIG General Counsel for potential disciplinary actions related to any certification granted by TJJD. Additionally, the form documented that the evidence collected during the OIG's investigation was shared with the county's criminal prosecutor, as the OIG had reasonable belief of a crime being committed. As a result of the substantiated outcome, the confirmed staff perpetrator was terminated from employment with RYA.</li> </ul> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy PREA Policy
- PREA Staff Training Curriculum (TJJD & Moss Group)
- PREA Training Acknowledgement Forms

**Interviews:**

- 12 Random Staff

**Explanation of Determination:**

**115.331**

(a & b): The auditor found in the facility's PREA Policy on pages 8 and 9 the following staff PREA training requirements that pertain to the eleven (1-11) training elements of this provision:

- Prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors and interns who have contact with the residents (male & female) will be trained on:
  - The facility Zero Tolerance Policy for sexual abuse and sexual harassment;
  - How to fulfill their responsibilities under the facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - Residents' right to be free from sexual abuse and sexual harassment;
  - The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  - The dynamics of sexual abuse and sexual harassment 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 communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
  - Relevant laws regarding the applicable age of consent.

To demonstrate how the facility includes the above training topics in all PREA

trainings with staff, the auditor was provided the staff PREA training curriculums. Upon the auditor's examination, the multiple training curriculums were found to include, at a minimum, the eleven training topics required by this PREA provision and are correctly formatted to the unique needs and attributes of both male and female residents. Furthermore, it is important to note that the RYA houses both male and female residents, with training specific to all genders and identifications.

In order to evaluate the staff's understanding of the PREA training provided at the RYA facility, the auditor conducted interviews with a representative sample of 12 staff members onsite. During the interviews, each staff member was asked open-ended questions regarding the PREA training they had received since joining the facility. The staff members shared their recollections of various topics covered in the training, including the agency's zero-tolerance policy, reporting procedures, safety practices during supervision, resident search protocols, effective communication and handling situations involving youth identifying as LGBTI, maintaining professional boundaries, the prohibition of all sexual activity regardless of age, identification of red flags signaling abuse, resident rights, and strategies for preventing sexual abuse and harassment.

All the interviewed staff members indicated that they underwent PREA training upon being hired and received annual refresher training sessions thereafter. They described the training sessions as lasting 6 to 8 hours and being instructor-led, incorporating PREA handouts, policies, and videos to enhance understanding. Additionally, the staff members mentioned that they are required to sign a sign-in sheet and an acknowledgment form when attending PREA training sessions, underscoring their commitment to and accountability for completing the training requirements.

(c): It was learned through the documentary evidence review of the facility's PREA Policy, staff PREA training curriculums, and corresponding training verification documents that staff, contractors, and volunteers are provided PREA refresher training on an annual basis. This substantially exceeds the minimum applicable training frequency, as verified by the auditor.

(d): According to the facility's PREA Policy on page 9:

- The training agenda sheet will be maintained listing topics covered relating to sexual abuse or sexual harassment. A sign in sheet of attendees will be maintained for each training provided including the dates, times and duration of training. Following training, staff, volunteers, and contractors will sign an acknowledgement that they understood the training provided.

This acknowledgement form was provided to the auditor and confirmed to include the eleven PREA training topics set forth in provision (a) of this PREA standard, as well as the protocols for assisting youth with disabilities or who are limited English proficient. The Youth Opportunity RYA PREA Training Acknowledgement (STAFF) form includes the following acknowledgement section, which sufficiently

demonstrates how staff, volunteers, and contractor understand the information presented:

I, \_\_\_\_\_ have attended and fully understand the PREA training I received on \_\_\_\_\_.  
(Print Name)

(Date)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PREA Training File Review for Staff, Volunteers, & Contractors:**

The auditor was provided a large sample size of PREA training verification documents for staff at the facility in the PAQ. For example, the RYA Staff List was provided in the PAQ, which included all employees currently working at the facility as of March 2024, and several examples of signed PREA training verification documents were uploaded in the PAQ. The auditor used this list of employees to select a representative random sample of staff to assess for compliance with the requirements of this PREA standard in practice. A total of ten facility staff were randomly selected, and upon the auditor's examination of the applicable PREA training verification forms, it was evident that all of the ten staff selected for this randomized sample review completed PREA training when they were initially hired and, as applicable to tenure, completed full refresher PREA trainings, at least, on an annual basis. Moreover, each training verification form signed by the staff attending and training instructor includes the following information and the acknowledgement section as described above:

- Rockdale PREA Policy:
  - Prison Rape Elimination Act (PREA) was created in 2003 to establish a Zero Tolerance Policy for the elimination, reduction and prevention of sexual abuse and sexual harassment within corrections systems.
  - Rockdale Academy is committed to maintaining a zero-tolerance policy regarding sexual abuse and sexual harassment. As a resident of this facility, everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Residents with disabilities are afforded the same rights and will be provided access to Interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Rockdale Academy's efforts to

	<p>prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Rockdale Academy is a secure facility and there is NO such thing as consensual sex, meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another resident.</p> <ul style="list-style-type: none"> <li>◦ If the facility learns a resident is subject to a substantial risk of imminent sexual abuse, the facility shall take immediate action to protect the resident. Within this policy all references to sexual abuse will also include sexual harassment, as appropriate.</li> </ul> <p>Rockdale Academy has a designated PREA Coordinator for both the pre-adjudicated residents and post adjudicated residents. The PREA coordinator shall have sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards.</p> <ul style="list-style-type: none"> <li>• <b>Mandatory Reporting:</b> <ul style="list-style-type: none"> <li>◦ All staff (including medical and mental health practitioners) shall report sexual abuse to the FA, AFA, PREA Coordinator, Sheriffs department and T JJD and also shall comply with all mandatory child abuse reporting laws.</li> <li>◦ All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally or administratively.</li> <li>◦ Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, to TJJJ (1-877-786-7263) or by using the facility grievance process. There will be no time limit on when an allegation of sexual abuse can be reported.</li> </ul> </li> </ul> <p>*In addition, the next section of this verification document includes the language from this PREA standard- provisions (a-d).</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- PREA Training Curriculums
- PREA Training Acknowledgement Forms
- Contractor and Volunteer List

**Interviews:**

- One Religious Volunteer
- One Teacher
- One Contracted Medical Professional

**Explanation of Determination:**

**115.332**

(a - c): The auditor found in the facility's PREA Policy on pages 8 and 9 the following staff, volunteer, and contractor PREA training requirements that pertain to the contractor and volunteer PREA training elements of this PREA standard:

- Prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors and interns who have contact with the residents (male & female) will be trained on:
  - The facility Zero Tolerance Policy for sexual abuse and sexual harassment;
  - How to fulfill their responsibilities under the facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - Residents' right to be free from sexual abuse and sexual harassment;
  - The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  - The dynamics of sexual abuse and sexual harassment 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 communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
  - Relevant laws regarding the applicable age of consent.

To demonstrate how the facility includes the above training topics in all PREA

trainings with contractors and volunteers, the auditor was provided the corresponding PREA training curriculums. Upon the auditor's examination, the multiple training curriculums were found to include, at a minimum, the training topics required by this PREA provision.

Furthermore, it was learned through the documentary evidence review of the facility's PREA Policy, staff PREA training curriculums, and corresponding training verification documents that staff, contractors, and volunteers are provided PREA refresher training on an annual basis. This substantially exceeds the minimum applicable training frequency, as verified by the auditor.

According to the facility's PREA Policy on page 9:

- The training agenda sheet will be maintained listing topics covered relating to sexual abuse or sexual harassment. A sign in sheet of attendees will be maintained for each training provided including the dates, times and duration of training. Following training, staff, volunteers, and contractors will sign an acknowledgement that they understood the training provided.

This acknowledgement form was provided to the auditor and confirmed to include the eleven PREA training topics set forth in provision (a) of this PREA standard, as well as the protocols for assisting youth with disabilities or who are limited English proficient. The Youth Opportunity RYA PREA Training Acknowledgement (STAFF) form includes the following acknowledgement section, which sufficiently demonstrates how staff, volunteers, and contractor understand the information presented:

I, \_\_\_\_\_ have attended and fully understand the PREA training I received on \_\_\_\_\_.

(Print Name)

(Date)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

During the onsite visit, the auditor conducted interviews with a volunteer, a teacher, and a contracted medical professional, all of whom confirmed receiving training on the PREA and participating in refresher PREA trainings. Through these interviews, it was established that the level of interaction with residents varied among these individuals.

The volunteer, who interacts with residents periodically throughout the year, stated that he is required to have a staff member present when engaging with residents in the facility. The level of PREA training provided to the volunteer was deemed appropriate, as the individual demonstrated an understanding of reporting protocols, the agency's zero-tolerance policy, and their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies.

	<p>Conversely, the teacher and medical professional have daily interactions with residents, necessitating a higher level of training. The auditor found that both the teacher and the medical professional receive at least annual training on their PREA responsibilities at the facility. They demonstrated comprehension of safety practices, including supervision requirements, maintaining proper spacing and boundaries, ensuring visibility on camera (except as necessary medical privacy), knowing how and to whom to report a PREA incident, adopting a zero-tolerance approach, treating all allegations seriously, securing the safety and separation of alleged victims from alleged perpetrators, preserving evidence, and documenting PREA incidents on facility Incident Reports.</p> <p><b><u>PREA Training File Review for Staff, Volunteers, &amp; Contractors:</u></b></p> <p>The PAQ noted that the facility currently allows six contractors and volunteers access to residents in the facility, and the corresponding PREA training verifications were provided for each of these individuals. Upon the auditor's examination of the applicable PREA training verification forms provided during the pre-onsite phase of the audit, it was evident that all of contractors and volunteers who have contact with residents at the RYA have successfully completed PREA training pursuant to the requirements of this PREA standard.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Daily Population Roster for Youth in the Facility as of 3/26/2024</li> <li>- Interpreter Agreement</li> <li>- Memo from the Facility Administrator (FA)</li> <li>- Pre and Post Resident Handbooks</li> <li>- PREA Youth Orientation Script (signed examples from random sample)</li> </ul>



**Interviews:**

- 17 Residents (15 Random & 2 Targeted)
- Case Manager
- Therapist

**Site Review Observations:**

- During the onsite audit, the PC at the facility demonstrated the intake process for new arrivals. The auditor observed that a youth receives PREA orientation from a Case Manager within two hours of arrival and then undergoes comprehensive PREA education from the Case Manager and therapist within no more than two days. Additionally, the auditor noted the presence of PREA signage throughout the facility, including laminated informational forms on bulletin boards in each housing unit. These documents, provided in English and Spanish, cover the facility's zero-tolerance policy, resident rights, reporting procedures, victim support services contacts, PREA FAQs, the auditor's contact details (highlighted on bright green paper), and instructions for making third-party reports to the TJJD Abuse Reporting Hotline and Families in Crisis. The documents were easily accessible to residents, prominently displayed, and free from damage or graffiti.

Furthermore, the auditor tested the facility's capacity to provide on-demand interpreting services. By interviewing a resident identified by the PC as limited English proficient, the PC promptly arranged translation services onsite, facilitating an issue-free interview. Several staff members reported their bilingual abilities in English and Spanish, ready to assist as needed. Additionally, the auditor noted the presence of certified teachers onsite, interviewing one teacher who confirmed proficiency in both languages.

During the onsite visit, the auditor conducted a test call to the state-operated TJJD Reporting Abuse, Neglect, and Exploitation Hotline from a dorm occupied by residents. The call was successful, with the operator confirming that translation services can be arranged on a case-by-case basis. In addition, the auditor also made a successful test call to the Families in Crisis hotline from the same dorm phone. Instructions on how to call each reporting center were posted on white paper next to the phones on each housing unit.

During the onsite walk-through, the auditor engaged in informal conversations with staff and residents. While conducting the inspection, the auditor inquired with several youth in various housing units about the whereabouts of their Resident Handbooks. Each resident confirmed that they still possessed their Resident Handbook and demonstrated its location within their rooms or plastic bins.

**Explanation of Determination:****115.333**

(a - d): According to the facility's PREA Policy on page 11:

- Residents shall receive information explaining the agency's zero tolerance policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:
  - Pre -by the officer conducting the intake process (upon arrival) verbally and will be provided the zero-tolerance pamphlet.
  - Post -by the case manager assigned to the youth verbally and provided the zero-tolerance pamphlet within 12 hours of arrival.

This PREA pamphlet was provided to the auditor and includes the following information in English and Spanish:

- Juvenile rights to be protected and free from sexual abuse and sexual harassment.
- The different type of abuse.
- Different ways to make a PREA report (including: grievance, TJJD toll-free abuse hotline, trusted staff/adult, etc.).
- Facility grievance system.
- Frequently Asked Questions.
- Investigative process.
- TJJD contact information.

The auditor learned that the facility provides the PREA orientation and comprehensive PREA education during the intake process, with all residents provided a verbal explanation of the PREA information by specially trained staff, the Resident Handbook for the applicable program (either pre or post), and the PREA Youth Orientation Script. The PREA Youth Orientation Script was provided to the auditor, in which the auditor confirmed the following information as being on the form:

- My name is \_\_\_\_\_ and I am here to let you know that part of staff's job is to keep you safe from sexual abuse and sexual harassment while you are here.
  - Sexual abuse is when anyone, including staff, volunteers, or someone else, touches or looks at your body in a sexual way. Sexual abuse is also when a resident touches or looks at your body in a sexual way without your permission. Sexual harassment is when anyone makes sexual comments or gestures that make you feel uncomfortable. Sexual harassment also includes rude or insulting comments that a person makes because you or someone thinks you are LGBTI (lesbian, gay, bisexual, transgender, or intersex.)
  - We do not tolerate behavior that makes you feel unsafe. Sexual abuse and sexual harassment are never okay. Anyone who reports that they were sexually harassed or abused will be protected. Anyone, staff or resident who sexually abuses a resident, will be disciplined.
- If you are sexually abused or harassed, remember that it is never your fault. We know it is hard to talk about, so we made sure that you have several ways you can get help. You

can:

- File a grievance.
  - Tell any staff at the facility (i.e. staff, nurse, chaplain, volunteer, PREA Coordinator etc.)
  - Tell anyone on your authorized phone/mail list (guardian, probation office, case manager, dorm staff, lawyer, mentor, etc.)
  - Call or write the Milam County Sheriff's Department
  - Call the hotline (877-STOP-ANE)
  - Call or write to the (Texas Juvenile Justice Department abuse neglect unit)
- If you were sexually abused before coming to the Center for Success and Independence-Rockdale you can report it in the same way.
  - It is our policy that every report will be taken seriously and investigated. All residents who report sexual abuse have a right to: proper medical and mental health care, emotional support from a counselor, and protection from the staff or resident that abused them.
  - Once you are settled in, you will be signed up for the required to watch an educational video on this topic. From the video you will learn more about sexual abuse and harassment, what you can do to prevent it, how to report it, and how to get help if it happens to you.
  - Do you have questions? If you don't have any more questions please sign this paper that says you understood the information I shared with you and that received the sexual abuse and harassment information packet.
  - If you have questions feel free to ask me or any of the other staff at any time. Know that we are here to help and that we are committed to providing a safe space, from abuse, when you can get help if you need it.

\*The bottom of this form includes a section for the youth and staff to sign and date, which acknowledges that the information was presented and understood.

Residents are also provided a Resident Handbook during the intake process, and this Handbook is allowed to remain with the youth during his/her stay at the facility. The Resident Handbook for the pre and post programs include the following PREA information and is reviewed with each resident during the intake process:

- Rockdale Academy has a zero tolerance for any form of sexual abuse of youth under the care of the program. Any employee, volunteer, youth or contractor who has cause to believe that a youth residing at Rockdale Academy has been or may be subjected to an act or threat of sexual abuse or receives a report of sexual abuse or possible sexual abuse, whether verbally or in writing, must immediately notify the proper authorities in accordance with agency policy and state law.
- Any youth or person advocating on behalf of a youth may report an act or threat of sexual abuse.
- Reporting of Allegations by Juveniles and/or Juvenile's Parent/Guardian:
  - Right to Report. Juveniles in a facility shall have the right to report to

the TJJD (Texas Juvenile Justice Department) alleged abuse, neglect and exploitation, including death.

- Juveniles shall be advised in writing during orientation into the facility of their right to report allegations.
- Juveniles shall be advised in writing during orientation into the facility of the TJJD toll-free number available for reporting allegations.
- Upon the request of a Juvenile; staff shall facilitate the juvenile's unimpeded access via telephone or mail to the agencies to report allegation.
- Rape Crisis Reporting and Victim Advocacy Information:
  - Families in Crisis Inc., Temple, TX (254)-634-1184 or (254)-773-7765 <http://familiesincrisis.net>
  - TJJD toll free abuse hotline 1-877-786-7263
  - TJJD mailing address: Attn: ANE Unit, 11209 Metric Blvd, Austin, TX 78758
  - State 1-800-343-4414
  - National 1-800-656-4673
- YOU HAVE THE RIGHT TO BE SAFE FROM SEXUAL VIOLENCE
- What You Need To Know About Sexual Assault, Harassment, and Abuse:
  - While you are under the supervision of this program, no staff or youth has the right to sexually assault, harass or abuse you. No staff or youth has the right to pressure you into any sexual acts. Regardless of your gender, age, size, race, ethnicity, religion, or sexual orientation, you have the right to be safe from any sexual abuse, harassment, advances, and acts. Rockdale Academy has a ZERO TOLERANCE Policy. We will not tolerate sexual misconduct of any kind within this Program. We will take any necessary steps to ensure that incidents of sexual misconduct are prevented and reported to the proper authorities, including law enforcement.
- Sexual misconduct can happen to anyone. It can include many different things: { \*includes a list of sexual misconduct }
- What is sexual misconduct? { \*defines sexual contact, sexual harassment, and sexual abuse }
- Sexual misconduct can happen to anyone. It can include many different things:
  - You have the right to be safe while you are here. YOI- Rockdale Academy has a zero tolerance policy for any sexual misconduct.
  - Youth have the right to make a complaint and have Rockdale Academy investigate and respond to it.
  - You have the right to make a complaint without worrying that someone will punish you for speaking up or call you a "snitch" - either by youth or staff.
  - You have the right to free medical and mental health care whether you report an incident or not.
- What do you do if you are assaulted?
  - Report it to a staff member - they will offer immediate assistance

and protection from the perpetrator, and will refer you to medical and mental health services.

