

PREA Facility Audit Report: Final

Name of Facility: Lynn W. Ross Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/20/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Derek Craig Henderson	Date of Signature: 11/20/2019

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Address:	
Email:	derekc.henderson@outlook.com
Telephone number:	
Start Date of On-Site Audit:	10/28/2019
End Date of On-Site Audit:	10/30/2019

FACILITY INFORMATION	
Facility name:	Lynn W. Ross Juvenile Detention Center
Facility physical address:	2701 Kimbo Road, Fort Worth, Texas - 76111
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Shelley Aguirre
Email Address:	Sjaguirre@tarrantcounty.com
Telephone Number:	817-838-4600 x 0706

Superintendent/Director/Administrator	
Name:	Bennie Medlin
Email Address:	BJMedlin@tarrantcounty.com
Telephone Number:	817-838-4600

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

Facility Health Service Administrator On-Site	
Name:	Nancy Lin Thurmond
Email Address:	NLThurmond@tarrantcounty.com
Telephone Number:	817-838-4600

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	87
Average daily population for the past 12 months:	85
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	10 - 17
Facility security levels/resident custody levels:	Maximum/pre-adjudication detention
Number of staff currently employed at the facility who may have contact with residents:	260
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	26
Number of volunteers who have contact with residents, currently authorized to enter the facility:	49

AGENCY INFORMATION	
Name of agency:	Tarrant County Juvenile Services
Governing authority or parent agency (if applicable):	
Physical Address:	2701 Kimbo Road, Fort Worth, Texas - 76111
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Shelley Aguirre	Email Address:	sjaguirre@tarrantcounty.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Tarrant County Juvenile Services (TCJS) operates the Lynn W. Ross Juvenile Detention Center (LWRJDC) at 2701 Kimbo Drive in Fort Worth, Texas 76111. The auditor was first contacted by the PREA Coordinator of TCJS through a message from the PREA Resource Center (PRC). The PREA Contact Auditor Form was completed by the agency, and the auditor was subsequently informed that TCJS was in the process of sending out an RFQ for an auditor to conduct a PREA Audit for their juvenile detention center. The auditor submitted a proposal for auditing services to TCJS on 6/10/19, and on 7/30/19, an email was sent to the auditor confirming the proposal was awarded. Upon being awarded the proposal, the auditor researched TCJS online, and he learned that the agency successfully completed their first PREA audit in October of 2016. Their 2016 full final report was easily accessible on their County website, and this report indicated the agency was in full compliance with each PREA Juvenile Standard. The auditor's contract was formally executed on 8/28/19 (signed by the auditor, Chief of TCJS, Tarrant County Juvenile Board Chairman, Tarrant County Criminal District Attorney's Office representative, and the Tarrant County Auditor). The contract for auditing services included a 17 page document that outlined the full term of the contract (8/28/19 through 6/11/2020) and details related to specific auditing standards; compensation; responsibilities of both parties; audit schedule; maintenance, storage, and return or destruction of records; public statements; testimony; conflict of interest; termination of auditor; audit report delivery; corrective action process; audit timeline; auditor access; posting of auditor contact information; external advocacy organizations; access to external investigative personnel; auditor workspace and electronics; publication of auditor report; retaliation safeguards; duty to report; primary points of contact; accounting and inspection; operation; sanctions and penalties; liabilities; and governing law and venue.

The audit process was broken up into three phases:

1. The Pre-Onsite: desk review of all documents and information provided by the agency in the Online Audit System (OAS) that answered questions from the Pre-Audit Questionnaire (PAQ).
2. The On-Site: all auditing actions taken by the auditor during the onsite to include meetings with leadership; facility inspection; employee personnel and training file review; resident files and requested documentation review; observations made of PREA related practices; and interviews with residents, staff, contractors, and volunteers.
3. Post-Onsite: a comprehensive review and analysis by the auditor of all the documentation and information provided by the agency in order to make PREA Standard determinations of one of the following outcomes for each Standard: non-compliance, compliant, or substantially exceeding compliance.

1. Pre-Onsite Phase:

The auditor submitted the Audit Initiation Form on 8/7/19, the audit was created in the OAS by the PRC on 8/16/19, and the agency's PREA Auditor advised on 9/03/19 that she received authorization from agency Leadership to begin the audit process. An initial meeting was arranged by phone with agency management on 9/23/19, and during this call the auditor talked with the PREA Coordinator (PC), Facility Administrator (FA), and Assistant Facility Administrator (AFA). The auditor explained the entire auditing process, including: the three phases (pre-onsite, onsite, and post onsite), the Online Audit System (OAS), the Pre-Audit Questionnaire (PAQ), the interim and final report, and corrective action (if required). Additionally, the Agency Administrators provided the auditor with answers to facility specific questions, and the primary point of contact was set as the PC. The resources available on the PREA Resource Center (PRC) website was explained by the auditor, and the auditor described how to access the PRC website to download the paper version of the PAQ, instructions for the facility inspection, interview question protocols, process map, and a checklist for documents that will be needed (these documents were also emailed to the PC). The auditor also explained that the PREA audit is not only a document review of applicable policies, documents, and forms; but also, a comprehensive review and analysis of how the PREA Standards are practiced in the facility. The auditor discussed: the planning and logistics of the onsite, instructions and timelines for posting of the Auditor Notice, the PAQ that is available through the OAS, the contacts that will be made prior to the onsite (advocate groups and SANE/SAFE), and how many staff and residents will be interviewed- including where the interviews will take place. The auditor provided the Administrators with timelines of when the PAQ is due to the auditor (by 10/01/19), when the interim and/or final report is due, and, if applicable, the deadline for full implementation of any corrective action. The auditor also discussed how one Issue Log will be developed for any questions or follow-up information needed by the auditor during the pre-onsite phase, which was sent to the PC on 10/14/19.

After the initial conference call, the auditor sent the PC the Auditor Notice form, with instructions on where, when, and for how long to post. The auditor explained that it is strongly recommended that the Auditor Notice is posted in areas throughout the facility that are visible to all residents and staff (i.e., visiting areas, housing units, and recreational spaces). The PC provided the auditor with proof of the postings on 9/04/19 (pictures of each of the posting locations), and it should be noted that the Agency also posted the notice on their website. The notices were posted in Spanish and English, on bright yellow paper. The Auditor Notice provided a private and confidential method for staff, residents, and the public to contact the Auditor via a P.O. Box mailing address. Agency leadership explained to the auditor that residents are able to send mail to the auditor's P.O. Box through their internal mail process, and at no time did the auditor receive such a correspondence.

During the pre-onsite phase, from the time the PAQ was completed by the Agency in the OAS on 9/30/19 to the date of the onsite (10/30/19), the auditor analyzed and reviewed all the answers in the PAQ and all the secondary documentation uploaded by the Agency in the OAS. As noted above, the auditor documented the issues that arose on an Issue Log, which included 18 total items and was emailed to the PC on 10/14/19. Examples of the documents supplied by the Agency in the OAS system that were reviewed by the auditor are as follows:

- Policies
- Procedures
- Logs
- PREA Training Verification Forms

- PREA Training Sign-In Sheets
- Statistics
- Reports
- Memorandums of Understanding (MOUs)
- Advocacy Information
- Investigative Information and Forms
- Departmental Forms
- Organizational Chart and Facility Schematics
- Staffing Plan and Aggregate Data Documents
- Criminal History and Child Abuse Registry Information
- Training Certificates
- Detention Orientation
- Survey of Sexual Victimization, 2017 (from the Department of Justice)

A second conference call was conducted on 10/14/19 to follow-up on the status of the audit and discuss the onsite phase that was scheduled for 10/28/19 – 10/30/19. The auditor and the Agency's PC, FA, and AFA were on the call, and the auditor provided a detailed schedule for each day of the onsite. The call also covered the area the auditor will be working from when onsite and where the interviews will be conducted. The schedule for the first day of the onsite was discussed in detail, and the auditor explained that it would begin with an opening meeting, then a facility inspection (observing all areas of the facility and operations), and the rest of the day would be spent on interviewing residents. The auditor discussed how he will need to interview targeted and random residents that are available during the onsite, observe an intake (specifically related to PREA orientation and risk screening processes), and randomly select staff from each shift. Targeted residents were described to agency management as: residents with disabilities or limited English proficient (LEP); residents who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); residents in segregated housing or isolation; residents who reported sexual abuse; and residents who reported sexual victimization or abusiveness during risk screening. The full list of specialized staff that would need to be interviewed while onsite was discussed, and included: agency contracts administrator, intermediate or higher level staff who conduct unannounced rounds, educational staff, medical and mental health staff, human resource staff (HR), SANE/SAFE nurse (via phone call), volunteers and contractors who may have contact with residents, staff who perform risk screenings (intake staff), staff who supervise residents in isolation (security staff), staff on the sexual abuse incident review team, designated staff member in charge of retaliation, and first responders. The schedule for the second day was discussed, and the auditor informed how he plans on finishing up the resident interviews on day two and begin random staff interviews and conduct specialized staff interviews. Day three was explained by the auditor as involving the continuation of what was not completed on day two, a comprehensive review of employee personnel and training files and resident detention files, the discussion of any unresolved issues discovered by the auditor, and the exit interview. Furthermore, during this call the auditor explained the overall purpose of corrective action (if applicable), which included explaining how corrective action should be generally expected due to the over 300 PREA provisions included in 41 juvenile standards. Additionally, the auditor described how corrective action should not be looked as a negative; instead, it should be viewed as an opportunity to enhance best practices and ensure safety and security for all persons involved with the Department. The auditor advised that he will email the PC a document which includes the talked about daily schedule of the onsite and a list of items the auditor will need the first day of the onsite. The documents needed for the onsite included: detention resident rosters for the days of the onsite, staff rosters for the days of the onsite, and a staff schedule for the week of the onsite. Additionally, the auditor explained that he will need to review grievances, incident reports, and all allegations of sexual abuse and sexual harassment reported for

investigation.