- Do not shower, wash yourself, drink or eat anything, change your clothing, or use the bathroom before you see medical staff.
- How do you report an incident of sexual contact, harassment or abuse?
  - If you are a victim of sexual misconduct, remember that you are not at fault! No one deserves it. If you experience any kind of sexual misconduct or see it happen to someone else – report it.
    - Tell a staff member, therapist, case manager, or medical staff.
    - Write a grievance.
    - Ask to speak with the Facility Administrator.
    - Call the Abuse Hotline (1-800-962-2873)
- What if I have questions or just want to talk with someone?
  - Ask to talk with someone in administration. By reporting a crime of sexual assault or sexual harassment right away, you are assisting in helping stop this harmful behavior and sending a message to the perpetrator that this behavior will not be tolerated.
- SAFETY TIPS
  - Here are some things you can do to protect yourself:
    - Don't talk about sex with peers.
    - Don't keep secrets about sexual activity.
    - Stand up for yourself and say "NO."
    - Do not accept an offer from another person to be your "protector."
    - Do not accept "gifts" from another youth, staff or volunteers
- METHODS OF MINIMIZING SEXUAL ABUSE:
  - Upon admission to Rockdale Academy or when a youth's residential placement changes, the youth shall be provided with information regarding sexual abuse including prevention/intervention, self-protection, reporting, medical treatment, and mental health counseling. During orientation, the sexual abuse information shall be communicated, verbally and in writing, in a language clearly understood by the youth.
  - To prevent sexual abuse and provide a safe and secure environment, Rockdale Academy will provide the highest level of supervision of youth to prevent sexual abuse through:
    - a staff to youth ratio as required under applicable statute or contract provisions;
    - surveillance equipment to aid staff in detecting inappropriate behavior; and
    - a structural facility design that allows visual supervision of youth in areas such as shower and restroom areas, dormitories, education buildings,

recreational areas, etc.

- PREVENTION AND INTERVENTION

- All residential staff, are responsible for being alert to signs of potential situations in which sexual abuses might occur. Preventing sexual abuse also means that staff should attempt to identify sexually abusive youth, peers, or supervisors.
- All residential staff, will be trained to recognize the physical, behavioral, and emotional signs of sexual abuse. Staff will also be trained to recognize the signs and symptoms of victimization in youth and typical predatory methods employed by sexual abusers such as grooming, set-ups and extortion. All program staff are trained in the following topics:
  - Sexual abuse;
  - Inappropriate relationships with youth;
  - Prison Rape Elimination Act (PREA); and
  - Suspected child abuse and neglect.

- REPORTING ABUSE, NEGLECT AND EXPLOITATION

- Reporting of Allegations by Juveniles and/or Juvenile's Parent/Guardian:

- Right to Report. Juveniles in a facility shall have the right to report to the TJJD (Texas Juvenile Justice Department) alleged abuse, neglect and exploitation, including death.
- Juveniles shall be advised in writing during orientation into the facility of their right to report allegations.
- Juveniles shall be advised in writing during orientation into the facility of the TJJD (Texas Juvenile Justice) and TJJD toll-free number available for reporting allegations. Upon the request of a Juvenile; staff shall facilitate the juvenile's unimpeded access via telephone or mail to the agencies to report allegation.

- National Suicide Prevention Lifeline 1-800-273-8255
- Help Lines ##221 or 1-800-833-5948
- National Alliance for the Mentally Ill of Texas (NAMI Texas)  
[www.nami.tx.nami.org](http://www.nami.tx.nami.org)
- National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov)
- National Youth Crisis Hotline 1-800-HIT-HOME
- TJJD Hotline (Probation Youth) 1-877-STOP-ANE
- TJJD Hotline (State Institution Youth) 1-866-477-8354
- AlBudsmon 1-866-477-8354
- To make your call, report the abuse to any staff. It is then their responsibility to ensure that you are given access to the phone and that you have the opportunity to personally report the abuse.
- If the call is accepted, an investigator from TJJD: Texas Juvenile Justice Department may come to investigate your concern. They may also talk to other youth and staff. Be open and honest and give specific information. Claims of abuse are very serious. We do not want abusive staff working with

youth. If you truly believe that you have been or witnessed abuse, you have a responsibility to call the Abuse Hotline. Please do not call the Abuse Hotline if you have not been abused. Making a false allegation is serious and investigators can file criminal charges for making a false report.

- If you were abused in your community or in your home prior to your arrival at Rockdale Academy, report the abuse to any staff. It is then their responsibility to ensure that you are given access to the phone and that you have the opportunity to personally report the abuse. If the call is accepted, a case worker from the TDFPS: Texas Department of Family Protective Services may come to investigate your concern.
- ZERO TOLERANCE ON ABUSE/NEGLECT/EXPLOITATION ON JUVENILES IN FACILITY \*\*You have the right of confidentiality in reporting sexual abuse or sexual assault and shall not face punishment or retaliation for participating in the reporting process. \*\*

The Resident Handbooks also includes the facility's grievance process (including the emergency grievance process), the intake procedures, program expectations and rules, resident rights, program schedule, staff information, therapy and case management information, mental health services, confidentiality, behavior management system, minor and major rules violations, prohibited sanctions, disciplinary process and review, personal hygiene and shower procedures, juvenile responsibilities, visitation and phone call procedures, etc.

As further outlined per the facility's PREA Policy on page 11:

- Additional comprehensive age-appropriate education shall be provided at a minimum of once per month. The comprehensive education will be in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for additional resources.
- The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this facility will not rely on resident interpreters.
- The education will include the youth's rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
- All residents who are transferred from one facility to another will be educated on their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

- All youth will sign the sign in sheet form acknowledging participation in this education.
- PREA information will be continuously and readily available in the unit.

In addition, residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of YO's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

As detailed on page 6 of the facility's PREA Policy:

- "Rockdale {RYA} shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- In addition, Rockdale Academy shall 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, limited reading skills, or who are blind or have low vision."

The auditor was also provided a memo from RYA that details the procedures for providing PREA information to a resident who presents a disability or limited reading skills. This memo outlines the following procedures:

- "In the event that a youth presents a disability or limited readings skills the information will be provided verbally (is it is already verbally explained during the intake process) and the youth is provided a video to watch that is age appropriate that explains the PREA rules and regulations. In the event that a youth does not speak English we do have Spanish speaking staff employed. If the youth speaks a language outside of English or Spanish the facility has located an entity that can assist with interpreting effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances the facility will not rely on resident interpreters".



Furthermore, the resident education PREA video link was included on this memo and was watched by the auditor. The video is approximately ten minutes long and can be found on YouTube at: PREA Training Juvenile (youtube.com). The auditor verified that this PREA resident education video is age-appropriate and found to be a fully comprehensive PREA education video that can aid a facility in ensuring all residents are informed of the PREA education pursuant to the orientation and comprehensive education requirements of PREA standard 115.333.

As noted above, the facility includes the following procedures in their PREA Policy:

- "When necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- Rockdale Academy shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

Furthermore, the auditor verified that the RYA has an agreement with an interpreting company named, "Sign Language Interpreting Services (SLIS) LLC." The information provided for this agreement states that SLIS "provides quality communication access in the Bryan-College Station area of central Texas, and all full-time interpreters working with SLIS are nationally and/or state certified."

Furthermore, a service request form was provided to demonstrate how a professional interpreter from SLIS can be provided on a case-by-case basis.

The auditor reviewed the SLIS website and verified this company is owned and operated by a professional interpreter who has more than 20 years of experience.

This owner is both state and nationally certified as an interpreter and transliterator for sign language users and holds a master's degree in educational psychology with an emphasis on consultation. SLIS employs over 20 interpreters and contracts with another 15-20 as needed.

(e): As documented in the facility's PREA Policy on page 11: "All youth will sign the sign in sheet form acknowledging participation in this education." The form used to document that the PREA orientation and PREA comprehensive education are provided to each resident for both the pre and post programs is titled, "PREA Youth Orientation Script." This form includes the following acknowledgement statement and requires the staff reviewing the information with the resident and the resident to sign and date:

- Do you have questions? If you don't have any more questions please sign

this paper that says you understood the information I shared with you and that received the sexual abuse and harassment information packet.

- If you have questions feel free to ask me or any of the other staff at any time. Know that we are here to help and that we are committed to providing a safe space, from abuse, when you can get help if you need it.

(f): The facility's PREA Policy requires that PREA information will be continuously and readily available in the unit.

The FA also further clarified in a memo provided to the auditor that all residents (pre-adjudicated and post-adjudicated) are educated at the time of admission within 12 hours of admission. There has not been an instance that a youth did not receive the required training within this timeframe. This was proved to be an institutional practice through the interviews onsite and the documentation review described below.

To assess the residents' comprehension of the PREA information provided upon their arrival at the facility, the auditor interviewed a randomly selected representative sample of 15 residents along with two targeted residents. Each youth was asked an open-ended question about their understanding of PREA and the various reporting methods available. All 17 residents demonstrated their knowledge of PREA and how to make a report of sexual harassment, sexual abuse, retaliation, and staff neglect by approaching a trusted staff member or adult, calling the TJJD Hotline (with or without providing their name- can be anonymous), contacting Families in Crisis, submitting a report on a grievance or "Speak Out" form (can be anonymous if so desired), informing a parent/guardian/attorney during a visit, phone call, or through a letter, or providing a written report to a grievance officer or trusted staff member.

Moreover, the residents acknowledged the presence of PREA signage across the facility and confirmed receiving PREA information from a Case Manager and therapist upon their arrival. They described receiving PREA handouts, a Resident Handbook, and watching a PREA video within the first week of their stay. The residents mentioned signing an acknowledgment form upon receiving the PREA information and receiving verbal explanations from staff to ensure comprehension. Expressing a sense of safety at the facility, the residents emphasized their trust in staff members with whom they could communicate and report any concerns. They highlighted their regular private sessions with assigned therapists, including scheduled family therapy sessions. All residents expressed comfort in making confidential or anonymous PREA reports by calling the TJJD Hotline, completing a grievance or Speak Out form, or seeking guidance from supervisors, therapists, Case Managers, or Facility Administrators.

All 17 residents stated feeling safe at the facility and confirmed how they have staff members at the facility they trust and can speak to about any concerns. When asked if while in the facility they have ever been in a situation involving sexual abuse or sexual harassment, each youth denied ever being in such a situation or

	<p>ever needing to make a PREA report.</p> <p>During the onsite assessment, the auditor interviewed a Case Manager and a full-time therapist at the facility to gather insights into how residents are provided with PREA information. The Case Manager described a procedure within her unit that involves multiple Case Managers meeting with youth within 12 hours of their arrival to conduct assessments, deliver an initial PREA orientation, and review program-specific information. This process typically occurs shortly after the resident's arrival and includes going over the PREA information in the Resident Handbook, distributing PREA informational packets and brochures, showing a PREA video, and engaging in verbal discussions to ensure residents comprehend the material. Furthermore, the Case Manager explained that her unit ensures all newly admitted residents watch the PREA video and receive a more comprehensive PREA education on the following Friday after their arrival, enhancing the initial intake process.</p> <p>The therapist shared their unit's practice of meeting with all residents upon entry into the facility, either on the same day or the following day for late arrivals, ensuring therapist availability seven days a week, including holidays. The therapist detailed engaging in one-on-one conversations with each resident to ensure their understanding of the PREA education presented, emphasizing safety within the facility, what to report, how to report, maintaining appropriate boundaries and spacing, and managing emotions and mental health.</p> <p><b><u>Resident PREA Orientation and Comprehensive PREA Education Documentation Review:</u></b></p> <p>To evaluate compliance with the requirements of this PREA standard at the facility, the auditor conducted a random selection of a representative sample of pre and post residents from the resident population list provided prior to the onsite visit. Fourteen residents were randomly selected, with names chosen from each housing unit. The facility provided forms used to demonstrate compliance were the "PREA Youth Orientation Script."</p> <p>Upon assessment, it was determined that each of the fourteen selected youth had completed and signed the form, with the staff member who provided the information also signing and dating each form. Additionally, it was confirmed that each form was dated on the same day that the youth first arrived at the facility and no issues of non-compliance were identified.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

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

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy PREA Policy
- Department of Justice (DOJ) Certificate of Completions for Investigations
- Training Agenda for the DOJ Investigator Training

### **Interviews:**

- Facility Administrator (FA/PC)
- Assistant Facility Administrator (AFA)

### **Explanation of Determination:**

#### **115.334**

(a - c): According to the facility's PREA Policy on pages 21 and 22:

- "Employees assigned to conduct sexual abuse investigations shall receive training in conducting such investigations in confinement settings. If the person conducting the investigation is not an employee, the administrator will insure that the investigating agency has the appropriate training to conduct the investigation. Documentation will be maintained in the employee's file on the completed specialized training.
- Specialized training shall include:
  - Techniques for interviewing juvenile sexual abuse victims,
  - Proper use of Miranda and Garrity warnings (Garrity -only in the event that criminal charges may ensue against the employee),
  - Sexual abuse evidence collection in confinement settings, and
  - The criteria and evidence required to substantiate a case for administrative action or prosecution referral."

The PC documented in the PAQ and elaborated during her interview onsite that the facility utilizes two specially trained administrative staff to conduct administrative internal PREA investigations at the facility, the PC and PCM. The PC is the Facility Administrator and the PCM is the Assistant Facility Administrator. The training verification documents provided in the PAQ include DOJ Certificates of Completions for the online course titled, "PREA: Investigating Sexual Abuse in a Confinement Setting." The trainings were completed in December of 2020, and a training agenda and sign in sheet were provided in order to verify that the training topics required by this PREA standard were covered. The topics outlined on this document include the following nine modules:

- Legal liabilities & Legal Issues
- State Criminal Laws
- Trauma
- Agency Culture
- First Responder and Evidence Collection
- Operational Practices
- Juvenile Interviewing Techniques & Techniques for a Strong Investigation
- Incident Report writing
- Prosecutorial Collaboration

Note: It was recommended as a means of best practices for the two internal investigators to attend a refresher investigator training in the near future and periodically going forth in order to stay up-to-date and refreshed on the protocols for conducting an efficient and effective administrative investigation into sexual abuse and sexual harassment at their facility.

The auditor interviewed the Facility Administrator (FA), who is also the facility's PC, and one of the Assistant Facility Administrators (AFA) on-site, inquiring about the internal investigation procedures regarding allegations of sexual abuse, sexual harassment, retaliation, or staff neglect. Each administrator individually explained how the investigative process is promptly initiated in response to any such allegation involving a current resident or a former resident who was at the facility.

Both administrators mentioned that they received specialized training as investigators for conducting PREA investigations at a secure facility and provided a comprehensive overview of the investigative process from initiation to completion. This training included learning specialized techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Emphasizing victim safety as the top priority for any incident at the facility, the administrators described the response protocols required for ensuring an effective coordinated response. It was clarified that the FA and AFA, while not criminal investigators, are authorized to conduct internal administrative investigations into allegations. For allegations of sexual abuse, the Milan County Sheriff's Department is immediately notified to conduct the criminal investigation. Additionally, in cases of sexual harassment, sexual abuse, retaliation, and staff neglect, the TJJJD OIG must be promptly informed to assess the situation and determine the appropriate course of action, whether handled internally or requiring OIG involvement.

The administrators detailed the process for a victim of sexual abuse at the facility, highlighting the transportation to Baylor Scott & White in Temple, TX for a forensic medical examination by a certified SANE/SAFE nurse, with support from the Milan County Sheriff's Department and a forensic interview conducted during the investigative process. Families in Crisis would be contacted to provide victim advocacy support throughout the investigation.

	<p>The FA and AFA elaborated on their internal investigative process, outlining the designation of an internal investigator (often the PC/FA), the initial steps including identifying the allegation, reviewing incident reports, witness statements, video footage, conducting interviews, evidence analysis, communication with criminal or OIG investigators as required, documentation of the investigation in a report (shared with TJJD upon conclusion), ongoing retaliation monitoring, necessary notifications to parents, probation officers, caseworkers, and the completion of a sexual abuse incident review.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.335	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- DOJ Certificate of Completions for Medical and Mental Health Practitioners (MHP)</li> <li>- PREA Training Verification Documents for MHP and Medical Professionals</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Full-time Therapist</li> <li>- Full-time Medical Professional</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.335</b></p> <p>(a - d): According to the facility's PREA Policy on page 9:</p> <ul style="list-style-type: none"> <li>• In addition to the facility Zero Tolerance Policy, all full and part time medical and mental health care practitioners will be trained in the following: <ul style="list-style-type: none"> <li>◦ How to detect and assess signs of sexual abuse and sexual harassment.</li> <li>◦ How to preserve physical evidence of sexual abuse.</li> <li>◦ How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>◦ How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> <li>• Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse to the local Sheriff Department, Texas Family and Protective Services; Texas Juvenile Justice Department and the Facility Administrator.</li> <li>• Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.</li> <li>• All training will be maintained in the individual's personnel/training file.</li> <li>• CSI-ROCKDALE medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency in conducting the investigation.</li> </ul> <p>In order to assess for compliance with the requirements of this PREA standard in practice, the auditor was provided DOJ specialized training certificates for the Clinical Director and Certified Nurse Aid employed at the facility, as well as PREA Training Attendance Rosters for the medical and mental health practitioners employed by the agency. Upon the auditor's analysis, it was confirmed that these professionals receive specialized PREA training pursuant to the required elements of this PREA standard, which is in addition to the staff level PREA training that is also provided to all mental health and medical staff on an annual basis. The auditor was provided PREA training verifications for all the mental health and medical staff currently working at the facility, and upon the auditor's review, the facility was found to be fully compliant with all the requirements of this PREA standard.</p> <p>During the onsite audit, the auditor interviewed a licensed therapist and a medical professional at the facility. Both professionals confirmed having received requisite PREA training, which is refreshed annually. They highlighted completing specialized PREA training that equips them with skills to detect and assess signs of sexual abuse and harassment. Additionally, these professionals have knowledge on preserving physical evidence of abuse, responding professionally to juvenile victims of abuse, and understanding the procedures for reporting allegations or suspicions of sexual abuse and harassment. Their training reinforces their preparedness to address incidents effectively while upholding the standards outlined in PREA guidelines.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

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

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy PREA Policy
- Completed Risk Assessment titled, "Assessment, Checklist and Protocol for Behavior and Risk for Victimization"

### **Interviews:**

- Case Manager
- Facility Administrator (FA), who is also the designated facility PREA Coordinator (PC)

### **Site Review Observations:**

- During the onsite audit, the auditor verified the integrity of sensitive resident data pertaining to the applicable PREA standards, such as completed risk screening documents and investigative data. It was confirmed that these records are securely stored within the facility's premises. Upon inspection, staff interviews, and review of documentary evidence, it was established that the facility upholds necessary protocols and safeguards to ensure the secure retention of screening information, medical records, and reports of sexual abuse allegations. Access to these records is limited to authorized professionals whose job duties require access, in accordance with established policies.

### **Explanation of Determination:**

#### **115.341**

(a - e): According to the facility's PREA Policy on pages 9 and 10:

- Upon intake or within 72 hours of the resident's arrival and periodically throughout a resident's confinement, information will be obtained and used about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident through the following forms:
  - Pre - the facility objective screening instrument, intake behavioral screening form, intake behavioral screening follow-up questionnaire, and medical health screening forms.
  - Post - in addition to the above forms: the interagency common application, social history report, court orders or the referral information form.
- All Residents will be screened by the intake officer or therapist utilizing the behavioral screening form as well as the assessment checklist and protocol for behavior and risk for victimization.
- Information will be obtained through conversations with the resident,



medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records and other relevant documentation from the resident's files.

- The intake staff and or case manager will provide this information to the supervisor or AFA on duty for review to determine if the information indicates a heightened need for supervision, additional safety precautions, or separation from certain other residents.
- Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.
- Periodically throughout the resident's confinement (not to exceed 30 days of arrival) information will be obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Information will be gathered through staff/counselor's conversations with the resident's, information provided by the probation department, and/or family member, and incident reports written by the YCW's working the unit. This information will be placed in the resident's file and relayed to the supervisor on duty. If warranted, the supervisor will notify the Facility Administrator to determine if further action is necessary.
- Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding information gathered.

In order to demonstrate how the facility complies with the above procedures in practice in both the pre and post programs at the facility, the auditor was provided a significant sample of completed "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" forms. These forms were the assessments conducted for residents flagged during screenings as having a history of victimization or abusiveness before their arrival at the facility during the audit review period, which was provided to help with demonstrating compliance with the mental health follow-up requirements set forth in PREA standard 115.381. A total of 24 fully completed risk assessment forms were uploaded in the PAQ for the auditor's review.

The auditor carefully reviewed each of the 24 risk screenings uploaded and verified that each assessment had been conducted by a mental health professional within one business day of the youth's arrival at the facility. Through this analysis, it was confirmed that the facility's "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" form serves as a fully compliant and objective screening tool designed to mitigate the risk of sexual abuse either by or upon a resident. The audit confirmed that all eleven elements outlined in provision (c) were included in the assessment form, indicating that the facility adheres to the comprehensive standard required for identifying and addressing risk factors related to sexual abuse. Information utilized for the assessment process is obtained through multiple channels, including conversations with the resident during intake procedures,

medical and mental health screenings, classification assessments, and a review of relevant documentation, such as court records, case files, behavioral records, and other pertinent resident files.

Moreover, the facility has implemented the necessary controls on the dissemination of responses documented on the risk screening assessments to prevent the exploitation of sensitive information that could potentially harm the resident, whether by staff or other residents. The policy of having mental health professionals conduct screenings not only ensures the confidentiality of sensitive information but also reinforces a commitment to protecting the privacy and well-being of residents while using the screening tool effectively to assess and address potential risks of sexual abuse.

To further evaluate compliance with the requirements of this PREA standard at the facility, the auditor randomly selected fourteen residents from the pre and post programs to examine their risk screening forms titled "Assessment, Checklist, and Protocol for Behavior and Risk for Victimization." The auditor selected youth from each housing unit, ensuring a diverse range of lengths of stay. Upon review, it was evident that a licensed therapist conducted each resident's risk screening within 24 hours of their admission to the facility, with each assessment including the mental health professionals' signature and title. Additionally, each risk screening was reviewed by an administrator at the facility, with each assessment signed and dated by either the FA or Assistant FA.

Moreover, it is important to note that above the signature section of each risk screening is a statement that clarifies the following:

- "Signatures below confirm that appropriate facility staff are aware of the results of the Risk Assessment and identified action steps, and will be responsible for addressing and implementing Interventions to decrease the youth's risk for victimization and/or risk to others in order to increase safety in the facility."

During the onsite assessment, the auditor conducted interviews with a Case Manager and Facility Administrator (FA), who outlined the facility's approach to ensuring the completion of risk screenings in a private and confidential manner to uphold assessment validity and safeguard confidentiality. Both staff members shared insights into the risk screening form and detailed how assessments are promptly conducted within 12 hours of each resident's admission to the facility, regardless of being a new intake or transfer.

Moreover, the Case Manager and FA highlighted the regularity of periodic risk screening reviews by the assigned Case Manager throughout each resident's stay. These reviews are conducted at specific intervals - initially at 30 days, followed by reviews at 60, 90 days, and thereafter. The Case Manager elaborated on the risk screening as an objective tool that provides vulnerability and aggression levels for each resident, aiding in room assignments and programming decisions by the Case Management unit.

	<p>The Case Manager disclosed that in addition to the resident's responses during the screening, insights are drawn from conversations during intake processes, medical and mental health screenings, classification assessments, and examination of court records, case files, behavioral records within the facility, and other relevant documentation in the resident's files.</p> <p>In addition, it is important to note during the onsite, all 17 residents interviewed confirmed that a Case Manager conducted the risk screening assessment with them upon their arrival at the facility. The residents reported that the assessment was conducted in a confidential setting, and they did not express any concerns about sharing the information gathered during this screening.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Rockdale Academy Admission Diagram</li> <li>- Completed Risk Assessment titled, "Assessment, Checklist and Protocol for Behavior and Risk for Victimization"</li> <li>- Memo from the Facility Administrator</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Case Manager</li> <li>- Facility Administrator/Facility PREA Coordinator (FA/PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.342</b></p> <p>(a - i): The auditor verified that all the requirements of this PREA standard are included in the facility's PREA Policy, on pages 10 and 11, as outlined below:</p>

- All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.
- A resident may be isolated only as a last resort when less restrictive measure is inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged. If a resident is isolated the facility shall clearly document:
  - The basis for the facility's concern for the resident's safety.
  - The reason why no alternative means of separation can be arranged.
  - During any period of isolation residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents in isolation shall receive daily visits from a medical or mental health care clinician.
- Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider LGBTI identification or status as an indicator of likelihood of being sexually abusive.
- In deciding to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex resident shall be reassessed by an Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident.
- A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration.
- Transgender or intersex residents shall be given the opportunity to shower separately from other residents.
- A review will be held every 30 days by an administrator and supervisor to determine whether there is a continuing need for separation from the general population.

The auditor was also provided a memo from the Facility Administrator that confirmed the RYA has not used any form of segregated housing to protect a resident related to the applicable PREA standards.

In order to demonstrate how the facility complies with the above procedures in practice in both the pre and post programs at the facility, the auditor was provided a significant sample of completed "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" forms. These forms were the assessments conducted for residents flagged during screenings as having a history of victimization or abusiveness before their arrival at the facility during the audit review period, which was provided to help with demonstrating compliance with the mental health follow-up requirements set forth in PREA standard 115.381. A total of 24 fully completed

risk assessment forms were uploaded in the PAQ for the auditor's review.

The auditor carefully reviewed each of the 24 risk screenings uploaded and verified that each assessment had been conducted by a mental health professional within one business day of the youth's arrival at the facility and approved by one of the Facility Administrators. Through this analysis, it was confirmed that the facility's "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" form serves as a fully compliant and objective screening tool designed to mitigate the risk of sexual abuse either by or upon a resident. The auditor also verified that this screening tool is used to make informed decisions by the Facility Administrator and mental health professional on the most appropriate and safest housing, bed, programming, and education assignments (no work is assigned at this juvenile facility). The auditor determined that the goal of the "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" form is to promote resident safety and to prevent sexual abuse and sexual harassment at the facility.

To further assess compliance with the requirements of this PREA standard at the facility, the auditor randomly selected fourteen residents from the pre and post programs to examine their risk screening forms titled "Assessment, Checklist, and Protocol for Behavior and Risk for Victimization." The auditor selected youth from each housing unit, ensuring a diverse range of lengths of stay. Upon review, it was evident that a licensed therapist conducted each resident's risk screening within 24 hours of their admission to the facility, with each assessment including the mental health professionals' signature and title. Additionally, each risk screening was reviewed by an administrator at the facility, with each assessment signed and dated by either the FA or Assistant FA.

Moreover, it is important to note that above the signature section of each risk screening is a statement that clarifies the following:

"Signatures below confirm that appropriate facility staff are aware of the results of the Risk Assessment and identified action steps, and will be responsible for addressing and implementing Interventions to decrease the youth's risk for victimization and/or risk to others in order to increase safety in the facility."

During interviews with the Facility Administrator (FA) and the Case Manager, both staff members discussed how the information obtained from the required risk screening is utilized to inform housing, bed, work, education, and program assignments at the facility, emphasizing the priority of maintaining resident safety and preventing sexual abuse. The Case Manager emphasized the objective nature of the risk screening, which provides vulnerability and aggression levels for each resident, aiding in decision-making processes for room assignments and programming by the Case Management unit.

In situations where vulnerability or aggression risks are identified during risk screening, a collaborative approach is adopted to ensure the overall safety of all residents. The Case Manager mentioned convening meetings with Operations, Facility Administrators, and the Mental Health Unit to discuss risk screening information and determine the safest housing, program, and education

	<p>assignments. Additionally, residents undergo periodic risk reassessments at specific intervals during their stay to ensure ongoing safety measures.</p> <p>Regarding the admission of transgender or intersex residents, the team would promptly convene to implement safe assignments and necessary accommodations to safeguard the residents from abuse or harassment. While there haven't been instances of admitting transgender or intersex residents, the facility is prepared to address such scenarios, as confirmed by the auditor through the documentary evidence review and interviews conducted onsite.</p> <p>The FA indicated that she has not placed any residents in disciplinary seclusion due to PREA-related matters. However, if such a situation were to arise, the resident's rights for large muscle exercise and education would be upheld as mandated by the applicable state standards (Texas Administrative Code- TAC) and PREA. The facility does not practice specialized housing based on a resident's identity, as this violates policy, and this was verified by the auditor during the onsite inspection.</p> <p>In cases where a transgender or intersex resident needs housing assignment considerations, decisions are made on a case-by-case basis with a focus on health and safety. The resident's own safety preferences are given significant weight, with frequent reassessments based on individual circumstances and safety concerns.</p> <p>If a resident requires relocation from a specific living situation, isolation is viewed as a last resort, and detailed documentation justifying the decision would be maintained. However, to date, there has been no necessity for isolation, as the Facility Administrator (FA) collaborates with the management team to facilitate housing changes that ensure sight and sound separation from any possible threat.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Grievance Form</li> </ul>

- Speak Out Form
- Grievance and Speak Out Boxes
- PREA Signage
- Resident Handbook
- PREA Brochure

**Interviews:**

- 12 Random Staff
- 17 Residents (15 Random and 2 Targeted)
- Case Manager
- Therapist

**Site Review Observations:**

- During the onsite audit, the PC at the facility demonstrated the intake process for new arrivals. The auditor observed that a youth receives PREA orientation from a Case Manager within two hours of arrival and then undergoes comprehensive PREA education from the Case Manager and therapist within no more than two days.

Additionally, the auditor noted the presence of PREA signage throughout the facility, including laminated informational forms on bulletin boards in each housing unit. These documents, provided in English and Spanish, cover the facility's zero-tolerance policy, resident rights, reporting procedures, victim support services contacts, PREA FAQs, the auditor's contact details (highlighted on bright green paper), and instructions for making third-party reports to the TJJD Abuse Reporting Hotline and Families in Crisis. The documents were easily accessible to residents, prominently displayed, and free from damage or graffiti. In addition, the auditor observed locked boxes in the cafeteria designated for residents to confidentially make PREA reports in writing (either with or without documenting their name- can be anonymous if so desired). The observed boxes included a Grievance Box, Speak Out Box, and Sick Call Box, providing residents with discrete and secure channels to report any concerns related to PREA or other matters.

Furthermore, the auditor tested the facility's capacity to provide on-demand interpreting services. By interviewing a resident identified by the PC as limited English proficient, the PC promptly arranged translation services onsite, facilitating an issue-free interview. Several staff members reported their bilingual abilities in English and Spanish, ready to assist as needed. Additionally, the auditor noted the presence of certified teachers onsite, interviewing one teacher who confirmed proficiency in both languages.

During the onsite visit, the auditor conducted a test call to the state-operated TJJD Reporting Abuse, Neglect, and Exploitation Hotline from a dorm occupied by residents. The call was successful, with the operator confirming that translation

services can be arranged on a case-by-case basis. In addition, the auditor also made a successful test call to the Families in Crisis hotline from the same dorm phone. Instructions on how to call each reporting center were posted on white paper next to the phones on each housing unit.

During the onsite walk-through, the auditor engaged in informal conversations with staff and residents. While conducting the inspection, the auditor inquired with several youth in various housing units about the whereabouts of their Resident Handbooks. Each resident confirmed that they still possessed their Resident Handbook and demonstrated its location within their rooms or plastic bins.

**Explanation of Determination:**

**115.351**

(a - e): According to the facility's PREA Policy on page 12:

- Residents have the right to privately report sexual assault, abuse, harassment or retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any of the following:
  - Juvenile Probation Officer, Youth Care worker, Counselor, Volunteer, Intern, Shift Supervisor, Case Manager, Compliance Officer/PREA Coordinator, Facility Administrator, or by using the facility's grievance process. JSO's will ensure copies of blank grievances are available in the unit at all times.
  - Resident's shall have access to a grievance copy at all times. Upon completion, the resident may turn the grievance in to the supervisor on duty.
- Resident's may also privately and anonymously report sexual assault, abuse, or harassment directly to the Texas Juvenile Justice Department (T JJD) at 1-877-STOP Abuse Neglect & Exploitation (ANE) at 1- 877-786-7263 or the Milam County Sheriff Department 254-697-7033.
- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports on a witness statement. Staff will then follow the mandatory reporting duties. The witness statement will be turned in to the supervisor on duty to follow the mandatory reporting duties.
- Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, T JJD, direct supervisor, facility administrator or the PREA coordinator. Staff must report sexual abuse and sexual harassment immediately to an Administrator.
- Any report of sexual assault, abuse, or harassment alleged to have occurred within the facility will be investigated to the fullest extent by the PREA Coordinator or Intake Officer and will be reported to the Milam County Sheriff's Department for possible criminal investigation and prosecution.



Additionally, as outlined in section 115.333 of this audit report, the auditor confirmed that during the intake process and periodically throughout their confinement, all residents are briefed on the various reporting methods specified. Moreover, residents are furnished with a thorough Resident Handbook containing information on the multiple ways to make a PREA report. It was observed during the onsite visit and verified against the facility's Policy that the Resident Handbook is accessible to residents and kept in their possession while on the housing unit (Dorm).

To showcase compliance with the resident reporting requirements outlined in this PREA standard, the auditor reviewed the four PREA investigative files provided. Upon examination, it was evident that in each case, residents were able to make verbal PREA reports directly to a staff member without facing punishment or restrictions for doing so.

Note: As per the facility's PREA Policy and as confirmed in the PAQ, YO Rockdale Academy does not detain residents solely for civil immigration purposes.

To assess the residents' comprehension of the PREA information provided upon their arrival at the facility, the auditor interviewed a randomly selected representative sample of 15 residents along with two targeted residents. Each youth was asked an open-ended question about their understanding of PREA and the various reporting methods available. All 17 residents demonstrated their knowledge of PREA and how to make a report of sexual harassment, sexual abuse, retaliation, and staff neglect by approaching a trusted staff member or adult, calling the TJJD Hotline (with or without providing their name- can be anonymous), contacting Families in Crisis, submitting a report on a grievance or "Speak Out" form (can be anonymous if so desired), informing a parent/guardian/attorney during a visit, phone call, or through a letter, or providing a written report to a grievance officer or trusted staff member.

Moreover, the residents acknowledged the presence of PREA signage across the facility and confirmed receiving PREA information from a Case Manager and therapist upon their arrival. They described receiving PREA handouts, a Resident Handbook, and watching a PREA video within the first week of their stay. The residents mentioned signing an acknowledgment form upon receiving the PREA information and receiving verbal explanations from staff to ensure comprehension.

Expressing a sense of safety at the facility, the residents emphasized their trust in staff members with whom they could communicate and report any concerns. They highlighted their regular private sessions with assigned therapists, including scheduled family therapy sessions. All residents expressed comfort in making confidential or anonymous PREA reports by calling the TJJD Hotline, completing a grievance or Speak Out form, or seeking guidance from supervisors, therapists, Case Managers, or Facility Administrators.

All 17 residents stated feeling safe at the facility and confirmed how they have staff members at the facility they trust and can speak to about any concerns. When asked if while in the facility they have ever been in a situation involving sexual

abuse or sexual harassment, each youth denied ever being in such a situation or ever needing to make a PREA report.