The agency submitted the completed PAQ in the OAS one day ahead of schedule (on 09/30/19), and the auditor received an email notification on 10/01/19 that a PAQ has been submitted for the Lynn W. Ross Juvenile Detention Center (LWRJDC) and is ready for the auditor's review. This date began the desk review phase of the pre-onsite audit, and the auditor immediately began reviewing the secondary documents and answers provided by the Agency. The auditor submitted one Issue Log to the PC during the pre-onsite phase, on 10/14/19. All the questions and/or issues the auditor discovered during the pre-onsite desk review were resolved before the onsite, and each required follow up documentation and/or explanations that were provided either by the PREA Coordinator.

During the pre-onsite phase of this audit, the auditor conducted phone interviews with the contracted Program Director of the local advocacy organization, Women's Center of Tarrant County, and the contracted SANE Program Coordinator for John Peter Smith Hospital in order to ensure the contracts are in effect and include the requirements pursuant to PREA Standards 115.321 & 115.353. Each contractor informed the auditor that the contracts between their agency's and TCJS are in full effect; although, neither advised, as far as they knew, that a victim of sexual abuse has ever been referred for services from the Tarrant County Juvenile Detention Center. The auditor also conducted a search on the internet of the Agency/Facility to review for information or news related to sexual abuse or sexual harassment incidents or allegations, and it should be noted that the auditor did not find any relevant information to support that an incident of sexual abuse or sexual harassment has occurred in the facility. Additionally, periodically throughout the entire audit process, the auditor checked the P.O. Box used for the Auditor Notice forms for any correspondence, and at no time was such a correspondence mailed to the Auditor.

2. Onsite Audit Phase:

The onsite portion of the audit was conducted by the auditor from October 28th, 2019, through October 30th, 2019. During this time the auditor inspected the entire Lynn W. Ross Juvenile Detention Center (LWRJDC), conducted 38 total staff interviews and 16 resident interviews (to include 4 targeted resident); conducted an entry and exit meeting; observed an intake; observed surveillance video of unannounced rounds conducted by the Facility Administrator (FA); reviewed personnel and training files, resident detention files, grievances, and mental health referrals (Mental Health Crisis Referral forms and the subsequent MHP response form). The auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this form documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381.

The onsite phase began with an initial entrance briefing on 10/28/19, at approximately 8:30am. This meeting included the auditor, the Agency's Deputy Director (DD), PREA Coordinator (PC), Facility Administrator (FA), Assistant Facility Administrator (FA), and the Deputy Assistant Director (DAD) of Administrative and Support Services. During the meeting, the PREA Coordinator (PC) provided the auditor with: a document that provided a list of all the specialized staff who the auditor requested to interview (with their office extensions), a Detention Resident Roster (including: names, housing assignments and room numbers, date and time when admitted into the facility, date of birth, current charges, length of stay, and personal identification number), and a LWRJDC Staff Schedule for October 26th through November 1st. Additionally, it was reported to the auditor by the PC that the facility had 87 residents in detention the first day of the onsite, with 69 males and 18 females. The auditor cross-reference the agency's Staff Schedule to calculate the staff to resident ratio during the first day of the on-

site, and it should be noted that the facility had 21 security staff (a 1:4 ratio) working the 7:3 shift and 13 security staff (a ratio of 1:6) working the 3-11 shift on the first day of the onsite. The PC advised the auditor during the on-site that staff of the same gender as the residents are always assigned to work the housing units, and this was verified by the auditor through reviewing the agency's Staff Schedule form, Supervisor's Shift Activity Schedules and Shift Reports, and from making observations of staff supervising same gender residents during the facility inspection.

It was arranged that all random staff interviews and all resident interviews would be conducted in a private counseling room near the Main Control Room. This room provided the auditor with a confidential area to conduct interviews with residents and staff. Furthermore, the auditor advised the administrative team that if he is made aware or observes any PREA Standard violation or issue while onsite, that he would address the issue with the PREA Coordinator or another administrative staff member.

After the conclusion of the initial briefing, the PC, FA, and AFA escorted the auditor to the secure facility for the facility-wide inspection. It should first be noted that each Pod in the LWRJDC is the exact same construction and was built in 2000 with: 16 individual single-occupancy rooms, a control room, a shower room with a divider (so that residents can shower without other residents viewing them), a phone room that provides for confidentiality (sight and sound separation), a dayroom with couches, and three cameras (each with 360 degree viewing capabilities). The Pod inspections will be explained below; however, in order to reduce redundancy, the auditor observed the following on each Pod during the inspection:

- Each Pod was in the shape of a horseshoe, with 16 single-occupancy rooms located around the dayroom and the Pod control room in the middle, next to the dayroom.
- Each Pod had couches in the dayroom.
- Each resident door had an identification picture (helps to put a name with the face of the resident assigned to each room thus increasing safety and security).
- Each resident's door had a white mesh bag hanging on the door handle, and the auditor selected one bag from each Pod to ensure the residents had the Detention Orientation PREA documents. The auditor was able to verify that each resident's bag contained the PREA Orientation documents that were signed and dated by the resident and the staff member who conducted the orientation; as well as grievance procedures, resident-initiated separation information, and other detention related information that was provided during the intake process.
- Each Pod included PREA related signage in English and Spanish, such as: TJJD "End the Silence" Posters that included the agency's zero-tolerance policy and the TJJD Hotline number, victim advocacy information with their addresses and phone numbers, Detention PREA Orientation information, grievance procedures, the Resident Disciplinary Plan, and resident rights.
- The Auditor's Auditor Notice on Yellow paper in English and Spanish.
- Black locked grievances boxes with grievance forms ready to be filled out in envelopes to ensure confidentiality. The boxes had a slit in the top which allowed residents or staff to slide a grievance or note in the box without anyone able to remove the item from the box who did not have proper access.
- Three cameras on each Pod, each with 360 degree viewing capabilities.
- A resident telephone on each Pod located in the phone room, which provides for confidentiality (sight and sound separation).

- Shower rooms in each Pod that includes a large metal divider that allows for individual private showers for residents.
- Each Pod had blinds on the entry doors and the windows next to the entry doors (which were closed on each Pod), so that people walking past the Pods are not able to view inside the Pods (eliminating the chance for opposite gender viewing from outside the Pods).

The inspection began with the auditor being escorted down a long hallway to H-Pod, which is a Pod style housing unit that includes 16 single-occupancy rooms. This Pod, as explained by the FA, is strictly used as a housing unit for male residents in between the ages of 10 to 14 and residents who have special needs or are vulnerable due to their age. The Pod was vacant of residents at the time of the inspection; therefore, no announcement was made. Although, it is important to note that the FA, who is a male, did walk on the Pod first to ensure that the all-male Pod was in fact empty before the female AFA entered the Pod. The observations noted above for all Pods were verified by the auditor during the inspection of this Pod.

The next housing area inspected was G-Pod, and this Pod was also vacant of any residents therefore no announcement was made (all residents from H and G were in the programming in educational classes). G-Pod is connected to the backside of H-Pod and both Pods mirror the same type of construction and appearance (16 single-occupancy rooms). G-Pod is used as a Merit Level Pod, housing only male residents who are in between the ages of 15 and 17 and achieved level 1-Outstanding status (the highest behavioral level possible). The observations noted above for all Pods were verified by the auditor during the inspection of this Pod.

The next two Pods (E and F) were down a long hallway, with a double set of doors separating the two corridors going to each set of Pods. The Main Control Room was contacted to open this double set of security doors, and the auditor observed cameras covering all areas of each hallway. Before reaching F-Pod, the auditor noticed the facility's laundry room and was able to look through a window on the laundry room door to observe inside the room. It should be noted that this door was locked, and the auditor was allowed access into the room by the FA. Furthermore, the auditor noticed cameras positioned on both sides of the laundry room door that provided adequate coverage of who can access the only entry/exit point to the laundry room. It is important to note that there were no cameras in the laundry room, and the FA and AFA advised the auditor that residents are never allowed in this room. However, the FA and PC explained that they will evaluate the possibility of adding a camera in this room to maximize safety and security. Across from the laundry room is the AFA's office, which was locked and the only point of entry/exit was adequately monitored by surveillance cameras. This office included a large monitor that displays multiple camera views simultaneously.