During the onsite, the auditor interviewed a Case Manager and a full-time therapist at the facility to gather insights into how residents are provided with PREA information. The Case Manager described a procedure within her unit that involves multiple Case Managers meeting with youth within 12 hours of their arrival to conduct assessments, deliver an initial PREA orientation, and review program-specific information. This process typically occurs shortly after the resident's arrival and includes going over the PREA information in the Resident Handbook, distributing PREA informational packets and brochures, showing a PREA video, and engaging in verbal discussions to ensure residents comprehend the material.

Furthermore, the Case Manager explained that her unit ensures all newly admitted residents watch the PREA video and receive a more comprehensive PREA education on the following Friday after their arrival, enhancing the initial intake process.

The therapist shared their unit's practice of meeting with all residents upon entry into the facility, either on the same day or the following day for late arrivals, ensuring therapist availability seven days a week, including holidays. The therapist detailed engaging in one-on-one conversations with each resident to ensure their understanding of the PREA education presented, emphasizing safety within the facility, what to report, how to report, maintaining appropriate boundaries and spacing, and managing emotions and mental health.

During the onsite, a representative sample of 12 randomly selected staff members were interviewed, all of whom confirmed their awareness of the various methods available for residents and staff to make PREA reports. The staff members indicated that residents are provided with necessary materials such as pencils, papers, grievance forms, and Speak Out forms that can be utilized for making a PREA report. In addition, all the staff shared how residents have the right to unimpeded access to call the TJJD Hotline, with the ability to remain anonymous if so desired. They also highlighted that any individual, including staff members, can privately report PREA incidents directly to the TJJD Hotline or to the administrative staff.

As part of the interview process, staff members were presented with a hypothetical scenario where they reported an outcry of abuse made by a resident to their direct supervisor, who did not take the report seriously or take any action. In response to this scenario, each staff member correctly stated that they would take appropriate steps to ensure the report is made to the proper authorities and escalate the matter to an administrative staff member who would handle the situation seriously, report it promptly, and initiate an investigation. This demonstrated the staff members' understanding of the importance of reporting and responding effectively to PREA allegations.

**Conclusion:**

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

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Signed Memo from the Facility Administrator</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator/Facility PREA Coordinator (FA/PC)</li> <li>- 12 Random Staff</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.352</b></p> <p>(a-g): As per the agency's PREA Policy on page 14, and as required throughout this Policy, "all staff (including medical and mental health practitioners) shall report sexual abuse to the FA, PREA Coordinator, Sheriff's Department {Milan County}, and TJJD and also shall comply with the mandatory child abuse reporting laws." The auditor confirmed that this statement is true to a sexual abuse allegation reported through the facility's grievance process, in which any staff who receives a grievance alleging sexual abuse is required by agency Policy and state law to immediately report the allegation to local law enforcement, TJJD Office Inspector General (OIG), and their immediate supervisor. In addition, the agency's PREA Policy also states on page 14 that all allegations of sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally {by Milan County Sheriff's Department and/or TJJD OIG} or administratively.</p> <p>Furthermore, the PC provided the auditor with a signed memo confirming the above institutional mandatory reporting requirements. As per this memo, "All youth have the right to submit a grievance alleging sexual abuse or harassment at any time. All grievances received alleging sexual abuse or harassment will be immediately reported to TJJD and the Milan County Sheriff's Department."</p> <p>As verified by the auditor through the compliance documentation review and interviews onsite, Rockdale Youth Academy has successfully demonstrate that as a matter of written agency policy, grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process, and are not considered by the agency to be grievances. Therefore, the facility is exempt</p>

	<p>from the requirements of this PREA standard.</p> <p>Note: In order to ensure best practices, the facility includes all the requirements of this PREA standard on pages 14 and 15; however, as explained above, the facility is except from this PREA standard.</p> <p>Furthermore, the emergency grievance process outlined in the facility's PREA Policy is designed to address and report any grievances alleging sexual abuse promptly and effectively. This process provides residents with a mechanism to submit a grievance when immediate intervention is required to ensure a rapid response. The emergency grievance procedures include the following elements, as outlined from the facility's PREA Policy:</p> <ul style="list-style-type: none"> <li>• Residents may use the emergency grievance process to file allegations of sexual abuse and sexual harassment if the resident is subject to a substantial risk of imminent sexual abuse. The emergency grievance process provides the resident with access to report to the supervisor on duty immediately to ensure the resident is not at substantial risk of imminent sexual abuse.</li> <li>• Emergency Grievance process: <ul style="list-style-type: none"> <li>◦ The resident shall request of the YCW on duty to speak to the supervisor.</li> <li>◦ The resident will make the report to the supervisor.</li> <li>◦ If the resident alleges, they are at substantial risk of imminent sexual abuse, the supervisor will take immediate steps to ensure the safety of the resident. Immediate corrective action may be taken.</li> <li>◦ The supervisor will then follow the mandatory reporting steps.</li> </ul> </li> </ul> <p>In addition, the auditor interviewed the FA and a representative sample of 12 randomly selected staff members while onsite, and they all confirmed that any report of sexual abuse, including a grievance, are immediately reported up the chain of command, to law enforcement, and to TJJJD OIG. These reporting protocols ensure that all allegations of sexual abuse are immediately reported to the proper law enforcement authorities to ensure a criminal investigation is conducted in conjunction with the internal administrative investigation.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

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

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy PREA Policy
- Rockdale Youth Academy Resident Handbook
- MOU with Families In Crisis, Inc. (FIC)
- FIC Website (familiesincrisis.net)

### **Interviews:**

- 17 Residents (15 Random and 2 Targeted)
- Victim Advocate from Families in Crisis
- Facility Administrator (FA), who is also the facility's PREA Coordinator (PC)

### **Site Review Observations:**

- During the onsite audit, the auditor conducted a successful test call from a housing unit to the Families in Crisis 24-hour call center. It was confirmed that the contact number and instructions for residents to make the call were visibly posted next to the resident phones in each housing unit. While placing the call, the auditor verified that callers could choose to remain anonymous if desired. The operator at the call center confirmed that it is available 24/7 to anyone who calls, including residents from the RYA facility who can seek emotional support services, victim advocacy services, or make a report. The operator mentioned that a victim advocate could be dispatched to assist a juvenile in the facility, and if a youth reported abuse, the information would be communicated to RYA administrators to ensure that the allegation is properly investigated.

### **Explanation of Determination:**

#### **115.353**

(a - d): As verified by the auditor to be included in the facility's PREA Policy on pages 16 and 19:

- Rockdale Academy will provide residents and staff with access to outside victim advocates for emotional support services related to sexual abuse or who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations, 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. Emotional support may include crisis intervention and counseling services. Emotional support services will be

provided as follows:

- Staff through the employee assistance program.
- Residents alleging sexual abuse will be referred to the Sexual Abuse Nurse Examiner (SANE) at Baylor Scott and White McLane Children's Hospital. The SANE Nurse will determine referrals to services based on their professional training to include but not limited to emotional support for sexual abuse and/or retaliation.
- Residents alleging sexual harassment or retaliation within the facility or previous sexual abuse will be referred to the facility mental health professional (MHP) to determine if further services are warranted. The facility MHP may refer for additional community services based on their professional judgment.
- Reasonable communication between residents and the emotional support service will be provided in as confidential a manner as possible.
- Residents shall be informed, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- Residents will have access to the SANE nurse at Baylor Scott and White McLane Children's Hospital. The SANE nurse will respond to the hospital to provide emotional support services and resources for legal representation.
- Reasonable communication between the resident and organization/agency will be held in a confidential manner as possible.
- Residents will be informed prior to access the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws.
- Reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents/legal guardians will be provided.

To demonstrate compliance with the victim advocacy services required by this provision, the auditor was provided the RYA PREA Policy and a MOU signed by the Director of Programs at the Families In Crisis, Inc. and the Facility Administrator and Assistant Facility Administrator with RYA. This MOU states the agreed intent as to establish a formal documentation of mutual agreement and understanding between the Center for Success & Independence (CSI) Rockdale Academy and the Families In Crisis, Incorporation (FIC) as it concerns providing advocacy services.

Additionally, the information regarding access to the Families in Crisis 24-hour call center for emotional support services, victim advocacy services, and reporting was corroborated by the victim advocate from Families in Crisis whom the auditor also spoke with during the onsite audit. The victim advocate affirmed the availability of their services to residents of the RYA facility, including dispatching a victim advocate to assist a juvenile and ensuring that any reports of abuse made by youth

are communicated to RYA administrators for appropriate investigation. This alignment in information from both the call center operator and the victim advocate provides further assurance of the support and reporting mechanisms available to residents at the facility.

Furthermore, the auditor reviewed the FIC website ([familiesincrisis.net](http://familiesincrisis.net)) and verified that the following services are made available to juveniles:

- Services include: emergency safe shelter for survivors of family/sexual violence; transitional and permanent housing assistance; crisis intervention counseling; case management; 24-hour hotline; hospital accompaniment; provision of food, clothing, personal care items, and household items; support groups; life skills classes, and information and referral.
- FIC's services, which are confidential and free of charge, promote stabilization and self-sufficiency through a goal-oriented approach, helping clients become more effective as individuals, as parents, and as citizens.
- Families In Crisis, Inc. is a 501 (c)(3) nonprofit organization.
- 24-hr Hotline (1-888-799-SAFE)
- Sexual Assault Supportive Services
- Advocacy supportive services

During the onsite audit, the auditor conducted interviews with a total of 17 residents, all of whom confirmed that they recalled seeing the white form posted next to each dorm's resident phone containing contact information for the TJJD Reporting Hotline and the Families in Crisis Hotline. The residents also verified that they were given a Resident Handbook upon their arrival at the facility, which includes information on accessing victim advocate services for emotional support.

None of the residents interviewed reported being involved in any situations related to sexual abuse or sexual harassment. Each resident expressed feeling safe in the facility and indicated that they could freely report any concerns to a staff member or trusted adult, inform their parent or guardian, call the provided hotlines, submit a grievance or Speak To form, or make an anonymous report through any of the reporting methods available. Additionally, the residents stated that they meet with their therapist on a weekly basis and have the option to seek their therapist's support for emotional or mental health needs at any time.

In addition, the Facility Administrator (FA) emphasized the facility's commitment to providing residents with reasonable and confidential access to their attorneys or legal representation. Access to legal resources can be facilitated by residents submitting a Speak Out form or simply requesting a staff member or Case Manager to facilitate the call. Moreover, the FA underscored that all attorney calls and visits are conducted in confidence and private settings to safeguard the attorney-client privilege, ensuring the residents' legal rights are preserved.

During interviews with 17 residents, they confirmed that they have the option to request staff to contact their attorneys or complete a Speak Out form. The residents mentioned that their Case Manager can assist in arranging meetings with their

	<p>attorney to address their legal needs. As confirmed by the auditor, this process ensures that residents have the necessary support and resources to address legal matters while maintaining confidentiality and privacy.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Reporting Sexual Abuse or Sexual Harassment &amp; Request for Public Data Form</li> <li>- PREA Reporting Signage</li> <li>- Resident Handbook</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the auditor noted the presence of PREA signage throughout the facility, including laminated informational forms on bulletin boards in each housing unit. These documents, provided in English and Spanish, cover the facility's zero-tolerance policy, resident rights, reporting procedures, victim support services contacts, PREA FAQs, the auditor's contact details (highlighted on bright green paper), and instructions for making third-party reports to the TJJD Abuse Reporting Hotline and Families in Crisis. The documents were easily accessible to residents, prominently displayed, and free from damage or graffiti.</li> </ul> <p>During the onsite visit, the auditor conducted a test call to the state-operated TJJD Reporting Abuse, Neglect, and Exploitation Hotline from a dorm occupied by residents. The call was successful, with the operator confirming that translation services can be arranged on a case-by-case basis. In addition, the auditor also made a successful test call to the Families in Crisis hotline from the same dorm phone. Instructions on how to call each reporting center were posted on white paper next to the phones on each housing unit.</p> <p>During the onsite walk-through, the auditor engaged in informal conversations with staff and residents. While inspecting various housing units, the auditor asked</p>



several youth about the whereabouts of their Resident Handbooks. Each resident confirmed that they still had their Resident Handbook and showed where it was kept in their rooms or plastic bins.

Furthermore, residents mentioned that they have access to the Dorm resident phone to make calls to the TJJD Reporting Hotline, which serves as a compliant third-party reporting process for all residents and staff at the facility. The TJJD Hotline Incident Response Center receives reports from youth and staff at facilities in Texas. Upon receiving a report, the TJJD Hotline Center will assess the case to determine if an Office of the Inspector General (OIG) investigation is warranted at the facility or if the issue can be handled internally. The Facility Administrator (FA) is notified of these reports via email, ensuring prompt awareness and appropriate follow-up on reported incidents.

**Explanation of Determination:**

**115.354**

(a): According to the facility's PREA Policy on page 15:

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the residents.
- If a third party, other than a parent or legal guardian, files a request on behalf of a resident and the alleged victim does not want to pursue charges on his or her behalf, the refusal will be documented within the investigation. The facility will follow subsequent steps in the administrative remedy process.
- A parent or legal guardian shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of the resident without the resident agreeing to have the request filed on his or her behalf. A third-party grievance can be filed in writing and mailed or delivered to: 696 N FM 487, Rockdale TX 76567 (Attn: PREA Coordinator).

In conjunction with posting PREA signage throughout the facility, the Resident Handbook contains information on how residents can contact the TJJD Abuse Hotline to make third-party reports to the state agency. The materials emphasize that residents have the right to report any allegations of abuse, neglect, exploitation, or death to the Texas Juvenile Justice Department (TJJD). Additionally, the information outlines that juveniles in the facility are entitled to unimpeded access, meaning they can report allegations without needing permission.

The guidelines specified in the Resident Handbook and PREA signage explain that staff must provide residents with the means to report promptly, typically allowing for immediate access to a phone. Exceptions may include instances where a resident is exhibiting disruptive behavior or during emergencies. Residents are also

	<p>informed of other third-party reporting agencies, such as national helplines and crisis hotlines, to further support their ability to report concerns and seek assistance.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- PREA Reporting and Zero Tolerance Signs Throughout Facility</li> <li>- Staff PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- 12 Random Staff</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite audit, the auditor confirmed that the facility includes PREA signage that is clearly visible and easy to read throughout the entire facility. Staff, residents, and any other individual in the facility are able to read the signs to be reminded of the agency's zero tolerance stance to sexual abuse and sexual harassment and the requirement to immediate report such behavior.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.361</b></p> <p>(a - d and f): As documented in the facility's PREA Policy on page 14:</p> <ul style="list-style-type: none"> <li>• All staff (including medical and mental health practitioners) shall report sexual abuse to the FA, PREA Coordinator, Sheriff's department and T JJD and also shall comply with all mandatory child abuse reporting laws.</li> <li>• All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will</li> </ul>

be investigated either criminally or administratively.

- Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, to TJJD (1-877-786-7263) or by using the facility grievance process. There will be no time limit on when an allegation of sexual abuse can be reported.
- TJJD will inform the Facility Administrator of all reports made to TJJD to ensure they are properly investigated. The facility administrator will notify the Sheriff Department and the PREA Coordinator to initiate the investigation. The administrator will take steps to separate the alleged victim from the alleged perpetrator.
- If the Sheriff's department chooses not to conduct an investigation, TJJD peace officers may conduct a criminal investigation.
- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports on an informative incident report.
- Staff shall report immediately to the Administrator, Supervisor on duty, PREA Coordinator and Sheriff Department of any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Apart from reporting to the above, staff shall keep confidential any information related to the sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions.

(e and f): According to the facility's PREA Policy on page 18:

- Upon receiving any allegation of sexual abuse, the administrator or designee shall promptly report the allegation to the Sheriff's Department, TJJD, and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified.
- If the alleged victim is under the guardianship of DFPS the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
- If a juvenile court retains jurisdiction over the alleged victim, the allegation will also be reported to the victim's attorney, the youth's Juvenile Probation Officer, or other legal representative of record within 14 days of receiving the allegation.
- The PREA Coordinator for the facility will also be notified of all reports of sexual abuse and sexual harassment including third-party and anonymous reports to begin the internal investigation process.
- Any allegation that a resident was sexually abused while in another

confinement facility; the Facility Administrator shall notify the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.

- Notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.
- The Facility Administrator will document the notification and also notify TJJD.
- The facility that receives such notification shall ensure the allegation is investigated in accordance with PREA standards.

To ensure the effectiveness of the reporting, response, and evidence protocols at the facility, the auditor randomly selected a representative sample of 12 staff members for verification. These staff members confirmed that they receive initial training on these protocols upon hire and participate in annual PREA refresher trainings. They provided details about their roles as mandatory reporters for sexual abuse, sexual harassment, retaliation, and staff neglect within the facility.

Furthermore, the staff members shared that, in addition to reporting to designated supervisors, the TJJD, and the Milan County Sheriff's Department (for sexual abuse allegations), it is mandated that staff are prohibited from disclosing any information related to a sexual abuse report to individuals beyond what is necessary as outlined in agency policies. The staff at the facility demonstrated a clear understanding of the significance of maintaining confidentiality when working with juveniles in the facility. Their awareness of the importance of confidentiality emphasizes their commitment to upholding the privacy and dignity of the residents while ensuring a safe and supportive environment for all residents in the facility.

In addition, as detailed in section 115.331 of this report, the auditor confirmed that the staff PREA training curriculum includes the mandatory reporting protocols mandated by the relevant PREA standards. A selection of staff training files was reviewed to ascertain that all staff members are well-versed in the reporting requirements to their immediate supervisors, the Texas Juvenile Justice Department (TJJD), and other appropriate authorities. This thorough verification process ensures that staff are adequately trained and informed to fulfill their responsibilities in reporting and responding to PREA allegations and incidents of sexual abuse, sexual harassment, retaliation, and staff neglect.

Additionally, the staff members discussed the specific reporting procedures at the facility, which include ensuring the victim's safety, immediately reporting allegations or incidents to their immediate supervisor (who will assist with contacting the Sheriff's Department and/or TJJD OIG as necessary to the situation), arranging for medical and mental health support, securing the scene and preserving evidence, advising both the victim and perpetrator against actions that could compromise or destroy usable physical evidence, documenting the incident on an Incident Report form, and following up with their supervisor or the PC to ensure all requirements are met and the victim is safe.