The auditor was then escorted to the female Pods, both F-Pod and E-Pod. Before entering the first female Pod, F-Pod, the female AFA called over the radio to ask if it was clear for a male to enter F-Pod. The auditor was advised that there were two female residents in their rooms for refusing to enter the program, and the auditor observed two female security staff on the Pod to supervise the two residents in their rooms (conducting periodic, staggered room checks not to exceed 15 minutes). The AFA was advised by the female security staff working the Pod that it was clear for a male staff on F-Pod, and at this time, the auditor and the FA walked on the Pod. The FA then stated in a loud voice, "male on the Pod." The observations noted above for all Pods were verified by the auditor during the inspection of this Pod, and the only difference to note is that during F-Pod's inspection, there were two female residents in their rooms for refusing to program and leave their rooms for education time.

The next housing area observed was E-Pod, and this Pod was vacant of any residents thus no announcement was made. F-Pod was explained to be used as overflow from F-Pod; therefore, this Pod is used for female residents only. The observations noted above for all Pods were verified by the auditor during the inspection of this Pod.

The auditor was then escorted from E-Pod to the long hallway that connects all the Pods. This hallway also includes a classroom that was occupied by residents at the time of the inspection. The auditor entered the classroom in order to verify proper staff ratios were being met, as they were, with two security staff supervising 11 residents (ratio of 1:5.5) plus one teacher.

The auditor also observed four other classrooms that were occupied with residents from different housing units, and the auditor verified that each classroom was being supervised by an adequate number of security staff (and one teacher per classroom) as required by PREA Standard 115.313 (c): 1 staff to every 8 residents during waking hours (1:8). It should be noted that the following staff to resident ratios were confirmed by the auditor during the onsite: 1:3.6, 1:6, 1:7.6, and 1:5.

The next area inspected by the auditor was the older section of the building that includes four housing units with a total of 56 single-occupancy rooms (originally built in 1971 and expanded in 1982 and 1992): A-Hall (15 rooms), B-Hall (15 rooms), C-Hall (15 rooms), and D-Hall (11 rooms). There is a large dayroom as you first enter this older section of the building that includes:

- two rooms which are used for groups and counseling;
- foosball games;
- a couch;
- a phone room that allows for sound separation;
- PREA related signage in English and Spanish (TJJD "End the Silence" Posters that included the agency's zero-tolerance policy and the TJJD Hotline number, victim advocacy information with their addresses and phone numbers, Detention PREA Orientation information, grievance procedures, the Resident Disciplinary Plan, and resident rights);
- Auditor Notice on yellow paper in English and Spanish;
- a black grievance box with grievance forms ready to be filled out in envelopes;
- three cameras in the dayroom with 360 degree viewing capabilities and two cameras on each hallway;
- a control room; and
- four hallways (housing units A-D).

The auditor was allowed access to all areas of this section of the building, and each hallway had a shower room, individual rooms, a utility room, and an entry/exit door. No announcement was made due to only the auditor (male) and FA (male) entering the hallways of an all male housing unit.

The next area inspected by the auditor was the kitchen, which included PREA "End the Silence" posters and the Auditor Notice on yellow paper in both English and Spanish. No residents were in the kitchen at the time of the inspection, and the auditor noticed two cameras in the kitchen, one at each corner. The auditor then was escorted to the gymnasium, and at the time of the inspection, the auditor observed eleven female residents in the gymnasium playing volleyball with two staff supervising (providing for a ratio of 1:5.5). The auditor also observed two cameras in the gym (one on each side), a closet that is used for shoe storage, and two restrooms.

The auditor then inspected the Intake Unit, which included two offices, an ID room, two dress-in rooms, six holding rooms, eight visitation rooms, a main control room, PREA "End the Silence Posters," Detention Orientation signage, victim advocacy information, and seven cameras in total. The main control room is the hub for all activities in the facility, and this control room includes video monitors and an electronic key system for locking and unlocking certain doors in the facility. Additionally, the auditor observed a resident being provided the PREA Orientation during the intake process, and the agency was able to sufficiently demonstrate how residents are informed of the PREA information pursuant to PREA Standard 115.333. The auditor also observed the completion of the agency's Behavioral Screen (risk screening instrument) that was conducted on a resident being detained. The Behavior Screening was completed by an intake officer, and this officer remained objective in her approach and documented the answers the resident provided on the form. After the screening was completed, the auditor noticed that the Behavioral Screening form had two carbon copies attached to the original white form, and the officer removed the carbon copies from the original form to be provided to the mental and medical units respectfully. The auditor determined that this practice adequately demonstrated the agency's practice for referring all Behavioral Screenings to the agency's medical and mental health units pursuant to PREA Standards 115.341 and 115.381. Additionally, it should be noted that the Behavioral Screening form was conducted in a confidential setting inside the intake officer's office, with no other staff or residents able to listen in on the answers provided by the resident.

Each housing unit, as noted above, included a phone for residents to use to contact the Texas Juvenile Justice Department (TJJD) to report any type of abuse, neglect, or exploitation (or any other concern). This phone is considered the TJJD Hotline phone, and when the phone is picked up, the call is automatically routed to a TJJD Hotline operator (an external agency). Furthermore, pursuant to TAC §358.340- Reporting of Allegations by Juveniles (Effective Date: 3/1/16):

- Right to Report:

Juveniles have the right to report to TJJD allegations of abuse, neglect, or exploitation and the death of a juvenile. During orientation to a facility or program, juveniles must be advised in writing of their right to report allegations under this subsection and TJJD's toll-free number available for reporting allegations under this subsection.

- Policy and Procedure:

Departments, programs, and facilities must have written policies and procedures that provide a juvenile with reasonable, free, and confidential access to TJJD for reporting allegations.

- Access to TJJD.

Upon the request of a juvenile, staff must facilitate the juvenile's unimpeded access to TJJD to report allegations.

Throughout the facility inspection, the auditor introduced himself to staff and residents and explained why he was onsite- conducting a sexual safety inspection and auditing for PREA compliance in practice, policies, and procedures. The auditor had short, informal conversations with staff and residents throughout the inspection walk through, and everyone the auditor talked with was welcoming and knew why the auditor was there. The auditor also noticed throughout the inspection TJJD Abuse, Neglect, and Exploitation signage, PREA related signage about zero tolerance and ways to report sexual abuse or sexual harassment, and the Auditor Notices that were posted throughout the entire secure facility. It is important to add that this poster includes the following statement, "This facility has a zero tolerance policy regarding sexual abuse and sexual harassment of youth. To report sexual abuse or sexual harassment,

please tell a facility staff member or contact the Texas Juvenile Justice Department (TJJD) at 1-877-STOP-ANE (1-877-786-7263).

The next phase of the onsite was interviewing residents and staff. The population at the time the auditor was onsite was 87 residents (18 females and 69 males), and the auditor conducted a total of 16 interviews while onsite (18% of the total population- 5 females and 11 males).

The auditor randomly selected 12 residents (14% of the total population) to be interviewed from the facility's Daily Detention Roster and asked each resident the PREA Random Resident protocol questions. However, it should be explained that with the targeted residents also being asked the random resident interview questions plus the targeted questions, the total number of actual resident interviews was 20. The random selection of residents represented a sample from each housing unit who were of varying ages and lengths of stays, which included: two male residents from A-Hall, one male resident from B-Hall, one male resident from C-Hall, one female resident from E-Pod, one female resident from F-Pod, two male residents from G-Pod, and four male residents from H-Pod. Each resident selected for the random and targeted interviews agreed to be interviewed, and below is the breakdown of the target interviews conducted by the auditor:

- Two residents were identified by the Behavioral Screening as being victims of sexual abuse from a prior incident that occurred in the community years before this most recent detention. Each resident survivor informed the auditor that the allegations were reported to law enforcement years ago and the investigations have subsequently been closed out, with the perpetrator in prison in both cases.
- One resident with a known mental health disability.
- One resident who identified on the Behavioral Screen as identifying as bisexual.
- No residents who identify as transgender or intersex.
- No residents in Protective Isolation (in isolation as a result of being a victim or at risk of sexual abuse or sexual harassment).
- No residents who reported being sexually abused or sexually harassed while in the detention center.
- No residents with a physical disability.
- No residents who are blind, deaf, or hard of hearing.

The auditor interviewed all residents in a counseling room that was near the Main Control Room, down a long hallway next to the medical unit. The auditor provided the PC a list of the randomly selected and targeted residents that the auditor requested to interview, and the PC, FA, and AFA helped to ensure that each resident was escorted to the auditor's location. Each interview began with an introduction and the auditor explained that the resident was not in any type of trouble. The auditor communicated that their participation in interview was strictly voluntary and that they could refuse to participate or refuse to answer at any time. It was also explained to each resident that the information from each interview would remain confidential unless the resident says anything about hurting themselves, hurting others, or escaping; in which the auditor explained that he would have to report this to an administrator with the Department. The auditor also explained the mandatory child reporting duties of having to report any abuse (including sexual abuse and sexual harassment), neglect or exploitation agency management, TJJD, and the proper authorities. Additionally, the auditor described that he will be taking notes throughout the interview, and that the notes are only to assist the auditor with remembering the answers provided and these notes would not be shared with the Agency. The auditor explained that if any of the questions during the interview made them feel upset or uncomfortable, that a Mental Health Provider

would be provided at the conclusion of the interview. Lastly, it was explained that the information in the auditor's final report will not include any type of identifiers, and that if the resident experiences any negative consequences for talking to the auditor, such as retaliation or threatened retaliation, to contact the auditor and/or call the TJJJ Hotline. Throughout each interview, the auditor documented his notes in a notebook, and after each interview, he thanked each resident for their participation.

After the resident interviews were completed, the auditor began specialized staff and random staff interviews. It should be noted that the facility utilizes security staff that fall under one of the three categories listed below:

- Institutional Probation Officers- IPOs (these security staff are dually certified by TJJJ as Juvenile Supervision and Juvenile Probation Officers and directly supervise residents);
- Security Control Officers- SCOs (these staff are only certified as Juvenile Supervision Officers through TJJJ and directly supervise residents as well as escort residents to and from court, visits, counseling sessions, appointments, etc.); and
- Substitute SCOs (part-time Juvenile Supervision Officers who fill in where needed to supervise residents and/or transport residents).

Out of the 86 certified security staff (IPOs and SCOs) that work in the LWRJDC, 13 were randomly selected by the auditor to be interviewed using the PREA Random Staff Questions (15%), and 25 specialized staff were also interviewed using the corresponding PREA questions. The 13 randomly selected security staff were selected as a representative sample of all the security staff who work all three shifts in detention- the 1st shift (7a-3p), 2nd shift (3p-11p), and 3rd shift (11p-7a); and each staff member was selected from the staff schedule provided by the PC. The auditor selected not only at least one IPO from each shift, but also a substitute security staff member (part-time JSO) and two Security Control Officers (SCOs).

The auditor interviewed the following randomly selected staff:

- Two IPOs from the 3rd shift (11p-7a);
- Four IPOs from the 2nd shift (3p-11p);
- Four IPOs from the 1st shift (7a-3p);
- Two SCOs from the 1st shift (8a-4p); and
- One Substitute SCO that works a variety of shifts.

Forty-one (41) total staff interviews were conducted by the auditor to measure PREA Standard compliance in practice and operation for the applicable standards. The interviews of staff conducted by the Auditor are explained in more detail below:

- 13 Random Staff out of 86 (15%)
- 28 Specialized Staff*
- 41 Total Staff Interviewed

Breakdown of Specialized Staff Interviews:

- Agency Head Designee (Deputy Director- DD): 1
- Detention Superintendent (Facility Administrator- FA): 1

- PREA Coordinator (PC): 1
- Human Resource Staff: 1
- Contract Administrator: 1
- Volunteer: 1
- Contractors: 3
- Intermediate or Higher-Level Staff: 1
- Medical Staff: 3
- Mental Health Staff: 1
- SANE/SAFE Nurse: 1
- Investigative Staff: 1
- Sexual Abuse Incident Review Team: 1
- Staff Charged with Monitoring Retaliation: 1
- Staff who perform screening for risk of victimization and abusiveness: 1
- Supervising Staff of Residents in Isolation: 2
- First Responder Staff (certified JSO/JPO staff): 3
- First Responders, non-security staff: 3
- Intake Staff: 1
- Non-medical staff involved in cross-gender strip or visual searches: 0 (n/a- per agency policy, only medical staff are able to conduct such a search).
- TOTAL SPECIALIZED: 28

(*NOTE: Two of the specialized staff interviewed were responsible for more than one of the specialized staff duties: therefore, the number of specialized staff interviews presented in the above breakdown exceeds the number of specialized staff interviewed).

On day three, the onsite documentation review was conducted by the auditor. The PC and Training Supervisor supplied the requested files, and both staff members assisted the auditor with searching for the required documents in the files. The first files reviewed were the resident files, which included a sample of 18 out of the 84 current residents in detention at the time of the audit (a representative sample of 21% of the total population). The auditor utilized the "PREA Audit- Juvenile Facilities Documentation Review- Resident Files/Records" form in order to document the requirements of PREA Standards: §115.333, §115.341, and §115.381. The information ascertained from each file included, but was not limited to:

- Resident's date of birth & date of admission;
- PREA Intake Screening within 72 hours of admission;
- Periodic Reassessment during the resident's detention stay (if applicable);
- PREA information during the intake process (Detention PREA Orientation conducted during the initial intake process);
- PREA comprehensive education within 10 days of intake (PREA video provided every weekend); and
- The date and time of each time sensitive PREA requirements.

The auditor conducted a total of 20 resident interviews (16 were asked random resident protocol questions and 4 targeted interviews were also conducted), and all the interviewed residents were able to affirmatively explain that when they were initially detained in the facility, they remembered being asked questions related to what is included on the agency's Behavioral Screening form related to sexual abuse history, if they identified as LGBTI, or have any disabilities. The residents advised that they were asked

these questions during the intake process when they first entered the facility, and the residents who were in detention for 30 days or longer, they advised that a counselor asked these type questions again (Behavioral Screen Reassessment).

The PC documented in the PAQ that the agency admitted 1,112 residents in the past 12 months and 100% of these residents' risk levels were assessed via the agency's Behavioral Screening form. This was verified by the auditor through a comprehensive review of 18 resident files, in which all 18 (100%) included completed agency Behavioral Screening forms that were signed and dated by the resident and intake staff within 72 hours of the child be admitted into the facility. Further, it should be noted that each behavioral screen reviewed were completed on the first day the resident was admitted, within a few hours of the resident's detained time. Out of the 18 files reviewed, two of the behavioral screens indicated that the residents were potential victims of sexual abuse, and the agency demonstrated how mental health services conducted a mental health follow-up within 14 days by providing the auditor the Mental Health Crisis Referral (MHCR) Forms that were in each resident's file. Each MHCR form reflected that a referral was made to the MH services unit on the same day that the Behavioral Screen was conducted due to the resident being screened as a potential victim of sexual abuse and the subsequent follow-up meeting with the one of the licensed Psychologist for the agency. It should also be noted that none of the 18 resident behavioral screenings indicated that a resident was a potential aggressor of sexual abuse or identified as LGBTI. The auditor also reviewed the 18 resident files for applicable behavioral screening reassessments, and out of the 18 files reviewed, 7 required the reassessment due to their detention stay surpassing 30 days. The 7 reassessments were provided to the auditor and adequately demonstrated compliance with PREA Standard 115.341 (a). Furthermore, the auditor also reviewed 25 randomly selected risk screening reassessment forms from the past 12 months, and the auditor determined that each reassessment was completed at the 30 day range after the child was initially admitted into the facility.

Staff personnel and training files were also reviewed by the auditor while onsite, with the assistance of the PC and Training Supervisor- who helped with identifying where certain applicable documents were located in each file. The auditor randomly selected 15 employee files out of a possible 108 total staff to review for PREA compliance as related to the following PREA Standards: §115.317, §115.331, §115.332, §115.334, and §115.335. A breakdown of the files selected for review is as follows: 13 security staff, 3 medical staff, and 6 food services staff. Out of the 15 employee training files reviewed, two full-time employees did not receive formal PREA training in 2017. However, it should be noted that both employees received PREA Training in 2016, 2018, and 2019, as verified by the auditor through review of sign-in sheets and training verification forms. The PC explained to the auditor that all employees are provided access through a personal account to all departmental policies, to include PREA polices, through the department's Share Point system. The auditor determined that the two staff who did not attend the PREA refresher training in 2017 were provided access to sexual abuse and sexual harassment policies related to PREA pursuant to this corresponding provision. Thus, all files demonstrated that all staff were provided the required PREA training pursuant to Standard 115.331. Furthermore, the auditor was able to verify through a review of sign-in sheets and a representative sample of training verification forms that in 2019, all Tarrant County Juvenile Services employees, to include certified and non-certified staff, received PREA Training annually since 2016. In addition, the PC provided the auditor with a memo that outlines additional measures the agency is taking to ensure compliance with this standard, which includes:

- All facility employees will be expected to attend PREA Refresher Training every two years.
- In the month prior to PREA Refresher Training, a list of current employees will be requested from the

Human Resource Coordinator and employee names will be matched to the sign-in sheets.

- If needed, an additional PREA session will be conducted to ensure employees receive the training.
- The department will continue to make PREA policies available to all employees through the Share Point system.