The auditor interviewed a therapist and a medical professional who provide full-time services to the youth at the facility. Both professionals demonstrated a clear

	<p>understanding of the required reporting protocols, including the prompt reporting of sexual abuse or harassment allegations to their designated supervisors and, as instructed, to the TJJD's Office of the Inspector General (OIG) and the Milan County Sheriff's Department.</p> <p>Additionally, the practitioners were knowledgeable about their duty to inform residents of their obligation to report and the limitations of confidentiality at the commencement of services. They explained to the auditor that a consent form is signed by every resident upon admission to the facility, as well as by their parent or guardian.</p> <p>The FA stated in her onsite interview that upon receiving any allegation of sexual abuse, she is mandated to promptly report the allegation to TJJD and the Milan County Sheriff's Department. Additionally, the FA explained that it is necessary to inform the alleged victim's parents or legal guardians immediately, or contact Child Protective Services if the youth is in the care of the Department of Family and Protective Services (DFPS). Furthermore, the FA described how the facility employs a notification form to ensure that the required notifications outlined in the PREA standards are effectively and consistently carried out in practice for any reported instances of sexual abuse.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (designated facility head and PC)</li> <li>- 12 Random Staff</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.362</b></p>

(a): According to the facility's PREA Policy on pages 1, 14, and 15:

- If the facility learns a resident is subject to a substantial risk of imminent sexual abuse, the facility shall take immediate action to protect the resident.
- If staff learns that a youth is subject to a substantial risk of imminent sexual misconduct, they shall take immediate action to protect the youth from further harm or threat.
- If staff learns a youth poses a substantial risk of sexually abusing other youth in the facility, they shall take immediate action to protect other youth from further harm or threat.
- Residents may use the emergency grievance process to file allegations of sexual abuse and sexual harassment if the resident is subject to a substantial risk of imminent sexual abuse. The emergency grievance process provides the resident with access to report to the supervisor on duty immediately to ensure the resident is not at substantial risk of imminent sexual abuse.
- If a resident who alleges sexual abuse or sexual harassment submits a grievance alleging sexual abuse, staff shall ensure that the grievance is not submitted to the staff who is the subject of the complaint or referred to the staff member who is the subject of the complaint.
- Upon receipt of an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse immediate corrective action shall be taken which shall include the following:
  - Ensure the resident is safe and in a safe location,
  - Notify the Supervisor on duty, or
  - Initiate an investigation.
- The following additional steps may be taken:
  - Make a unit change to remove the alleged victim from the alleged perpetrator,
  - Assign additional staff to monitor the resident activities, or
  - Place the staff on administrative leave until the completion of an investigation.

According to the FA, if a resident is deemed to be at a substantial risk of imminent sexual abuse, immediate protective action is absolutely necessary and required per agency Policy. The FA explained that when staff identifies a resident facing potential harm, they must promptly intervene to ensure the resident's safety, separate them from the threat, and report the situation to their immediate supervisor for further escalation. A collaborative approach involving a team assessment of the threat level, housing and program assignment re-evaluation, and individual meetings with the youth to address their safety concerns would be undertaken. If a youth is found to have violated a minor or major rule by causing harm, either mentally or physically, to another youth, sanctions may be enforced such as a disciplinary seclusion. Furthermore, in cases where a resident is in danger, an internal investigative review process would be initiated to ascertain the circumstances of the incident and determine appropriate disciplinary measures for the perpetrator involved.

	<p>During the audit, a representative sample of 12 randomly selected staff members were interviewed, and each was presented with a scenario relating to a resident reporting being harassed and bullied in a sexual manner by another resident in the facility. The staff members responded in detail, emphasizing the seriousness of the situation and their commitment to ensuring the safety of the resident. They stated that they would promptly take action to protect the youth, report the incident to their supervisor, and follow the established protocols. Additionally, in such scenarios, staff members highlighted the importance of potentially transferring a resident involved to a different housing unit to ensure sight and sound separation, as well as communicating the situation to other staff to prevent interaction between the victim and perpetrator.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- FA/PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.363</b></p> <p>(a - d): As per the facility's PREA Policy on page 18:</p> <ul style="list-style-type: none"> <li>• Any allegation that a resident was sexually abused while in another confinement facility; the Facility Administrator shall notify the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.</li> <li>• Notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.</li> <li>• The Facility Administrator will document the notification and also notify TJJD.</li> </ul>

	<ul style="list-style-type: none"> <li>• The facility that receives such notification shall ensure the allegation is investigated in accordance with PREA standards.</li> </ul> <p>During her onsite interview, the FA stated that if she were to receive notification that a resident who was released from her facility reported being sexually abused at another facility, such as the RYA facility, or if a resident at her facility reported being sexually abused outside the facility, she is obligated to ensure that the allegation is investigated in compliance with PREA and the associated Texas Administrative Code (TAC) standards. In either situation, the FA mentioned that she would contact the TJJD Office of the Inspector General (TJJD OIG) to ensure they are informed and can initiate their investigative process.</p> <p>If the allegation pertains to abuse that allegedly occurred at the RYA facility, the FA emphasized that she would promptly initiate an internal administrative investigation and notify TJJD and the Milan County Sheriff's Department without delay. In either case, the FA would serve as the primary point of contact, facilitating communication among all involved parties to ensure that the investigation is thorough and that cooperation is obtained throughout the investigative process.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Rockdale Youth Academy Coordinated Response to Allegations of Sexual Abuse Form</li> <li>- PREA Employee Training (Developed by the Moss Group)</li> <li>- PREA First Responder Actions Steps Card</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- 12 Random Staff (all security staff are trained in first responder duties)</li> </ul>



**Site Review Observations:**

- During the onsite audit, the auditor

**Explanation of Determination:****115.364**

(a & b): According to the facility's PREA Policy on pages 19 and 20:

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

The above first responder procedures were also verified by the auditor to be included in the staff PREA training and on the Rockdale Youth Academy Coordinated Response to Allegations of Sexual Abuse Form. This coordinated response document outlines the following response procedures for staff, supervisor, investigators, medical and mental health professionals, and facility leadership to adhere to when responding to a sexual abuse situation at the facility, which is trained to all staff working at the facility:

- Any YOI staff member who receives an allegation from a youth that the youth has been sexually abused must immediately:
  - Notify the on-duty supervisor and/or administrative duty officer;
  - Notify the facility Medical Department staff of the allegation and

request that the alleged victim be taken to the medical center for an assessment; and

- Report the allegation to TJJD (1-877-786-7263) and The Milam County Sheriff's Office in accordance with Policy 15.4.
- Ensures that crime scene is secured and the victim and perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom) until an investigator arrives on the scene.
- The On-duty Supervisor and/or Administrative Duty Officer ensures that:
  - The alleged perpetrator is kept physically separated from the alleged victim, which:
    - May involve referring the alleged perpetrator to the security unit if appropriate; and
    - must involve developing a safety plan within one hour to ensure the alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation;
  - the crime scene is secured and the victim and perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom) until an investigator arrives on the scene; and
  - the incident is documented on the On-Duty Supervisor Report, and the TJJC Incident Report Form (TJJD-AID-001) as applicable.
- Medical and Mental Health Practitioners:
  - The facility medical staff assesses the youth for any collateral injuries associated with the alleged sexual abuse.
  - In any case of reported sexual abuse the medical staff will prepare the victim and any needed documentation to be transported to McLane's Children's Hospital in Temple, TX.
  - The on-call mental health professional:
    - Conducts a face-to-face mental health assessment and offers crisis counseling to the youth as soon as possible;
    - May accompany the youth to the hospital, if applicable;
    - If requested by the youth after returning to the facility, arranges independent rape crisis counseling via telephone; and
    - Documents whether trauma counseling services were indicated, offered, and accepted.
- Investigators:
  - Internal Investigators:
    - Upon notification to RRJC by the IRC that a sexual abuse incident has occurred (by penetration), the Milam County Sheriffs Office will be notified and the youth will be transported to McLane's Children's Hospital (Temple, TX) for examination by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE).
  - Law Enforcement Investigators:

- The Milam County Sheriffs Office and the Administrative Investigations Division (AID) conduct investigations in accordance with applicable criminal and administrative investigative procedures.
- Facility Leadership:
  - Upon receiving a report of sexual abuse, the Assistant Facility Administrator or his/her designee:
    - Notifies the alleged victim's parent/ guardian of the allegation.
    - Verifies that the alleged perpetrator was kept physically separated from the alleged victim after the incident;
    - Verifies that the Medical Department was notified of the allegation and that the alleged victim was referred to the medical facility for assessment;
    - Ensure that an Incident Report Form was submitted to TJJD within the time frame allotted after being notified by staff of the incident;
    - Ensures that the appropriate therapist:
    - Completes a safety plan and updates the Safe Housing Re-Assessment form for the alleged victim within 72 hours; and
    - Updates the Safe Housing Re-Assessment form for the alleged perpetrator within 72.

Furthermore, the PREA first responder training curriculum was reviewed by the auditor and confirmed to include the following first responder training elements that are trained to all staff working with youth at the facility:

- Staff are to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility.
- Anyone can be a first responder in terms of being the first to know information or coming upon an incident.
- Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to take several immediate steps (115.64).
- It is very important that you know your policy and responsibilities related to first responder duties.
- First Responder Steps:
  - Separate the alleged victim and abuser.
  - Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
  - If abuse within a time period that allows for physical evidence, request that the alleged victim and abuser do not take any actions that could destroy physical evidence to include: brushing teeth, washing, urinating, defecating, smoking, drinking or eating.
  - If the first staff responder is NOT a security staff member, the responder is required to request that the alleged victim not take any

action that could destroy physical evidence, and then notify security staff.

- First Responder May Also be Asked to:
  - Record the date and time that the incident reportedly occurred
  - Record the date and time that the report was made
  - Record who initially reported the allegation
  - Isolate witnesses before obtaining statements
  - Secure the victims clothing and bedding
  - Photograph contents of the room/scene of incident
  - Treat the area in question as a crime scene
  - Remain observant of any persons, events, potential evidence and environmental conditions
  - Relay information to the investigative team
- If the allegation is not reported immediately, a first responder may be asked to:
  - Refer the victim for appropriate medical/mental health care
  - Report to the appropriate authorities
  - Record the date and time the incident reportedly occurred
  - Record the date and time that the report was made
- The first responder should not:
  - Conduct in-depth interviews or attempt to determine anything beyond the basic information listed on the previous slide
  - Attempt to determine the validity of the allegation
  - Play any role in deciding whether an allegation should be reported to investigators
  - Make any conclusions in the report
- First Responders Should:
  - The first responder should prepare a report for the investigator that:
    - Includes their observations at the time of the response
    - Ensures observations are unbiased and clear for the investigator
- Know the first responder(s) interaction with the victim could positively or negatively impact the investigation.
- Interaction with the victim should be culturally and developmentally appropriate and gender specific.
- Treat all victims with dignity and respect.
- Refer to what we learned about the dynamics of sexual abuse and harassment in confinement.
- Females may want to process and discuss - they may describe more details and emotions; it may take more time to establish trust due to a previous abuse history; prefer relational language.
- Males may use fewer words and may provide fewer details; may act out vs. talking, males may be reluctant to discuss the incident due to shame.
- Explain to the inmate the importance of maintaining physical evidence.
- Encourage the victim not do anything that could contaminate evidence, such as showering, eating or drinking.

- Encourage involvement with mental health professional.
- Allow the victim to have an advocate present.
- Explain investigation process.

In addition, the facility's "PREA First Responder Action Steps" card was provided to the auditor, and it was confirmed that all staff are provided this first responder card when they are first hired. The card includes the following information and staff are encouraged to keep the card on them when on-shift:

- PROTECT- Ensure alleged perpetrator is kept physically, separated from the alleged victim. Send victim to infirmary for assessment.
- PRESERVE- Secure the crime scene and prevent any actions that may destroy physical evidence (i.e. showering, changing clothes, brushing teeth, using the restroom, etc.).
- CALL- Notify the on-duty supervisor and/ or administrative duty officer. Report to Incident Reporting Center (IRC).

To verify the first responder and evidence protocols implemented at the facility, the auditor randomly selected a representative sample of 12 staff members. The staff members confirmed that they receive initial training on these protocols upon hire and during annual PREA refresher trainings. They shared insights into their roles as mandatory reporters for sexual abuse, sexual harassment, retaliation, and staff neglect.

Additionally, the staff members discussed the specific reporting procedures at the facility, which include ensuring the victim's safety, immediately reporting allegations or incidents to their immediate supervisor (who will assist with contacting the Sheriff's Department and/or TJJJD OIG as necessary to the situation), arranging for medical and mental health support, securing the scene and preserving evidence, advising both the victim and perpetrator against actions that could compromise or destroy usable physical evidence, documenting the incident on an Incident Report form, and following up with their supervisor or the PC to ensure all requirements are met and the victim is safe.

The auditor verified that there were no residents during the onsite who reported an allegation of sexual abuse or sexual harassment that allegedly occurred at the RYA facility. Furthermore, during the interviews with the 17 residents onsite, none of the youth reported being involved or learning of any situation involving sexual abuse or sexual harassment at the facility.

**Conclusion:**

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

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Rockdale Youth Academy Coordinated Responses to Allegations of Sexual Abuse Document</li> <li>- Employee PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA/PC)</li> <li>- 12 Random Staff</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.365</b></p> <p>(a): The facility's written coordinated response plan was reviewed by the auditor and confirmed to include the following coordinated response procedures for staff, supervisor, investigators, medical and mental health professionals, and facility leadership to adhere to when responding to a sexual abuse situation at the facility, which is trained to all staff working at the facility:</p> <ul style="list-style-type: none"> <li>• Any YOI staff member who receives an allegation from a youth that the youth has been sexually abused must immediately: <ul style="list-style-type: none"> <li>◦ Notify the on-duty supervisor and/or administrative duty officer;</li> <li>◦ Notify the facility Medical Department staff of the allegation and request that the alleged victim be taken to the medical center for an assessment; and</li> <li>◦ Report the allegation to TJJD (1-877-786-7263) and The Milam County Sheriff's Office in accordance with Policy 15.4.</li> <li>◦ Ensures that crime scene is secured and the victim and perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom) until an investigator arrives on the scene.</li> </ul> </li> <li>• The On-duty Supervisor and/or Administrative Duty Officer ensures that: <ul style="list-style-type: none"> <li>◦ The alleged perpetrator is kept physically separated from the alleged victim, which: May involve referring the alleged perpetrator to the security unit if appropriate; and must involve developing a safety</li> </ul> </li> </ul>

plan within one hour to ensure the alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation;

- The crime scene is secured and the victim and perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom) until an investigator arrives on the scene; and  
the incident is documented on the On-Duty Supervisor Report, and the TJJC Incident Report Form (TJJD-AID-001) as applicable.
- Medical and Mental Health Practitioners:
  - The facility medical staff assesses the youth for any collateral injuries associated with the alleged sexual abuse.
  - In any case of reported sexual abuse the medical staff will prepare the victim and any needed documentation to be transported to McLane's Children's Hospital in Temple, TX.
  - The on-call mental health professional:
    - Conducts a face-to-face mental health assessment and offers crisis counseling to the youth as soon as possible;
    - May accompany the youth to the hospital, if applicable;
    - If requested by the youth after returning to the facility, arranges independent rape crisis counseling via telephone; and
    - Documents whether trauma counseling services were indicated, offered, and accepted.
- Investigators:
  - Internal Investigators:
    - Upon notification to RRJC by the IRC that a sexual abuse incident has occurred (by penetration), the Milam County Sheriffs Office will be notified and the youth will be transported to McLane's Children's Hospital (Temple, TX) for examination by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE).
  - Law Enforcement Investigators:
    - The Milam County Sheriff's Office and the Administrative Investigations Division (AID) conduct investigations in accordance with applicable criminal and administrative investigative procedures.
- Facility Leadership:
  - Upon receiving a report of sexual abuse, the Assistant Facility Administrator or his/her designee: Notifies the alleged victim's parent/ guardian of the allegation.
  - Verifies that the alleged perpetrator was kept physically separated from the alleged victim after the incident;
  - Verifies that the Medical Department was notified of the allegation and that the alleged victim was referred to the

medical facility for assessment;

- Ensure that an Incident Report Form was submitted to TJJD within the time frame allotted after being notified by staff of the incident;
- Ensures that the appropriate therapist:
- Completes a safety plan and updates the Safe Housing Re-Assessment form for the alleged victim within 72 hours; and Updates the Safe Housing Re-Assessment form for the alleged perpetrator within 72.

In addition, the auditor was provided the facility's employee PREA training curriculum, which includes several pages with information about the facility's coordinate response plan for responding to a sexual abuse situation. For example, pages 28 to 38 outline key elements of the facility's coordinated response plan, which are incorporated into the training provided to all staff members at the facility and detailed below:

- The facility should develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
- Your Role in the Response Plan. This page includes the process of responding to a sexual abuse situation, with each step involving different individuals with different roles (allegation, first responder, medical, supervisor/leadership, mental health, investigator, and victim assistance).
- Role and Responsibilities considered part of the facility's coordinated response plan, with this section describing the roles of the medical and mental health practitioners, facility leadership, & investigators.
- Role of Medical and Mental Health Practitioners:
  - PREA requires that victims be offered an exam which should be conducted by a SANE/SAFE (Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner) (115.21).
  - The medical evidence collection and exam process takes a number of hours and should be conducted in a private place, consistent with policy.
  - There is required specialized training for medical and mental health practitioners to ensure an appropriate response to sexual abuse (115.35).
- SANE responsibilities (*provided at local medical center/hospital & not at the facility- refer to section 115.321 of this audit report*).
- Role of Investigators in Response:
  - The investigator will be notified by the facility of the allegation or incident.
  - The investigator will perform the appropriate tasks required to investigate.
  - PREA requires specialized training for investigators to ensure specific



considerations are taken into account when investigating sexual abuse in confinement settings (115.34).

- Role of Facility Administration in Response:
  - The facility/administration has major responsibilities:
    - Policy development/enforcement (115.11)
    - Post-allegation protective custody (115.43)
    - Agency Protection against retaliation (115.67)
    - Reporting to inmates (115.73)
    - Disciplinary sanctions for staff (115.76)
    - Corrective action for contractors/volunteers (115.77)
    - Disciplinary sanctions for inmates (115.78)
    - Sexual abuse incident reviews (115.86)
- This training piece also includes group activities that go into different scenarios of responding to a sexual abuse incident or allegation at the facility.

To verify the coordinated response and evidence protocols implemented at the facility, the auditor randomly selected a representative sample of 12 staff members. The staff members confirmed that they receive initial training on these protocols upon hire and during annual PREA refresher trainings. They shared insights into their roles as mandatory reporters for sexual abuse, sexual harassment, retaliation, and staff neglect.

Additionally, the staff members discussed the specific reporting procedures at the facility, which include ensuring the victim's safety, immediately reporting allegations or incidents to their immediate supervisor (who will assist with contacting the Sheriff's Department and/or TJJJD OIG as necessary to the situation), arranging for medical and mental health support, securing the scene and preserving evidence, advising both the victim and perpetrator against actions that could compromise or destroy usable physical evidence, documenting the incident on an Incident Report form, and following up with their supervisor or the PC to ensure all requirements are met and the victim is safe.

The PC outlined the coordinated response protocols that would be activated immediately in the event of a sexual abuse incident at the facility, emphasizing the critical importance of ensuring victim safety and delivering prompt services at the onset of the allegation or incident. All staff members are trained in first responder duties and capable of providing immediate assistance to initiate an efficient response plan. The staff are trained annually on ensuring victim safety through immediate separation, preserving and protecting the scene, calling for medical and mental health assistance as needed to the situation, reporting immediately to their on-shift supervisor, instructing the victim and perpetrator to not take any action that could damage or destroy usable physical evidence, and ensure absolute safety of the victim throughout the process.

In situations requiring emergency services, onsite medical and mental health professionals can provide immediate assistance, or emergency services can be

	<p>accessed by dialing 911. In cases of sexual abuse involving a juvenile at the facility, the FA would ensure the immediate notification of local authorities (Milan County), TJJD OIG, and the Families in Crisis organization to provide victim support services. Victims of sexual abuse would be transported to Baylor Scott &amp; White in Temple, TX for a forensic medical examination conducted by a certified SANE/SAFE nurse, with the assistance of the Milan County Sheriff's Department and a forensic interview conducted during the investigative process. Families in Crisis would offer victim advocacy support throughout the investigative process.</p> <p>Though no instances of sexual abuse had been reported during the PC's five-year tenure at the facility, she highlighted how the facility's policies and procedures are designed to effectively implement the necessary coordinated response protocols. Moreover, the presence of medical and mental health professionals, including a contracted physician and psychologist, ensures that onsite services can be provided on a case-by-case basis. These professionals also ensure that hospital orders and follow-up services are administered within their respective licensing scopes, safeguarding the well-being and proper care of the residents in the facility.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.366</b></p> <p>(a &amp; b): As confirmed by the auditor through the documentary evidence review, the onsite inspection and interviews, and as documented in the PAQ; the agency and facility has not allowed for any type of collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of</b></p>

	<b>this standard. No corrective action is required.</b>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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	<b>The following is a list of evidence used to determine compliance:</b>
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|  | <ul style="list-style-type: none"><li>- Pre-Audit Questionnaire (PAQ)</li><li>- Rockdale Youth Academy PREA Policy</li><li>- PREA Retaliation Monitoring Status Check Form</li></ul> |
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	<b>Interviews:</b>
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|  | <ul style="list-style-type: none"><li>- FA/PC (designated for monitoring for retaliation)</li></ul> |
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	<b>Explanation of Determination:</b>
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	<b>115.367</b>
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	(a): According to the facility's PREA Policy on pages 11, 14, and 16:
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|  | <ul style="list-style-type: none"><li>• Residents and staff shall immediately report sexual abuse or sexual harassment, staff neglect or violation of staff responsibilities, or retaliation to any employee, to TJJJD (1-877-786-7263) or by using the facility grievance process.</li><li>• Staff shall report immediately to the Administrator, Supervisor on duty, PREA Coordinator and Sheriff Department of any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</li><li>• All residents and staff who report sexual abuse or harassment or cooperate with sexual abuse or harassment investigations will be protected from retaliation by other residents or staff which will be monitored by the PREA coordinator/investigator, PREA Manager and Shift Supervisor.</li><li>• The education provided to residents will include the youth's rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</li><li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment is an element of the PREA training</li></ul> |
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provided to all staff.

(b): The following protective measures are included in the facility's PREA Policy, as verified by the auditor:

- The alleged staff or resident abusers will not have contact with the victim. Staff will be placed on leave until the conclusion of the investigation with possible disciplinary or criminal action as warranted. Residents may be placed in another unit until the conclusion of the investigation.
- Emotional support services will be provided to staff and residents related to sexual abuse or who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations. Emotional support may include crisis intervention and counseling services. Emotional support services will be provided as follows:
  - Staff through the employee assistance program.
  - Residents alleging sexual abuse will be referred to the Sexual Abuse Nurse Examiner (SANE) at Baylor Scott and White McLane Children's Hospital. The SANE Nurse will determine referrals to services based on their professional training to include but not limited to emotional support for sexual abuse and/or retaliation.
  - Residents alleging sexual harassment or retaliation within the facility or previous sexual abuse will be referred to the facility mental health professional (MHP) to determine if further services are warranted. The facility MHP may refer for additional community services based on their professional judgment.

(c - f): As per the procedures documented on page 16 of the facility's PREA Policy:

- For at least 90 days following a report of sexual abuse, the Facility Administrator/designee shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The following shall be monitored:
  - Resident disciplinary reports;
  - Unit housing;
  - Program changes; or
  - Negative performance reviews or re-assignments of staff will be monitored by the Facility Administrator.
- Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.
- For residents, such monitoring shall also include periodic status checks to be conducted by the Shift Supervisors. Status checks will be conducted randomly twice weekly and documented on a status check form. The status check form will be maintained in the PREA Coordinator's office.
- If an individual who cooperates with an investigation expresses a fear of

retaliation, the facility shall take appropriate measure, to include contacting the Sheriff's Department, to protect the individual against retaliation.

- The obligation to monitor shall terminate if the allegation is unfounded.
- Segregation to protect a resident who is alleged to have suffered sexual abuse shall follow requirements of the Rockdale Academy isolation policy to protect the resident in the least restrictive manner. This will occur only as a "last resort." Resident's in isolation will be provided with a daily large-muscle exercise, educational programming or special education service, daily visits from medical or mental health care clinician and access to regular program opportunity to the extent possible.

During the most recent PREA investigation at the facility involving an allegation of sexual abuse non-contact in 2022, as per the TAC definition, the auditor was provided with essential documents including the "Staff/Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. Of particular focus for this PREA standard were the requirements outlined in the PREA Retaliation Monitoring Status Check Form. Upon review, the auditor confirmed that the form encompassed all the necessary elements for monitoring retaliation as mandated by the standard. The form documented weekly check-ins conducted by senior staff and indicated that monitoring had commenced immediately on the day the allegation was reported and continued for 12 weeks. No concerns were identified during the monitoring process, and the form included sections for documenting housing/program changes, disciplinary records review, and reassignments or negative performance reviews. It is noteworthy that as the auditor determined the initial allegation did not align with the elements of sexual abuse under PREA definitions, the facility's efforts were found to surpass the minimum requirements of this PREA standard.

Additionally, the FA, who is designated to monitor for retaliation according to the procedures outlined in the facility's policies and PREA standards, confirmed during the auditor's interview the measures in place to protect all residents and staff who report incidents of sexual abuse or harassment or who cooperate with investigations from retaliation by others within the facility. The FA explained that all staff members are trained to vigilantly monitor and immediately report any signs or suspicions of retaliation, with regular administrative check-ins (periodic status checks) scheduled and documented on a daily and/or weekly basis.

The FA reiterated the agency's zero-tolerance policy towards retaliation and elaborated on the protection measures implemented to prevent retaliatory actions, which may include housing changes or transfers for resident victims or abusers, separation of alleged staff or resident abusers from contact with victims, and the provision of emotional support services for residents or staff members who express fear of retaliation for reporting or cooperating with investigations. These support services would be provided by one of the facility therapists or, if warranted, Families in Crisis. The monitoring for retaliation would continue for as long as necessary, never less than the mandated 90 days. Furthermore, if any individual cooperating

	<p>with an investigation voices concerns about potential retaliation, the FA affirmed that appropriate actions would be taken to safeguard that individual against any acts of retaliation.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Memo from Facility Administrator</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- FA/PC</li> <li>- Therapist</li> <li>- Medical Professional</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.368</b></p> <p>(a): According to the facility's PREA Policy on page 10:</p> <ul style="list-style-type: none"> <li>• A resident may be isolated only as a last resort when less restrictive measure is inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged. If a resident is isolated the facility shall clearly document: <ul style="list-style-type: none"> <li>◦ The basis for the facility's concern for the resident's safety.</li> <li>◦ The reason why no alternative means of separation can be arranged.</li> <li>◦ During any period of isolation residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents in isolation shall receive daily visits from a medical or mental health</li> </ul> </li> </ul>

	<p>care clinician.</p> <p>The Facility Administrator (FA) confirmed through a memo provided to the auditor and during her onsite interview that the facility, RYA, has not utilized any form of segregated housing to protect a resident who has alleged to have suffered sexual abuse. However, in the event that such a situation were to arise, the FA emphasized that the resident's rights to large muscle exercise and education would be upheld in accordance with the relevant state standards (Texas Administrative Code - TAC) and PREA regulations. If there is a need for a resident to be relocated from a specific living situation, the FA stated that isolation would be considered a last resort option. Detailed documentation justifying the decision would be maintained in each case. Instead of resorting to isolation (disciplinary seclusion), the FA explained that she would engage with her management team and mental health unit to assess the situation and determine the safest course of action, considering the availability of multiple housing units and programming schedules to choose from. As per the FA, this approach ensures that the well-being and rights of the residents are upheld while maintaining a focus on safety and appropriate responses to incidents that may require relocation or housing adjustments.</p> <p>During the onsite interviews, the full-time medical and mental health professionals at the facility affirmed that they have unrestricted access to all youth in the facility, provided they feel safe conducting meetings with the residents. Even residents who may be in disciplinary seclusion or confined to their rooms for any reason can be transported to the medical or mental health professional's location, or the professional can arrange to meet with the youth outside their door as necessary.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.371	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p>

- Facility Administrator (designated facility head and facility PREA Coordinator)
- Assistant Facility Administrator (AFA)

**Site Review Observations:**

- During the onsite audit, the auditor verified that the storage of sexual abuse and sexual harassment investigative files is securely maintained within the facility. The Facility Administrator (FA) informed the auditor that these files are securely stored in her office, ensuring that they are protected and confidential. The auditor confirmed on-site that the FA's office is secure, and surveillance cameras are positioned outside in the administrative area where the FA's office is located.

**Explanation of Determination:**

**115.371**

(a): As documented in the facility's PREA Policy on page 21:

- Investigations into allegations of sexual abuse and sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(b): This Policy also requires that employees assigned to conduct sexual abuse investigations shall receive training in conducting such investigations in confinement settings. If the person conducting the investigation is not an employee, the administrator will insure that the investigating agency has the appropriate training to conduct the investigation. Documentation will be maintained in the employee's file on the completed specialized training.

(c - f): According to the facility's PREA Policy on page 21:

- The investigator shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; the investigator shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- An investigation shall not terminate solely because the source of the allegation recants the allegation.
- If the evidence appears to support criminal prosecution, all following interviews will be conducted by the prosecutors to avoid compromising the criminal investigation. If the investigation appears criminal, the investigation will be turned over to the Milam County Sheriff's Department to complete for prosecution.
- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No resident will submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of an



allegation.

(g - m): As further included in the PREA Policy on pages 21 and 22:

- Investigations shall include an effort to determine if staff actions or failure to act contributed to the abuse.
- Investigations shall be documented per T JJD incident form requirements and investigation requirements including:
  - Description of the physical and testimonial evidence,
  - The reasoning behind credibility assessments, and
  - Investigative facts and findings.
- No standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated.
- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- The resident will be informed of the outcome of the investigation verbally or in writing of whether or not it has been determined to be substantiated, unsubstantiated, or unfounded.
- If the investigation was not conducted by the facility, the PREA coordinator will request the relevant information from the investigative agency to inform the resident.
- Written reports of administrative and criminal investigations shall be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- Departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
- If outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The following notifications shall be documented in the investigation file.

For criminal investigations, as per the facility's PREA Policy:

- All staff, contractors, and volunteers shall fully cooperate in the investigation.
- The Milam County Sheriff's Department or TJJJD will take the lead in all criminal investigations;
- The investigating entity will have access to all records and files as legally permissible, to include video records; and
- Space will be provided for the investigating entity to conduct interviews and/or to review records and files;

- The investigating entity will be responsible for completing the criminal investigation consistent with their policies governing the conduct of such investigations and for referring any individual or individuals for criminal prosecution.
- The concluded report will be provided to CSI-ROCKDALE.

The auditor interviewed the Facility Administrator (FA), who is also the facility's PC, and one of the Assistant Facility Administrators (AFA) on-site, inquiring about the internal investigation procedures regarding allegations of sexual abuse, sexual harassment, retaliation, or staff neglect. Each administrator advised that the facility has a PREA investigative policy that they are keenly aware of the procedures therein. Furthermore, each FA individually explained how the investigative process is promptly initiated in response to any such allegation involving a current resident or a former resident who was at the facility. Both administrators mentioned that they received specialized training as investigators for conducting PREA investigations at a secure facility and provided a comprehensive overview of the investigative process from initiation to completion. This training included learning specialized techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Emphasizing victim safety as the top priority for any incident at the facility, the administrators described the response protocols required for ensuring an effective coordinated response. It was clarified that the FA and AFA, while not criminal investigators, are authorized to conduct internal administrative investigations into allegations. For allegations of sexual abuse, the Milan County Sheriff's Department is immediately notified to conduct the criminal investigation. Additionally, in cases of sexual harassment, sexual abuse, retaliation, and staff neglect, the TJJD OIG must be promptly informed to assess the situation and determine the appropriate course of action, whether handled internally or requiring OIG involvement.

The administrators detailed the process for a victim of sexual abuse at the facility, highlighting the transportation to Baylor Scott & White in Temple, TX for a forensic medical examination by a certified SANE/SAFE nurse, with support from the Milan County Sheriff's Department and a forensic interview conducted during the investigative process. Families in Crisis would be contacted to provide victim advocacy support throughout the investigation.

The FA and AFA elaborated on their internal investigative process, outlining the designation of an internal investigator (often the PC/FA), the initial steps including identifying the allegation, reviewing incident reports, witness statements, video footage, conducting interviews, evidence analysis, communication with criminal or OIG investigators as required, documentation of the investigation in a report (shared with TJJD upon conclusion), ongoing retaliation monitoring, necessary notifications to parents, probation officers, caseworkers, and the completion of a sexual abuse incident review.

The FA and AFA confirmed that an internal PREA investigation will continue until a disposition is reached, regardless of factors such as the recantation of the allegation by the source, or the departure of the alleged abuser or victim from the facility or agency's employment or control. They emphasized that compelled interviews and truth-telling devices are not utilized in internal administrative investigations; although, these techniques may be utilized by the Sheriff's Department or OIG.

The administrators explained that the credibility of the alleged victim, witnesses, or suspects is assessed on a case-by-case basis, with documentation of the assessment, and the investigation includes an evaluation of whether staff actions or inactions contributed to the alleged abuse.

Furthermore, the FA and AFA shared that criminal investigative reports conducted by Milan County and/or TJJD OIG would typically not be shared with the juvenile agency. However, any disposition resulting from the criminal investigation would be communicated to the FA and referral to the prosecutor would be in the hands of these agencies. The FA provided an example to the auditor of a letter she received regarding an OIG administrative investigation that confirmed a staff ethics violation, demonstrating transparency in addressing internal investigations and outcomes related to staff conduct.

### **PREA Allegation & Investigation File Review**

#### **Three resident-on-resident sexual harassment allegations:**

The RYA reported three sexual harassment allegations at the facility. The auditor was provided with the initial Incident Reports and corresponding Internal Investigation Reports for each allegation. The facility demonstrated a commitment to addressing and investigating these allegations in accordance with the sexual harassment investigative provisions outlined by the applicable PREA standard.

Upon reviewing the documentary evidence provided, it was evident that RYA treated each sexual harassment allegation with seriousness and followed prescribed investigative procedures. A specially trained internal investigator, the facility's Assistant Facility Administrator/PC, conducted the administrative internal investigations for each allegation in a prompt, thorough, and objective manner. The investigations were carried out in accordance with the applicable sexual harassment investigative provisions set forth by PREA standards.

RYA promptly reported each sexual harassment allegation to the local sheriff's department (Milan County) and the Texas Juvenile Justice Department (TJJD) Office of Inspector General. However, as each case lacked a criminal element and fell within the scope of the facility's capabilities of an administrative investigation, the cases were referred back to RYA to be handled internally.

#### **Allegation of staff-on-youth sexual abuse (as reported by the facility):**

Throughout the audit review period (calendar year 2023 and up to the date of this report), there were no reported instances of a resident being involved in a sexual abuse allegation at the RYA facility. This information was verified through a

thorough examination of documentation compliance and interviews conducted onsite as part of the audit review process. To evaluate compliance with relevant PREA standards regarding sexual abuse investigations, the auditor was provided with the facility's most recent sexual abuse investigative file. This file documented an investigation carried out in calendar year 2022 in response to two allegations made by one resident against two staff members.