This document review and analysis was documented on the "PREA Audit-Juvenile Facilities Documentation Review- Employee Files/Records" form. The form included the Auditor documenting the following information:

- Staff Name and Title;
- Date of Birth and Date of Hire;
- Either a new hire, promotion, current employee, or part-time employee;
- Either a volunteer, intern, or contractor;
- Military DD-214 Honorable Discharge, if applicable;
- Administrative Adjudication Checks;
- Criminal History Check;
- Child Abuse Registry Check;
- Institutional Reference Check;
- 5 Year Criminal History Check or FBI Rap Back Electronic Notice System or Similar;
- PREA Training Documentation;
- PREA Acknowledgement Form Signed;
- Specialized PREA Training, as applicable;
- PREA Refresher Training Every 2 Years;
- Refresher Info Every Other Year Provided; and
- The date and times of all applicable information as listed above.

During the onsite, the FA advised the auditor that there has not been a grievance submitted by a resident since the last PREA audit that alleged a resident had been sexually abused or sexually harassed. In order to verify this information, the auditor randomly selected eight (8) grievances from the last 12 months, and it should be noted that none of the grievances reviewed by the auditor indicated such an allegation.

Additionally, the auditor reviewed the PREA video that is used by the facility to educate all residents on the comprehensive PREA educational requirements of Standard §115.333. The video is a TJJD video, titled "Safeguarding Your Sexual Safety, and is offered to all residents every weekend.

While onsite, the auditor also reviewed surveillance video of unannounced rounds for each of the three shifts- 7am to 3pm, 3pm to 11pm, and 11pm to 7am. The Facility Administrator (FA) allowed the auditor to review each unannounced round conducted by the FA in the month of October, and each round showed the FA conducting the rounds and inspection of the entire facility at random times on random days. The auditor paid close attention and verified that each round clearly demonstrated how the FA performed the rounds where residents were housed, in which the video clearly displayed such action.

The auditor observed while onsite that the Sheriff's Department operates security check points at each of the two public access points (one leading into the casework building and the other into the Detention visitation lobby), requiring people entering to provide proper identification and be screened through a metal detector. Additionally, in order to enter the secure detention facility, the Main Control Room must

allow access into the building through either the intake or visitation areas.

During the three days the auditor spent onsite, he did not witness a cross-gender search of any kind nor a search of a transgender or intersex youth. The auditor also did not observe any residents showering, going to the restroom, or changing out with opposite gender staff observing such activity. It is important to note that the Tarrant County Juvenile Detention Center houses female residents on a separate Pod then male residents, with two Pods only used for female residents. In addition, the facility also only assigns male staff to the male housing units and female staff to the female housing units. This practice was verified by the auditor while onsite and through a comprehensive review of the facility's Activity Schedules, Supervisor Shift Reports, staff schedules, and detention resident rosters. Furthermore, the auditor was able to verify through observations onsite that the Tarrant County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16. Additionally, the auditor observed while onsite the agency's mental health and medical staff who were readily available to assist a resident with any medical or mental health issues presented.

Lastly, the auditor conducted an exit briefing on 10/30/2019. In attendance were: The Director of the agency, Deputy Director, Facility Administrator, Assistant Facility Administrator, PREA Coordinator, Senior Casework Supervisor, the Deputy Assistant Director of Administrative and Support Services, and the PREA auditor. The auditor began the meeting with providing the administrators an overview of the onsite audit- explaining his analysis and assessment of the level of sexual safety in the facility, as related to the 41 PREA Juvenile Standards. The auditor was able to determine through the onsite PREA compliance visit that the Agency has institutionalized a strong PREA culture in their facility and no deficiencies of PREA related practices were observed by the auditor during the onsite. The auditor expressed his appreciation for the Agency having him onsite and the assistance everyone provided during the pre-onsite and onsite phase of the audit. Additionally, the next steps of the audit process were explained by the auditor, to include:

- a final review of all information from the pre-onsite and onsite to determine compliance with each provision of each PREA Standard;
- the high likelihood of the Auditor contacting the PC to follow-up on any clarification or additional information or documents that may be needed for the compliance review;
- the date the interim and/or final report is due to the facility (by 12/14/19); and
- the corrective action process (if applicable).

3. Post-Onsite Audit Phase:

After the onsite, the auditor immediately began triangulating and analyzing all the data provided to measure the facility's compliance with each element of each PREA standard. All applicable policies, documents, memos, forms, issue log responses, interview notes, website data, PAQ provided information and documentation, training records, personnel records, resident files, MOU's, contracts, email communications, phone interviews, Detention Orientation, investigation documents, logs, post assignments, resident rosters, staff schedules, Staffing Plans and Reviews, and facility schematics were extensively examined and reviewed to assist the auditor with his final determination of if the agency is exceeding, meeting, or in non-compliance with each PREA standard. During this phase, the auditor communicated with the agency's PREA Coordinator by email and phone in regards to seeking further clarification and follow-up documentation related to PREA Standards determination of compliance. The

PREA Coordinator and FA were extremely accommodating and provided the auditor with additional documentation and explanations of practice as needed through this process.

Final Conclusion:

The auditor determined that the agency exceeded the requirements of 5 PREA Standards, met the requirements of 36, and there were zero standards not met.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Tarrant County Juvenile Services (TCJS) provides services to juveniles under the authority of the Tarrant County Juvenile Board, which has designated the 323rd State District Court to serve as the Juvenile Court. By statute, TCJS is the agency designated to receive law enforcement reports of law violations defined either as delinquent conduct or conduct indicating a need for supervision allegedly committed by juveniles (children ages 10 through 16). Delinquent conduct includes Class A & B misdemeanors as well as felony-grade offenses. Conduct indicating a need for supervision includes Class C misdemeanors transferred from a justice or municipal court and include public intoxication, truancy, running away, inhalant abuse and violation of school disciplinary codes that result in expulsion. Services performed include screening and diversion of cases to community resources, presenting objective reports to the court for use at disposition, executing court-ordered treatment and supervision, administering community corrections programs, securing alternative placement and administering collection of court-ordered probation fees. TCJS has developed programs and operations with the goal of diverting youth from the juvenile justice system at the earliest appropriate point. The Juvenile Court endorses this belief by striving to identify the least restrictive environment for the care and rehabilitation of children while assuring community safety. To this end, TCJS has developed a range of community and home-based programs as additional options in solving the problem of juvenile crime. Juvenile Services has the ability to offer a diverse continuum of services to youth and families of Tarrant County.

TCJS operates the Lynn W. Ross Juvenile Detention Center (LWRJDC), which is a 24-hour secure facility for the temporary detention of juveniles who are pending court disposition for alleged law violations or violation of conditions of probation. The LWRJDC opened in 1971 with 26 original beds. Fifteen of the beds were dedicated for male offenders and eleven for female. The facility has added 94 beds since it was originally opened. In 1982, a 15 bed wing was added, and in 1992, an additional 15 bed wing was added. Both of the wings were constructed similar to the existing wings and share a common living area. In response to increasing referrals, in 2000 an additional 64 beds were constructed giving the facility its current 120 bed capacity. The 64 beds were designed as 4 pods with 16 beds each. The Detention Center is connected to the Scott D. Moore Juvenile Probation department which also houses the County Juvenile District Court along with probation services. There are four court rooms with one district and three associate judges. Tarrant County Juvenile Services (TCJS) is currently in the process of working with architects and contractors for a new building for the juvenile courts. In addition to the courts, the 56 beds and classrooms that were built from 1971-1992 will be demolished and replaced with more modern pods and classrooms. The project is scheduled to begin in 2020.

The goal of the center is to provide supervision, activities and counseling that will benefit each child during his stay. Services provided include educational, medical and mental health care, recreational, and life skills training as well as daily written observations of each child for use by the court. The center provides supervision, activities and individual as well as group counseling that benefit juveniles during their stay. Every juvenile is screened for identification of emotional and mental health concerns, and basic health care screenings are also provided through an on-site medical clinic. All juveniles admitted to

detention receive educational, medical, mental health, recreational and life skills training. All youth receive a thorough orientation of the detention center rules and regulations and the rights of juveniles, which includes an in-depth PREA orientation during the initial intake process and a more comprehensive PREA education provided on the weekends. All youth receive academic programming provided through the Fort Worth Independent School District, including special educational services, and school records are forwarded to the school where the youth will be attending once he/she is released from the detention center. Every juvenile has opportunities to visit with immediate family members for 30 minutes a day and may have a daily five-minute telephone call with a parent or legal guardian, and attorneys, court personnel, advocates and approved clergy with official identification may visit at any time. Parents and legal guardians are encouraged to contact the Facility Administrator at 817-838-4610 with any special needs or concerns, as noted on the agency's website.

Per the published TCJS 2018 Annual Report, the population of Tarrant County was 2,074,442; with 10.4% being juveniles. A total of 1,564 juveniles were referred to the facility (.5% of the entire Tarrant County population), with 1,108 being admitted. In 2018, TCJS committed 51 juveniles to the Texas Juvenile Justice Department (TJJD) and certified 14 as adults. The average daily population for the Detention Center in 2018 was 66.8, with an average length of stay of 16.4. The majority of youth admitted into the detention center were male (74.9%). The average age at detention admission was 15 years. African American youth accounted for 54.2% of youth admitted into detention in 2018, followed by Hispanic (28.1%) and Caucasian youth (16.8%). The most frequent reasons for detaining a youth were that the youth was believed to be a danger to self or others (34.9%) or the youth had been previously found delinquent (29.7%).

The LWRJDC consists of security staff who are TJJD certified Juvenile Supervision Officers (JSOs), with some dually certified as both a Juvenile Probation Officer (JPO) and a Juvenile Supervision Officer. The dually certified staff are titled as Institutional Probation Officers (IPOs) that are assigned to work directly with the residents in the facility, and the agency also employs Security Control Officers (SCOs) who are certified as JSOs. These staff will assist with direct supervision; although, they mainly assist with escorted residents to and from Court, visitations, appointments, etc. In addition to IPOs and SCOs, the agency also employs a pool of substitute security staff (part-time) who fill-in as needed for both SCOs and IPOs. The facility is organized into four separate shift schedules- there is the 7-3 shift that includes IPO staff who are off on Fridays and Saturdays, the 3-11 shift who are off Sundays and Mondays, a swing shift who are off Tuesdays and Wednesdays, and an 11-7 (overnight) shift. The Swing Shift fills in on the 7-3 and 3-11 days off, to ensure adequate coverage. The PREA Coordinator informed the auditor that during the pre-onsite audit phase of the audit, the facility employed 66 full-time security staff (IPOs and SCOs) and 20 substitute security staff, with a total of 86 security direct care staff employed by the Department. It is important to note that all the day shifts are scheduled to work on Thursdays; therefore, allowing the agency to easily schedule trainings (including PREA related trainings) every Thursday for security staff to attend. Each of the four schedules are supervised by an Operations Manager (OM), and one OM supervises all the Security Control Staff and the Main Control Room. The Main Control Room staff are not certified security staff and only work in the control room. Although in the same secure building, the Detention Intake Unit is staffed separately, with Certified JPOs working as Intake Officers and an Intake Supervisor in charge. Detention security staff and intake staff work together to process juvenile referrals, with each having specific tasks to conduct. For example, if a child is being detained, the Intake Staff Member will conduct the Mental Health Assessment, Behavioral Screening, and data entry information; while the Detention Security Staff Member conducts the searches, Health Screen, and Detention Orientation. Each OM is supervised by the Assistant Facility Administrator (AFA), who is in turn supervised by the Facility Administrator (FA). The FA reports directly to the Deputy Director (DD) of the

Department, and the DD reports directly to the Director of TCJS. The facility also employs a medical unit, with three medical staff (two medical nurses and one medical assistant), and a mental health services unit that includes two full-time Psychologist. In addition, the facility also employs a six full-time food services staff who provide a hot breakfast, lunch, and dinner for all the residents in the facility and security staff.

TCJS complies with Texas Administrative Code (TAC) Title 37, Chapters 343 and 344. TAC Chapter 343 requires secure juvenile facilities in TX to comply with approximately 142 standards related to procedures in secure juvenile pre-adjudication detention facilities, and TAC Chapter 344 requires agencies to comply with approximately 44 standards related to employment, certification, and training requirements for all certified Juvenile Supervision Officers (JSOs) and Juvenile Probation Officers (JPOs). Pursuant to TAC §344.620 (10) and §344.622 (4): the purpose and goals of the Prison Rape Elimination Act (PREA) are mandatory training topics for all Juvenile Officers in the State of Texas, both for Juvenile Supervision Officers (JSOs) and Juvenile Probation Officers (JPOs), to gain the applicable state certifications to supervise juveniles. Additionally, to be certified as a JSO or JPO in the state of TX, each new employee must pass a State exam that includes PREA related questions before being allowed to supervise juveniles. The Tarrant County Juvenile Detention Center is inspected for compliance in all applicable Chapter 343 and 344 standards annually by the Compliance and Inspection Division of the Texas Juvenile Justice Department (TJJD), which determines the overall suitability of the facility.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	5
Number of standards met:	38
Number of standards not met:	0

Total of 41 Juvenile Standards

Number of Standards Exceeded: 5

115.317; 115.333; 115.342; 115.352; and 115.381

Number of Standards Met: 36

115.311; 115.312; 115.313; 115.315; 115.316; 115.318; 115.321; 115.322; 115.331; 115.332; 115.334; 115.335; 115.341; 115.351; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.382; 115.383; 115.386; 115.387; 115.388; and 115.389.

Number of Standards Not Met: 0

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - TCJS PREA Policy (Last Updated: 10/24/2019) - TCJS Organizational Chart - PAQ in the OAS <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the facility inspection, the auditor observed the agency's PREA related signage posted in each housing unit, in the intake area, kitchen, and classrooms. The signage included information related to zero tolerance for sexual abuse and sexual harassment, methods for residents and staff to report, and information regarding victim advocacy related services that are available (with addresses and phone numbers). The auditor also observed during the onsite visit that the PC was able to gain access to all areas of the detention center and that the PC's office is located in very close proximity to the detention center. The PC had access to all files and documents requested by the auditor during the onsite, and she made it a priority throughout the audit process to provide the auditor with follow-up explanations of detention practices related to PREA. <p>Explanation of determination:</p> <p>115.311 (a): The agency's PREA Policy includes their zero tolerance statement on page 3, which states: "The Lynn W. Ross Juvenile Detention Center 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." The agency's PREA Policy also includes the agency's approach to preventing, detecting, and responding to SA and SH, which are outlined throughout the entire policy. Strategies and responses to reduce and prevent SA and SH of residents are included in their PREA policy on pages: 4 (Hiring/promoting), 5 (supervision & monitoring), 6 (training), 8 (obtaining info- screenings), 9 (classification & resident education), 10 (resident reporting), 12 (med and MH care), 13 (mandatory reporting), 15 (intervention/disciplinary sanctions for residents), 16 (first responders), 17 (access to outside services & emergency med and MH care), 18 (forensic protocol and med exams), 19 (specialized training for investigators, internal & admin investigations), 20 (criminal investigations), 21 (disciplinary sanctions for staff and corrective action for contractors/volunteers), and 22 (SA Incident Reviews and Data Collection). It is also important to note that the agency's PREA Policy includes all the PREA definitions of prohibited behaviors regarding SA and SH, as well as 11 other important PREA</p>	

related definitions.

115.311 (b):

As indicated in the PAQ, the agency's organizational chart, and the agency's PREA Policy, the PREA Coordinator for TCJS is the Quality Development Supervisor for the Department. The agency's PREA Policy also explicitly provides the PREA language of this provision, indicating that the PREA Coordinator (PC) has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. It is important to reiterate that the PC is on the agency's Organizational Chart, listed as a Senior Casework Supervisor, and reports directly to the Deputy Assistant Directors (DAD) of the Department.

The auditor interviewed the PC who advised that her immediate supervisor, the DAD of Administration and Support Services, allows her the ability to prioritize PREA and hold off on certain non-PREA related responsibilities in order to ensure the agency is continually in compliance with PREA Standards. The PC explained that if an issue with PREA compliance is identified, she would immediately address the issue with the Facility Administrator (FA) and Operations Managers (OMs) to develop a plan to correct the deficiency. Additionally, any issues related to PREA operations in the facility would be addressed in staff trainings (the facility provides staff trainings every Thursday, with the use of a swing shift). Lastly, the PC described her own internal audit process that helps her to identify any discrepancies or deficiencies the facility may have related to PREA compliance and, therefore, allowing her to quickly and effectively correct any non-compliance problems.

115.311 (c):

N/A. The TCJS does not utilize a PREA Compliance manager and is not required due to only operating one facility (the pre-adjudication Lynn W. Ross Juvenile Detention Center).