For each allegation, it is important to clarify that the facility and the Texas Juvenile Justice Department (TJJD) Office of Inspector General assessed the allegations according to the Texas Administrative Code definitions for sexual abuse non-contact, which includes the PREA elements of sexual harassment as defined in the PREA Juvenile Standard Definitions (\*the TAC definitions do not distinguish sexual abuse from sexual harassment, as the PREA standards do). In addition, the case was also referred to Milan County's Sheriff's Department; however, no charges pursued and a criminal investigation was not initiated by this agency.

Furthermore, the RYA is required by TAC to immediately report sexual abuse and sexual harassment allegations to TJJD OIG, and OIG then assesses the allegations to determine if the OIG will open an investigation or refer the case back to the facility to be handled internally. The OIG has oversight over such situations and has the authority to conduct both an administrative and/or criminal investigation into allegations of abuse, neglect, or exploitation of juveniles secured in a juvenile facility in Texas.

After closely examining the reported allegations made by the youth in this investigative file, the auditor determined that each allegation did not meet the threshold for sexual abuse as outlined by the PREA Juvenile Standard Definitions. Instead, the allegations were categorized as instances of staff sexual harassment under the PREA definition. Despite this determination, the facility demonstrated a commitment to resident safety by adhering to all relevant PREA sexual abuse provisions essential for responding to an allegation of resident sexual abuse.

Additionally, the facility complied with the requirements outlined in the Texas Administrative Code for addressing allegations of abuse, neglect, and exploitation. The auditor utilized this PREA investigative file to effectively evaluate compliance with each of the relevant sexual abuse response procedures mandated by the PREA standards.

An example of the thorough investigation process can be seen in the Internal Investigation Report, which demonstrates that the allegations were promptly, thoroughly, and objectively investigated by both the RYA Assistant Facility Administrator and TJJD OIG. The allegations were reported on 6/1/2022 and promptly brought to the attention of TJJD OIG on the same day, leading to the immediate re-assignment of staff members to non-contact positions. The internal investigation was initiated on the same date, as clearly indicated in the Internal Investigation Report.

Additionally, the investigative file for this case included email correspondences between the Assistant Facility Administrator (PCM) and the TJJD Deputy Inspector

	<p>General, who served as the TJJD OIG investigator for this case. The Internal Investigation Report provided a comprehensive account of the investigative process, starting with general information about the allegation and the initial investigative steps. It then detailed the law enforcement notification and information, witness testimonies, pertinent dates and specifics of the initial investigative process, a summary of the original allegation, written summaries of all oral interviews conducted, a list of evidence collected during the internal investigation (such as audio and/or video recordings), relevant investigation findings supporting the disposition (including evidence analysis), additional insights on the TJJD OIG investigation, assigned disposition, names of all individuals involved in the internal investigation process, an assessment of whether staff actions, inactions, or failures contributed to the abuse, relevant policies and procedures related to the alleged incident, name and contact information of the alleged victim's parent/guardian, and details of the internal investigator.</p> <p>The investigative file also included several key documents such as the "Staff/Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. The Internal Investigation Report concluded that the two allegations of sexual abuse non-contact (as per the TAC definition) made by the same juvenile were unsubstantiated. However, the OIG investigator determined that a preponderance of evidence substantiated an incident meeting the statutory definition of abuse, neglect, or exploitation. The Notification of Disposition form completed by the OIG investigator detailed this finding and indicated that a violation of the Code of Ethics was identified, leading to the case being referred to TJJD's OIG General Counsel for potential disciplinary actions related to any certification granted by TJJD. Additionally, the form documented that the evidence collected during the OIG's investigation was shared with the county's criminal prosecutor, as the OIG had reasonable belief of a crime being committed. As a result of the substantiated outcome, the confirmed staff perpetrator was terminated from employment with RYA.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Rockdale Youth Academy PREA Policy
- PREA Investigative File

**Interviews:**

- Facility Administrator (FA)

**Explanation of Determination:**

**115.372**

(a): According to the facility's PREA Policy on page 21:

- No standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated.

Furthermore, on page 20 of this Policy, the following available dispositions are defined:

- Substantiated Allegation - an allegation that was investigated and determined to have occurred.
- Unfounded Allegation - an allegation that was investigated and determined not to have occurred.
- Unsubstantiated Allegation - an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

In addition, the auditor was able to confirm that the preponderance of evidence burden of proof was used in each of the PREA investigations. As detailed in section 115.371 of this audit report:

- The investigative file contains several key documents such as the "Staff/ Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. The Internal Investigation Report concluded that the two allegations of sexual abuse non-contact (as per the TAC definition) made by the same juvenile were unsubstantiated. **However, the OIG investigator determined that a preponderance of evidence substantiated an incident meeting the statutory definition of abuse, neglect, or exploitation.** The Notification of Disposition form completed by the OIG investigator detailed this finding and indicated that a violation of the Code of Ethics was identified, leading to the case being referred to TJJD's OIG General Counsel for potential disciplinary actions related to any certification

	<p>granted by TJJD. Additionally, the form documented that the evidence collected during the OIG's investigation was shared with the county's criminal prosecutor, as the OIG had reasonable belief of a crime being committed. As a result of the substantiated outcome, the confirmed staff perpetrator was terminated from employment with RYA.</p> <p>The FA, who is a specially trained internal investigator for the RYA facility, advised during her interview onsite that the administrative investigation shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.373	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Youth Notification Form</li> <li>- PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (designated facility head and facility PREA Coordinator)</li> <li>- Assistant Facility Administrator (AFA)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.373</b></p> <p>(a &amp; b): As confirmed to be included in the facility's PREA Policy on page 22:</p> <ul style="list-style-type: none"> <li>• The resident will be informed of the outcome of the investigation verbally or in writing of whether or not it has been determined to be substantiated, unsubstantiated, or unfounded.</li> </ul>

- If the investigation was not conducted by the facility, the PREA coordinator will request the relevant information from the investigative agency to inform the resident.

(c): Per the facility's PREA Policy on page 22:

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

(d): According to the facility's PREA Policy:

- Allegations involving sexual abuse by another resident - the victim will be informed of the following:
  - The facility learns that the alleged abuser has been indicted or convicted (change from adjudicated) on a charge related to sexual abuse within the facility.

(e & f): As per the facility's PREA Policy:

- All notifications or attempted notifications shall be documented. The facility's obligation to report shall terminate if the resident is released from the facility's custody.

\*Regarding the PREA investigation involving an allegation of staff-on-youth non-contact sexual abuse (as per the TAC definition), the investigative file contained the "Staff/Youth Notification" form. This form outlines how the alleged victim was informed that the OIG investigation substantiated the allegation and that the implicated staff member is no longer employed at the facility. Signed and dated by both the victim and the Facility Administrator, the auditor confirmed that the notification was delivered on the same date as the investigation's conclusion. In addition, documentation in this investigative file also indicated that the victim's parent/guardian was notified of the situation.

The FA and AFA both confirmed the notification requirements outlined in this PREA standard during their individual interviews with the auditor. Additionally, the FA provided the auditor with an example of the facility's "Staff/Youth Notification" form, which is used to document all the necessary notification provisions specified by the PREA standard. The FA guided the auditor through the process of using this form to ensure compliance with the notification requirements.



	<p>The FA also informed the auditor that when a sexual abuse or sexual harassment allegation is reported, it is mandatory to promptly notify the alleged victim's parents. This proactive approach to parental notification exceeds the minimum requirements set forth by the PREA standard, demonstrating the facility's commitment to transparency, accountability, and keeping families informed in such critical situations.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- PREA Investigative File Review</li> <li>- Personnel File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA/PC)</li> <li>- Human Resource (HR) Administrator</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.376</b></p> <p>(a - d): According to the facility's PREA Policy on page 23:</p> <ul style="list-style-type: none"> <li>• Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li>• At the conclusion of the internal investigation, the administrator shall take appropriate measures to provide for the safety of the residents. The subject</li> </ul>

of investigation will be informed of the outcome of the investigation and the measures to be taken.

- Measures may include:
  - Review of the policies, procedures and practices, and if appropriate, modifications to the policies, procedures and practices to help ensure the safety of residents and staff and to prevent subsequent incidents. Additional training of staff specifically involved in the incident or of all staff;
  - Suspension or termination of staff involved in the incident; and
  - Possible criminal prosecution.
- Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, and to TJJD.

The investigative file for the allegation investigated in 2022 for alleged sexual abuse non-contact, as per the TAC definitions, included several key documents such as the "Staff/Youth Notification" form, Sexual Abuse Incident Review, mental health referral, "PREA Retaliation Monitoring Status Check Form," "Survey of Sexual Victimization Substantiated Incident Form," and the TJJD OIG "Notification of Disposition" form. The Internal Investigation Report concluded that the two allegations of sexual abuse non-contact (as per the TAC definition) made by the same juvenile were unsubstantiated. However, the OIG investigator determined that a preponderance of evidence substantiated an incident meeting the statutory definition of abuse, neglect, or exploitation. The Notification of Disposition form completed by the OIG investigator detailed this finding and indicated that a violation of the Code of Ethics was identified, leading to the case being referred to TJJD's OIG General Counsel for potential disciplinary actions related to any certification granted by TJJD. Additionally, the form documented that the evidence collected during the OIG's investigation was shared with the county's criminal prosecutor, as the OIG had reasonable belief of a crime being committed. As a result of the substantiated outcome, the confirmed staff perpetrator was terminated from employment with RYA.

Furthermore, the FA and HR Administrator confirmed during their individual interviews onsite that staff, volunteers, contractors, and any individual within the facility are subject to disciplinary sanctions, including termination, for any violations of the agency's sexual abuse or sexual harassment policies. The administrators provided details on a specific case, stating that a staff member was placed on administrative leave as soon as the allegation was made and subsequently terminated immediately upon the Office of the Inspector General (OIG) providing the FA with a confirmed disposition of an ethics violation.

In addition, during the onsite audit process, the auditor randomly selected 10 staff, one volunteer, and one contractor personnel files to review for the background

	<p>documentation required by PREA standard 115.317. The auditor and the Human Resources Administrator reviewed these selected files together, and throughout the review, there was no indication of any individual who had violated the agency's PREA policy.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Personnel File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA)</li> <li>- Human Resource (HR) Administrator</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.377</b></p> <p>(a &amp; b): Per the facility's PREA Policy on page 23:</p> <ul style="list-style-type: none"> <li>• Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</li> <li>• The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</li> <li>• This will also be reported to the licensing entity, if appropriate.</li> </ul> <p>Note: The PAQ indicated that there have been no instances involving a volunteer or</p>

	<p>contractor who has been implicated as a perpetrator in a sexual abuse or sexual harassment allegation since the last PREA audit.</p> <p>Furthermore, the FA and HR Administrator confirmed during their individual interviews onsite that staff, volunteers, contractors, and any individual within the facility are subject to disciplinary sanctions, including termination, for any violations of the agency's sexual abuse or sexual harassment policies. The administrators provided details on a specific case, stating that a staff member was placed on administrative leave as soon as the allegation was made and subsequently terminated immediately upon the Office of the Inspector General (OIG) providing the FA with a confirmed disposition of an ethics violation.</p> <p>In addition, during the onsite audit process, the auditor randomly selected 10 staff, one volunteer, and one contractor personnel files to review for the background documentation required by PREA standard 115.317. The auditor and the Human Resources Administrator reviewed these selected files together, and throughout the review, there was no indication of any individual who had violated the agency's PREA policy.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA/PC)</li> <li>- Therapist</li> <li>- Medical Professional</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.378</b></p>

(a - g): The auditor verified that all the requirements of this PREA standard are included in the facility's PREA Policy, on pages 17 and 18, as outlined below:

- A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process as outlined in the Rockdale policies and procedures following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident on resident sexual abuse.
- Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories.
- If a resident is isolated, the rules following isolation requirements will be followed.
- Residents in isolation shall receive daily large-muscle exercise, access to educational programming or special education services and daily visits from a medical or mental health care clinician. Residents shall also have access to other programs to the extent possible.
- The disciplinary process shall consider if the resident's mental disabilities or mental illness contributed to the behavior when determining what sanction, if any, is imposed.
- The facility will determine if the resident will receive counseling or other interventions to address and correct underlying reasons or motivations for the abuse. The facility shall consider whether to offer the offending resident participation in such interventions. The facility may require participation in interventions as a condition of access to privileges within the program but not as a condition to access to general programming or education.
- A resident may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact.
- A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- Sexual activity between residents is strictly prohibited and residents may be disciplined for such activity. The facility however, may not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.
- A resident may be disciplined for filing a grievance related to alleged sexual abuse only when determined the resident filed the grievance in bad faith.
- False allegations against either residents or staff will receive disciplinary measures. Charges may be filed for making a false allegation.

The FA confirmed during the onsite interview and documentation review for the audit that there had been no instances of a resident being placed on a disciplinary seclusion sanction for a PREA violation during the audit review period. Additionally, she noted that she could not recall such a situation occurring since the last PREA audit. However, in the event of a resident being placed on such a sanction in the

	<p>future, the FA emphasized the requirements of upholding the resident's rights to large muscle exercise and education in accordance with the relevant state standards (Texas Administrative Code - TAC) and PREA regulations. Isolation for any reason related to PREA would be considered a last resort option if relocation from a specific living situation were deemed necessary, with detailed documentation to justify the decision in each case. The FA explained that consultation with her management team and the mental health unit would be conducted to ensure a safe course of action, utilizing various housing units and programming schedules to accommodate residents' needs.</p> <p>The full-time medical and mental health professionals at the facility reiterated in the onsite interviews that they have unrestricted access to all youth in the facility, ensuring that residents have access to medical and mental health services regardless of their living situation. Even residents in disciplinary seclusion or confined to their rooms can be transported to meet with medical or mental health professionals on-site or have professionals arrange to meet with them outside their door for necessary care and support.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Prior Victimization Log 115.381</li> <li>- Samples of Completed Risk Assessment titled, "Assessment, Checklist and Protocol for Behavior and Risk for Victimization"</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Therapist</li> <li>- Targeted Resident (Affirmed risk of victimization on risk screening)</li> <li>- 17 Residents (15 Random &amp; 2 Targeted)</li> </ul>

**Site Review Observations:**

- During the onsite audit, the integrity of sensitive resident data, such as completed risk screening documents, was verified by the auditor, with confirmation that they are securely stored within the facility's secure premises. Through the onsite inspection, staff interviews, and documentary evidence review, it was ascertained that the facility maintains necessary protocols and safeguards to ensure the secure retention of screening information, medical records, and reports of sexual abuse allegations. Access to these records is restricted to authorized professionals who require the information for specific job duties as delineated in established policies.

**Explanation of Determination:****115.381**

(a - d): According to the facility's PREA Policy on page 13:

- If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the intake officer shall document the information on the behavior screening or medical health screening form and provide a copy of the form(s) to the Facility Mental Health Professional.
- If required, a follow up meeting with the mental health care practitioner will be held within 14 days of the intake screening.
- If the behavior screening indicates the resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening following the above steps.
- If the mental health practitioner determines through the follow-up that treatment is not warranted, the facility need not provide services.
- Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

Note: As confirmed by the auditor, youth cannot be in Rockdale academy at the age of 18. All youth placed here are from 10-17.

The auditor was provided the facility's logs for resident's whose risk screenings indicated prior victimization and perpetration of sexual abuse, as well as corresponding "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" forms completed for each entry. For the 12 month audit review period (January 1st, 2023 - December 31st, 2023), the facility admitted eight residents in the post program and three in the pre program who, per each resident's risk screening assessments, experienced sexual victimization prior to being

admitted into the facility. Furthermore, the logs also include the residents whose risk screening indicated prior sexual perpetration of sexual abuse, with the pre program admitting three residents and the post program admitting ten residents during this review period who indicated on their risk screening having previously perpetrated sexual abuse.

The auditor analyzed for compliance each risk screening provided for the 24 applicable residents included on the logs provided pursuant to this PREA standard. Upon the auditor's review, it was confirmed that each assessment was conducted by a mental health professional within one business day of the youth's arrival at the facility. Thus, substantially exceeding the 14 day time frame set forth by this PREA standard.

Furthermore, the auditor determined that since the facility has fully institutionalized the policy and practice of a mental health professional conducting the agency's "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" form on all youth admitted into the facility, in both the pre and post programs, within one business day of arriving at the facility, the agency substantially exceeds the minimum requirements of this PREA standard. It is important to add that the agency's Facility Administrator also reviews and signed each of the "Assessment, Checklist and Protocol for Behavior and Risk for Victimization" forms examined by the auditor, which provides for an additional level of safety for all the youth admitted into the facility.

During the onsite interviews with one of the facility's full-time therapists and a medical professional, the auditor confirmed that all youth are required to meet with a licensed therapist and medical practitioner upon arrival at the facility to undergo a risk screening and receive initial mental health and medical assessments. This practice, which exceeds the minimum requirements of the PREA standard, ensures that 100% of youth admitted to the facility are screened by a licensed therapist for vulnerability and aggressiveness, followed by an immediate mental health session post-screening. The Mental Health Unit further conducts risk screening reassessments at the 30, 60, and 90-day marks for each resident, with additional periodic assessments to ensure ongoing support for long-term residents. Residents also have weekly meetings with their assigned therapist, and family counseling is arranged for post-adjudication residents.

The feedback from the 17 residents interviewed supported the practice of weekly meetings with assigned therapists and affirmed the initial counseling sessions upon admission. In addition, the medical professional confirmed that each resident receives a health assessment from a medical professional on their first day at the facility or the following day if the resident arrives overnight. The medical and mental health professionals interviewed stressed that information related to sexual victimization or abuse within an institutional setting is restricted to medical and mental health practitioners and necessary staff to inform treatment plans and management decisions, such as housing, bed assignments, education, and program involvement. The consent process, including signatures from the youth and their parent or guardian, is completed upon arrival, and verbal informed consent is



	<p>covered at the beginning of each counseling session to ensure transparency and respect for the individual's rights and privacy.</p> <p>Lastly, the auditor interviewed a resident who was identified as a victim of sexual abuse before arriving at the facility, as reported through the youth's risk screening, which was conducted by a licensed therapist. The resident verified that a therapist indeed conducted the risk screening upon their arrival at the facility and that a counseling session was offered promptly after the completion of the risk screening.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the minimum requirements of this standard. No corrective action is required.</b></p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- MOU sent to the Director of Programs at the Families In Crisis Inc.</li> <li>- MOU with Baylor Scott &amp; White Memorial Hospital (BSW)</li> <li>- BSW Website</li> <li>- PREA Investigation File Review</li> <li>- Individual and Family Case Note</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Therapist</li> <li>- Medical Professional</li> <li>- No Applicable Targeted Resident for this Standard</li> <li>- 12 Random Staff (Trained as First Responders)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.382</b></p>

(a - d): As verified by the auditor to be included in the facility's PREA Policy on page 13:

- The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in a juvenile facility, prison or jail lockup.
- The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- Medical and mental health services shall be provided to the victims consistent with the community level of care.
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation of the incident.