Conclusion:

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

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - 18 Contract Renewals (signed RFQs between TCJS and the corresponding provider) - Memo outlining the PREA language in each of the 24 contracts (18 renewals and 6 newly initiated) - TCJS PREA Policy (Last Updated: 10/24/2019) - TJJJ Private Service Provider Contractual Monitoring and Evaluation Report- Residential Services - Annual PREA Data Report - TCJPD Contract Facilities Incident-Based Data Form - PAQ in the OAS <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Contract Administrator (ACA) / Placement Supervisor - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.312 (a): As indicated in the PAQ and verified by the auditor through a review the PREA language included in each contract for residential placement of TCJS residents and the agency's PREA Policy on page 5, the auditor determined that the agency includes in all their new contracts and contract renewals the contractor's obligation to adopt and comply with the PREA standards (total of 24 contracts applicable for this provision since the last PREA audit in 2016). The following is an insert that is included in each contract: "PROVIDER agrees to comply with the PRISON RAPE ELIMINATION ACT (PREA): Pursuant to 28 CFR, Part 115, section 115.312 (Standards for Juvenile Facilities). PROVIDER shall adopt and comply with the Juvenile Facility Standards set forth in the National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act if the majority of all residents are placed by juvenile courts."</p> <p>The auditor interviewed the agency's Placement Supervisor who advised that all new contracts for the placements go through a request for quotation process with the Tarrant County auditor before such a contract is enacted and that all renewal contracts for placements are processed through administration offices and the Tarrant County Commissioner's Court. He also explained that all the secure residential placement facilities that TCJS contracts with are PREA compliant and that all PREA Compliance Reports are sent directly to the agency's PREA Coordinator.</p> <p>115.312 (b): As indicated in the PAQ and verified by the auditor through a review the PREA language included in each contract for residential placement of TCJS residents and the agency's PREA</p>

Policy on page 5, the auditor determined that TCJS provides for contract monitoring to ensure that each of the contractors are complying with the PREA standards. The following is an insert that is included in each contract:

"PROVIDER agrees to ensure, for each facility under its control, to submit to a Department of Justice PREA audit every three (3) years beginning August 20, 2016. PROVIDER shall be solely responsible for paying for a PREA Audit as required and shall make said audit results available to Tarrant County Juvenile Services. During the non-audit period, PROVIDER acknowledges that in addition to self-monitoring requirements, COUNTY may conduct announced or unannounced compliance monitoring visits. PROVIDER agrees to submit to the Chief Probation Officer, no later than June 30th of each year, all incident-based and aggregated data reports from the previous year for every allegation of sexual abuse at its facility or facilities. Failure to comply with PREA standards and related Tarrant County Juvenile Service policies may result in termination of the contract."

Additionally, the PC and the FA explained to the auditor that TCJS's Placement Supervisor and several of the Placement Probation Officers complete contract monitoring when they conduct on-site visits and that contract monitoring is conducted twice yearly. The Officers utilize the TCJPD Contract Facilities Incident-Based Data Form, which includes sexual abuse incident-based and aggregate data from every private facility in which the agency contracts with for the confinement of residents. This form was provided to the auditor for review and includes: contract facility information, incident-based data, allegations, and investigation outcomes. The agency provided the auditor with the TJJD Private Service Provider Contractual Monitoring and Evaluation Report- Resident Services form that sufficiently demonstrates the agency's efforts to comply with contract monitoring pursuant to this provision. Furthermore, yearly the contracted facilities are asked to provide data regarding sexual abuse and sexual harassment and this data is aggregated for the Annual PREA Data Report. The agency provided the auditor with the data collection form that is sent to each contracted facility annually, and it should be noted that this form reflects the data necessary to complete the PREA requirements pursuant to this provision and 115.387 (e).

The Placement Supervisor advised the auditor during his interview that contract monitoring for each placement that houses one of their juveniles is conducted at least twice a year, with the initial evaluation/monitoring check done in person by the clients Juvenile Probation Officer (JPO) and the second monitoring check also conducted in person unless the juvenile is no longer at the placement (in which case the second check would be a desk audit). He explained that each monitoring visit requires the JPO to review the placement facility's licensing {Department of Family and Protective Services (DFPS) & Texas Juvenile Justice Department (TJJD) for in the State of TX, or the applicable licensing body for out-of-state}. The review conducted for each monitoring visit also was explained to include a review of any corrective action plans, any findings from the Independent Ombudsman Office for TJJD and/or DFPS, and an overall safety check of the resident (ensuring that they feel safe) and the facility (reviewing any applicable disciplinary and/or incident reports). The Placement Supervisor also explained that his Placement JPOs conduct random site visits on contracted placements that house Tarrant County juveniles every quarter, and that these visits include a compliance type inspection to ensure the safety of their clients and to check the status of their progress in the program. He provided the auditor with an example of how one Placement JPO conducted 11 face-to-face visits with their client at a particular placement in a one year period and another example of how a juvenile was met with five times in a six month period (each visit documented in chronological notes in the agency's Juvenile Case Management System-

JCMS).

Conclusion:

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

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy (Last Updated: 10/24/2019) - PAQ in the OAS - Staffing Plan Development (meeting agendas and notes from 2015-2016) - Staffing Plan Reviews (from 2016-2019) - Agendas and notes from Sexual Abuse Incident Review Board and Staffing Plan Meetings (2016-2019) - Agency Staffing Plan - Staffing Plan Deviation Forms (2016-2019) - Unannounced Rounds Log Sheet (2018-2019) - PREA Unannounced Rounds Form (Oct., Feb., May, Aug., 2019) - Review of Camera Surveillance footage of unannounced rounds for three shifts - Supervisor Shift Summary - Lynn W. Ross Juvenile Detention Center Activity Schedule - Juvenile Case Management System (JCMS) Detention Resident Rosters <p>Interviews:</p> <ul style="list-style-type: none"> - Assistant Facility Administrator (AFA) - PREA Coordinator (PC) - Facility Administrator (FA) / Superintendent <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the facility inspection, the auditor observed each grouping of residents during a 7am to 3pm shift, which involved three groups in classrooms and one group in the gymnasium for recreational activities (playing volleyball at the time). The auditor confirmed that the facility maintained at least a 1:8 ratio of staff to resident supervision in each classroom and in the gym. The auditor also compared the staff schedule and Supervisor Activity Reports with the detention roster to ensure adequate staffing levels were being adhered to while onsite, and the auditor was able to determine that the Detention Center was adequately staffed for each shift during the three days onsite, with prescribing to at least a 1:8 supervision ratio during program hours (waking hours) and 1:16 during non-program hours (sleeping hours-overnight). Furthermore, the auditor was able to verify through observations onsite that the Tarrant County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16. <p>Explanation of determination:</p> <p>115.313 (a): TCJS provided in the PAQ the process of how they developed, implemented, and document</p>

their staffing plan that provides for the adequate staffing levels of staff and video monitoring to protect residents from sexual abuse and sexual harassment. Through an analysis and review of the agency's PREA Policy, staffing plan meeting agendas and notes from 2015-2016, staffing plan reviews (from 2016-2019), agendas and notes from Sexual Abuse Incident Review Board and Staffing Plan Meetings (2016-2019), and the agency's Staffing Plan; the auditor was able to clearly determine that when the agency calculates adequate staffing levels and determines the need for video monitoring, the facility takes into consideration, at a minimum, the 11 elements of this provision (1-11). Furthermore, the agency reported in the PAQ that the average daily number of residents since their last PREA audit in 2016 was 75 residents (October 1, 2016 to September 1, 2019) and that their staffing plan was predicated for an average daily number of 120 residents through this same time period.

The FA advised during his interview with the auditor that the agency develops and reviews their staffing plan bi-annually (every 6 months), and the reviews include, but are not limited to, an analysis and evaluation of the facility's surveillance technology, the staffing plan, incidents related to sexual abuse and sexual harassment (when applicable), housing assignment and classification process, and facility vulnerabilities (areas/systems/practices); as well as including a comprehensive review of policies and procedures related to PREA and sexual safety. The FA also explained that considerations were discussed in previous staffing plan meetings related to increasing the number of substitute staff (part-time) and adding additional positions for the increased resident population in detention and for the upcoming POD expansion planned for completion in 2021-2022. The staffing plan meetings also included a review of potential blind spot areas in the facility (proposing adding cameras to the visitation rooms and the laundry room) and the effects of any camera issues related to technical difficulties or power outages may have on the safety of residents and staff. The FA explained the process of contacting building maintenance or the video monitoring system vendor directly to correct/repair any surveillance video equipment or software issues that are identified. The FA confirmed to the auditor that each of the eleven requirements of provision (a) of this PREA Standard are considered during each staffing plan meeting, (which, as noted above, is conducted twice a year). Additionally, the FA explained that generally accepted detention and correctional practices are included in trainings- such as PREA information, trauma informed care, motivational interviewing, and medical and mental health related topics. He advised that any type of inadequacy found in the facility from a legitimate governmental oversight body would be immediately addressed and corrected. The FA also explained that they plan to discuss future expansion plans in the next staffing plan meeting to begin the process of modifying the staffing plan to account for the additional PODs. Additionally, the FA advised that the following additional items have been discussed in recent staffing plan meetings in 2019 in order to ensure continued compliance with the agency's staffing plan:

- Behavioral Risk Screenings and Reassessments
- The classification system (A-Hall: 16 and 17 year olds boys and overflow for B-Hall; B-Hall: 16 and 17 year old boys; C-Hall: 14 and 15 year old boys; D-Hall: overflow for C-Hall; F-Pod: girls; E-Pod: girls overflow; G-Pod: Merit 15 to 17 year old boys and H-Pod: 10 to 14 year old boys, special needs, and vulnerable regardless of age.
- The continued practice of never assigning a male staff on a female Pod and a female staff on a male Pod.
- Ensuring all residents are included in required programming (education, counseling, etc.)
- Ensuring PREA staffing ratios are continually adhered to
- Review of all sexual abuse and sexual harassment allegations (Although, last allegation

received by the facility was before the last PREA audit and the disposition was unfounded).
- Other relevant factors such as any current issues (i.e., Sex Trafficking).