Furthermore, the MOU the facility had with the Families In Crisis (FIC) Inc. and the signed MOU with Baylor Scott & White Memorial Hospital (BSW) both include how the facility can ensure ongoing medical and mental health care services will be provided by these agencies on a case-by-case basis. For example, the signed MOU with BSW states that BSW will provide SANE exams and reasonably related medical services for adults and children who are alleged victims of sexual assault only within the capability and capacity of BSW at a BSW facility. Furthermore, the MOU with FIC formally requests that the FIC be able to send a victim advocate as available to Scott and White Hospital to accompany and support a resident victim of sexual abuse/assault through the forensic medical examination process and to provide emotional support, crisis intervention, information, and referrals upon request by the victim. These services were also confirmed to be available at the FIC and BSW, as per the information verified from each entity's website.

For example, the BSW website shares to the public the following:

- the Forensic Medicine department at Baylor Scott & White Health includes the Sexual Assault and Violence Response Team and the Child Abuse Support Center. Together, they provide compassionate, sensitive, timely care for victims of violent crimes, child abuse and neglect.
- Unique to Central Texas, Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children’s Medical Center –

Temple staff serve individuals in an eight-county area, including Bell, McLennan, Falls, Milam, Coryell, Lampasas, Burnet and Williamson. A forensic medicine team at Baylor Scott & White Medical Center – College Station serves the Brazos Valley.

- Our forensic medicine teams are available at Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children's 24 hours a day, 365 days a year.
- When sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. They are certified by the Texas Office of Attorney General. In sexual assault cases, a forensic nurse can provide the following:
  - Gathering complete medical forensic examination
  - Forensic evidence collection with photographic documentation
  - Comprehensive medical care with compassion and support
  - Mental health support
  - Medicine to prevent sexually transmitted diseases (STDs)
  - Medicine to help prevent pregnancy from the sexual assault
  - An advocate from a local advocacy organization who can provide information about services including shelter, counseling and crime victim compensation Schedule follow-up care.
  - Baylor Scott & White McLane Children's Medical Center has a specialized Child Protection Team in Temple that provides historical documentation, medical evaluations and treatment for suspected victims of child abuse and neglect.
- In child abuse and neglect cases, the Child Protection Team in Temple can provide the following:
  - A complete medical forensic examination with photographic evidence
  - Forensic evidence collection and photo documentation of injury
  - Comprehensive medical care with compassion and support
  - Mental health support
  - Access to community resources including the Department of Family and Protective Services and local advocacy organizations, including the Children's Advocacy Center Physicians and forensic nurses with SANE training are qualified and may testify in court as medical experts.

The auditor took note of a mental health form that was included in a PREA investigative file for the allegation investigated of sexual abuse non-contact, as per the TAC definitions. The form, titled "Individual and Family Case Note," confirmed

	<p>that the alleged victim was referred to mental health services on the same day the allegation was reported. Additionally, the form detailed how a licensed therapist conducted a follow-up session with the youth to address the confidential issues related to the ongoing investigation during their time at the RYA facility. The mental health professional shared that cognitive-behavioral techniques were utilized to assist the youth in processing the events.</p> <p>The therapist and medical professional interviewed onsite confirmed that resident victims of sexual abuse are required to 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. The emergency services provided onsite by these professionals would be within their applicable scope of practice, with any other emergency services provided by the contracted physician and by calling 911. The professionals advised that a resident victim of sexual abuse would be transported to Baylor Scott and White (BSW) Hospital in Temple, TX. It was further clarified that information about and timely access to emergency contraception and sexually transmitted infections prophylaxis would be provided by a SANE/SAFE nurse at BSW. The professionals advised that all treatment services would be 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.</p> <p>The 12 random staff interviewed indicated that they have been trained in first responder duties related to a sexual abuse incident and this training is provided annually. The staff were aware of the steps to take to protect the victim and the importance of immediately notifying their immediate supervisor, medical, and mental health professionals onsite. Additionally, the staff confirmed they are trained in CPR and First Aid, and 911 would be immediately called for any immediate emergency medical assistance needed.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- Rockdale Youth Academy PREA Policy
- MOU with Families In Crisis Inc.
- MOU with Baylor Scott & White Memorial Hospital (BSW)
- PREA Investigative File Review
- Mental Health Form
- FIC and BSW Websites

**Interviews:**

- Therapist
- Medical Professional

**Explanation of Determination:**

**115.383**

(a - h): According to the facility's PREA Policy on pages 13 and 14:

- The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in a juvenile facility, prison or jail lockup.
- The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- Medical and mental health services shall be provided to the victims consistent with the community level of care.
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation of the incident.
- The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility mental health practitioners will determine the length of treatment needed.

Furthermore, the MOU signed with the Families In Crisis (FIC) Inc. and the signed

MOU with Baylor Scott & White Memorial Hospital (BSW) both include how the facility can ensure ongoing medical and mental health care services will be provided by these agencies on a case-by-case basis. For example, the signed MOU with BSW states that BSW will provide SANE exams and reasonably related medical services for adults and children who are alleged victims of sexual assault only within the capability and capacity of BSW at a BSW facility. Furthermore, the MOU with FIC formally requests that the FIC be able to send a victim advocate as available to Scott and White Hospital to accompany and support a resident victim of sexual abuse/assault through the forensic medical examination process and to provide emotional support, crisis intervention, information, and referrals upon request by the victim.

These services were also confirmed to be available at the FIC and BSW, as per the information verified from each entity's website. For example, the BSW website shares to the public the following:

- the Forensic Medicine department at Baylor Scott & White Health includes the Sexual Assault and Violence Response Team and the Child Abuse Support Center. Together, they provide compassionate, sensitive, timely care for victims of violent crimes, child abuse and neglect.
- Unique to Central Texas, Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children’s Medical Center – Temple staff serve individuals in an eight-county area, including Bell, McLennan, Falls, Milam, Coryell, Lampasas, Burnet and Williamson. A forensic medicine team at Baylor Scott & White Medical Center – College Station serves the Brazos Valley.
- Our forensic medicine teams are available at Baylor Scott & White Medical Center – Temple and Baylor Scott & White McLane Children's 24 hours a day, 365 days a year.
- When sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. They are certified by the Texas Office of Attorney General. In sexual assault cases, a forensic nurse can provide the following:
  - Gathering complete medical forensic examination
  - Forensic evidence collection with photographic documentation
  - Comprehensive medical care with compassion and support
  - Mental health support
  - Medicine to prevent sexually transmitted diseases (STDs)
  - Medicine to help prevent pregnancy from the sexual assault
  - An advocate from a local advocacy organization who can provide information about services including shelter, counseling and crime victim compensation Schedule follow-up care.
  - Baylor Scott & White McLane Children’s Medical Center has a specialized Child Protection Team in Temple that provides historical

documentation, medical evaluations and treatment for suspected victims of child abuse and neglect.

- In child abuse and neglect cases, the Child Protection Team in Temple can provide the following:
  - A complete medical forensic examination with photographic evidence
  - Forensic evidence collection and photo documentation of injury
  - Comprehensive medical care with compassion and support
  - Mental health support
  - Access to community resources including the Department of Family and Protective Services and local advocacy organizations, including the Children's Advocacy Center
  - Physicians and forensic nurses with SANE training are qualified and may testify in court as medical experts.

The auditor took note of a mental health form that was included in a PREA investigative file for the allegation investigated of sexual abuse non-contact, as per the TAC definitions. The form, titled "Individual and Family Case Note," confirmed that the alleged victim was referred to mental health services on the same day the allegation was reported. Additionally, the form detailed how a licensed therapist conducted a follow-up session with the youth to address the confidential issues related to the ongoing investigation during their time at the RYA facility. The mental health professional shared that cognitive-behavioral techniques were utilized to assist the youth in processing the events.

The therapist and medical professional interviewed onsite provided details on the evaluation and treatment services offered to resident victims of sexual abuse, ensuring comprehensive care and follow-up support. In the event of a resident becoming a victim of sexual abuse, they would be promptly transported to Baylor Scott & White (BSW) Hospital for necessary medical treatment. Upon the resident's return to the facility, the medical and mental health units would follow the release orders, provide follow-up care, and facilitate victim advocacy through Families in Crisis. The facility has a contracted physician and a full-time Clinical Director who can provide specialized services within the scope of their practice, maintaining consistency with the community level of care.

The professionals confirmed that female resident victims of sexually abusive vaginal penetration would be offered pregnancy tests at BSW Hospital by a certified SANE/SAFE nurse. If pregnancy were to result from abuse, BSW would ensure that victims receive comprehensive information and timely access to lawful pregnancy-related medical services. Similarly, all youth victims of sexual abuse would be offered tests for sexually transmitted infections as medically appropriate at BSW Hospital. Treatment services for resident victims of sexual abuse would be provided without financial cost, regardless of whether the victim discloses the abuser or cooperates with any investigation related to the incident.

	<p>Additionally, the therapist highlighted that the facility would conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning about their abuse history. Treatment would be offered based on the recommendations of mental health practitioners. The Clinical Director is able to provide these services and can refer youth to specialized providers as needed.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Sexual Abuse Incident Review Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility Administrator (FA/PC)</li> <li>- Case Manager</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.386</b></p> <p>(a - e): As documented in the facility's PREA Policy on pages 23 and 24:</p> <ul style="list-style-type: none"> <li>• The facility shall 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.</li> <li>• Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</li> <li>• The review team shall include the Facility Administrator, Assistant Facility Administrator, Director of Case Management, Clinical Director and Health Service Coordinator with input from line supervisors, investigators, and medical or mental health practitioners.</li> </ul>



- The review team shall:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse (camera placement, blind spots, training curriculum, and program);
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a) -(4)(e) of this section, and any recommendations for improvement and submit such report to the Chief Probation Officer, Facility Administrator and PREA Compliance Coordinator.
- The facility administrator shall implement the recommendations for improvement, or shall document the reasons for not doing so.

In order to demonstrate how the facility complies with this PREA standard in practice, their "Sexual Abuse Incident Review" form was provided. Upon the auditor's review, it was confirmed as a useful template that, if completed according to this PREA standard, can be used to successfully demonstrate compliance.

In addition, a sexual abuse incident review was conducted for the investigation of the alleged staff-on-youth sexual abuse non-contact incident at the facility. While the allegation did not meet the criteria for sexual abuse based on the PREA definitions (*as determined by the auditor*), the facility went above and beyond the minimum requirements of this PREA standard to uphold best practices and ensure resident safety. The Sexual Abuse Incident Review form completed for this case encompassed a thorough assessment of each required element specified by this PREA standard, with the review conducted four days after the investigation's conclusion. The review panel included the Director of Case Management, Assistant Facility Administrator, and Facility Administrator. As per the report, no recommendations for improvement were identified during the review.

During the onsite, a Case Manager, who is part of the Sexual Abuse Incident Review (SAIR) Team, provided insights into the procedures for conducting a SAIR following sexual abuse investigations. The review must be completed within 30 days of the investigation's conclusion, unless the allegation is deemed unfounded. The SAIR Team comprises upper-level managers, supervisors, medical staff, and the Facility Administrator and conducts a comprehensive review of the incident. The SAIR

	<p>Report must document if policy or practice changes are necessary to enhance prevention, detection, or response to sexual abuse. Additionally, factors such as bias, identity, or group dynamics are considered. Physical barriers, staffing levels, and the potential use of monitoring technology are assessed in the facility area where the incident occurred. The SAIR Report is required to include recommendations for improvement or explain why recommendations were not made. The Case Manager also confirmed that she was a member of the SAIR Team who conducted the SAIR indicated above.</p> <p>The FA confirmed the practice of completing the SAIR within the designated timeframe and outlined the SAIR Team members, including supervisors, Assistant Facility Administrators (AFAs), medical staff, Case Managers, and mental health personnel. The FA shared the SAIR template with the auditor, ensuring that all required elements of the PREA standard were included. In addition, the FA explained how her SAIR Team conducted the SAIR for the allegation described above. The FA indicated that even though the SAIR was not technically required for this allegation, the administrative team felt it was important to conduct to promote the highest level of resident and staff safety.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Youth Opportunity Rockdale Academy Annual Report (2021 - 2023)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.387</b></p> <p>(a - f): The auditor verified that the requirements of this PREA standard are included in the facility's PREA Policy on page 24, as outlined below:</p> <ul style="list-style-type: none"> <li>• The agency shall collect accurate, uniform data for every allegation of</li> </ul>

	<p>sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <ul style="list-style-type: none"> <li>• The agency shall aggregate the incident-based sexual abuse data at least annually.</li> <li>• The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</li> <li>• The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</li> <li>• The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</li> <li>• Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</li> </ul> <p>In order to demonstrate how the facility maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, the facility's Annual PREA Reports for 2021, 2022, and 2023 were provided to the auditor. Furthermore, each annual report was confirmed to be published on the agency's website, at PREA - Youth Opportunity.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.388	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Youth Opportunity Rockdale Academy Annual Report (2021 - 2023)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Agency-Wide PREA Coordinator (PC)</li> <li>- Facility PC, who is also the facility head and Facility Administrator</li> </ul>

**Explanation of Determination:****115.388**

(a - d): According to the facility's PREA Policy on pages 24 and 25:

- The agency shall 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:
  - Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.
- The agency's report shall be 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.
- The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor reviewed each of the facility's Annual PREA Reports for calendar years 2021, 2022, and 2023, which were confirmed to be published on the agency's website, at PREA - Youth Opportunity. The reviews successfully documented how facility leadership met to conduct the annual reviews pursuant to the requirements of this PREA standard. Furthermore, the auditor verified that the reports were without any personal identifiers.

During the onsite phase of the audit, the agency-wide PC and the facility-specific PC (who is the Facility Administrator) were interviewed to discuss the collection and aggregation of PREA-related data to evaluate and enhance resident safety. The administrators emphasized that data on sexual abuse and sexual harassment prevention, detection, response policies, and training are systematically gathered and reviewed to identify areas for improvement and ensure the well-being of both residents and staff at the facility. The PC's shared that they convene regularly to review and assess the effectiveness of these policies, training programs, and monitoring mechanisms.

The PC's described how the agency mandates periodic monitoring verifications, routine compliance inspections, and has institutionalized mechanisms to accurately collect and analyze data. They explained that corrective actions are swiftly initiated to address any identified deficiencies and ensure full compliance with PREA standards. A collaboration approach to addressing deficiencies and developing an effective corrective action plan was described by the administrators, with the example shared about the corrective action promptly implemented to comply with

	<p>the PREA staffing ratios. It was further confirmed that the agency prepares annual reports detailing findings from data reviews, corrective actions taken, and compliance status for each facility and the agency as a whole. These reports are made publicly available on the agency's website, with identifiers removed to safeguard the confidentiality of residents.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Rockdale Youth Academy PREA Policy</li> <li>- Youth Opportunity Rockdale Academy Annual Report (2021 - 2023)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- Facility PC/FA</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite audit, the integrity of sensitive resident data, such as completed risk screening documents, was verified by the auditor, with confirmation that they are securely stored within the facility's secure premises. Through the onsite inspection, staff interviews, and documentary evidence review, it was ascertained that the facility maintains necessary protocols and safeguards to ensure the secure retention of screening information, medical records, and reports of sexual abuse allegations. Access to these records is restricted to authorized professionals who require the information for specific job duties as delineated in established policies.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.389</b></p> <p>(a -d): As per the facility's PREA Policy on page 25:</p> <ul style="list-style-type: none"> <li>• The agency shall ensure that data collected pursuant to §115.387 are</li> </ul>

	<p>securely retained.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</li> <li>• The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</li> </ul> <p>The auditor verified that the RYA does not contract with other facilities for the confinement of their residents. Additionally, the auditor reviewed each of the facility's Annual PREA Reports for calendar years 2021, 2022, and 2023, which were confirmed to be published on the agency's website, at PREA - Youth Opportunity. The reviews successfully documented how facility leadership met to conduct the annual reviews pursuant to the requirements of PREA standard 115.888. Furthermore, the auditor verified that the reports were without any personal identifiers.</p> <p>The facility's PC, who is also the Facility Administrator, was interviewed and affirmed the agency's and facility's commitment to securely retaining incident-based and aggregate data related to sexual abuse. The PC emphasized the existence of strict confidentiality protocols at the facility to prevent any breaches of confidentiality, and how all staff are trained on this when they are first hired and annually during PREA training refreshers. Furthermore, the PC confirmed that all aggregated sexual abuse data, including incident reports and related information, is made available to the public on the agency's website at least annually.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the required elements of this standard. No corrective action is required.</b></p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Explanation of Determination:</b></p> <p><b>115.401:</b> Throughout the entire audit process, the auditor reported no obstacles or issues with regards to receiving sufficient documentation or accessing areas during the onsite visit. The auditor was provided access to, and observe, all areas of the</p>

	<p>audited facility, and the agency promptly provided all necessary verification documentation, enabling the auditor to conduct an objective and comprehensive PREA audit. Each PREA standard was assessed fairly and without compromise, ensuring a thorough evaluation of the facility's compliance. The absence of any complications or hindrances in the audit process highlights the agency's commitment to transparency and cooperation in facilitating a successful assessment.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Explanation of Determination:</b></p> <p><b>115.403:</b> The auditor instructed the FA to ensure the final report is published on the agency's website within 30 days of receipt. The FA advised she will ensure this is done as soon as possible.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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