115.313 (b):

As indicated in the PAQ by the agency and verified by the auditor through examining the agency's Staffing Plan Deviation forms from 2017-2019, TCJS has continued to comply with their staffing plan and no deviations were recorded since the staffing plan was fully implemented in 2017.

Additionally, during the facility inspection, the auditor observed each grouping of residents during a 7am to 3pm shift, which involved three groups in classrooms and one group in the gymnasium for recreational activities (playing volleyball at the time). The auditor confirmed that the facility maintained at least a 1:8 ratio of staff to resident supervision in each classroom and in the gym. The auditor also compared the staff schedule and Supervisor Activity Reports with the detention roster to ensure adequate staffing levels were being adhered to while onsite, and the auditor was able to determine that the Detention Center was adequately staffed for each shift during the three days onsite, with prescribing to at least a 1:8 supervision ratio during program hours (waking hours) and 1:16 during non-program hours (sleeping hours- overnight). Furthermore, the auditor was able to verify through observations onsite that the Tarrant County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16.

The agency's FA advised the auditor that in order to check for compliance with the staffing plan his administrative team will look at the staffing schedule and detention roster to identify any patterns of concern. Additionally, the FA explained that the agency has a stay over policy that requires security staff in the facility to either stay over their regularly scheduled shift to assist with coverage or be called in if not at work. The FA stated that he is not aware of any deviations to the facility's staffing plan; however, if such a deviation should occur in the future, it was advised that this would be documented on an incident report and only be due to an exigent circumstance.

115.313 (c):

Upon the auditor reviewing the agency's PREA Policy during the pre-onsite phase of the audit, the auditor identified a discrepancy in the ratios documented in the agency's PREA Policy. The ratio was documented as 1:12 during program hours and 1:24 during non-program hours, which is the Texas Administrative Code (TAC) requirement (PREA is 1:8 and 1:16). This discrepancy was addressed with the Facility Administrator (FA) and PREA Coordinator (PC), whom both confirmed that the practice has been the 1:8 and 1:16 since the last PREA audit; although, the policy has not been revised to reflect this. It should be noted that the agency took immediate action, and the Policy was revised and approved by the Chief of TCJS on 10/24/2019 to include the PREA required ratios. Furthermore, the auditor requested the agency provide Supervisor Shift Summaries, Lynn W. Ross Juvenile Detention Center Activity Schedules, and JCMS Detention Resident Rosters for 12 randomly selected days in the past 12 months (including an assortment of different shifts) in order for the auditor to verify that the PREA ratios have been fully institutionalized in practice at the TCJDC. Upon review of the documents provided and follow-up provided by the AFA, the agency was able to adequately demonstrate to the auditor that the PREA ratios of 1:8 and 1:16 have been fully implemented

and institutionalized. Each of the Shift Summary Reports, Activity Schedules, and Detention Rosters provided confirmed that the agency had enough staff scheduled for each group of residents to remain under the PREA required supervision ratio of 1:8 (programming) and 1:16 (non-programming).

Additionally, during the facility inspection, the auditor observed each grouping of residents during a 7am to 3pm shift, which involved three groups in classrooms and one group in the gymnasium for recreational activities (playing volleyball at the time). The auditor confirmed that the facility maintained at least a 1:8 ratio of staff to resident supervision in each classroom and in the gym. The auditor also compared the staff schedule and Supervisor Activity Reports with the detention roster to ensure adequate staffing levels were being adhered to while onsite, and the auditor was able to determine that the Detention Center was adequately staffed for each shift during the three days onsite, with prescribing to at least a 1:8 supervision ratio during program hours (waking hours) and 1:16 during non-program hours (sleeping hours- overnight). Furthermore, the auditor was able to verify through observations onsite that the Tarrant County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16.

During an informal conversation the auditor had with the Assistant Facility Administrator (AFA) while onsite, the AFA was able to sufficiently describe how the facility's Supervisor Shift Summaries and Activity Schedules indicate multiple staff (i.e., floaters/Security Control Officers) who are on the schedule routinely assist with the supervision of residents to remain within the PREA required ratios. For example, one classroom on the 7-3 shift may have 18 residents but the Shift Summary or Schedule may only show two staff assigned to this group of residents; however, the floater staff would be assigned to assist in the classroom to provide an adequate staffing ratio of 1:8. This practice, as noted above, was verified by the auditor onsite through observing adequate staffing levels in each classroom and through a comprehensive review of 12 randomly selected Shift Summaries and Activity Schedules that demonstrated adequate staffing levels for both program and non-program hours in the past 12 months.

115.313 (d):

The agency provided the auditor in the PAQ each annual staffing plan review meeting agenda and notes from 2016 to 2019, and upon review the auditor determined that each meeting involved: an assessment and documentation of whether adjustments were needed to the staffing plan, prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. Additionally, each annual meeting also reviewed the resident population, unannounced rounds, deviations of the staffing plan (if applicable- had zero each year), allegations of sexual abuse or sexual harassment (zero such allegations since 2013), and other relevant factors. Each meeting included the Deputy Director, Deputy Assistant Director of Institutional Services, and the PREA Coordinator, as indicated on the applicable sign in sheets and training verification documents.

The FA confirmed during his interview that a staffing plan review has been conducted twice a year since 2016 and advised that the agency's Chief approves the Staffing Plan.

115.313 (e):

The agency provided in the PAQ their staffing plan and PREA policy that includes the requirements of intermediate-level or higher level supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These documents outline that the agency utilizes the Facility Administrator, Assistant Facility Administrator, or an Operations Manager to conduct the required PREA unannounced rounds and that the rounds are conducted at least once a month on every shift (7am-3pm, 3pm-11pm, & 11pm-7am). Staff are prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Additionally, the agency provided the auditor (in the PAQ) with a log that includes the unannounced rounds completed by an intermediate-level or higher level supervisor (FA) from September of 2018 to July of 2019. Upon careful analysis by the auditor of the log sheet, it should be noted that the agency completed compliant unannounced rounds on each of the three shifts during each month included during the time period reviewed. Furthermore, the auditor was able to conclude that the unannounced rounds completed during this time period were randomly conducted and no distinct patterns were observed by the auditor. The auditor also was provided the agency's PREA Unannounced Rounds forms (12 total) that were completed by the Deputy Assistant Director of Institutional Services (FA) in the following months in calendar year 2019 for each of the three shifts: October, February, May, and August. Each form clearly documents the following information: date; time started/ended; day of the week; shift; population (males/females); supervisor on duty; observation of each housing unit, common areas, classrooms, detention intake area, and visitation area; observations made (notes), and signature and title of person conducting the rounds. The auditor determined that the FA conducted the unannounced rounds pursuant to the requirements of this PREA provision.

Additionally, the auditor reviewed the FA's unannounced rounds via the agency's video surveillance system while onsite. The FA allowed the auditor to observe the unannounced rounds completed for each of the three shifts in October of this year, and the auditor confirmed that the unannounced rounds were conducted by the FA at random times, on random days, and at random start and ending points. Furthermore, the FA described his process of ensuring that each unannounced round is conducted at different times on each shift and on different days- with never following a distinct pattern (i.e., 4am for one 11-7 round and possibly 12:30am for another, etc.). He also explained how he ensures that staff do not alert other staff of the rounds by listening in on the radio and ensuring there is not a pattern to his routine. Staff are also advised in training that any type of alert or signal is strictly prohibited, per the agency's PREA Policy. The FA advised the auditor that he has been the sole higher-level staff that is responsible for conducting the unannounced rounds, but that he will be adding this responsibility to the AFA and possibly Operations Managers in the near future.

The auditor provided the FA a recommendation for best practices related to electronic documentation of the unannounced rounds by utilizing the facility's electronic check system. The auditor explained that the facility could add receiver buttons to certain areas (i.e., in each housing unit, on each exit/entry door, intake, control rooms, etc.), and with a electronic wand assigned to the applicable unannounced round intermediate or upper-level staff member, the rounds could then be verified electronically through the electronic check system.

Conclusion:

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Texas Administrative Code (TAC) 343.260 <p>Interviews:</p> <ul style="list-style-type: none"> - Random Staff (13 total) - Resident Interviews (16 total) <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the three days the auditor spent onsite, he did not witness a cross-gender search of any kind nor a search of a transgender or intersex youth. The auditor also did not observe any residents showering, going to the restroom, or changing out with opposite gender staff observing such activity. It is important to note that the Tarrant County Juvenile Detention Center houses female residents on a separate Pod than male residents, with two Pods only used for female residents. In addition, the facility also only assigns male staff to the male housing units and female staff to the female housing units. This practice was verified by the auditor while onsite and through a comprehensive review of the facility's Activity Schedules, Supervisor Shift Reports, staff schedules, and detention resident rosters. Furthermore, the auditor was able to verify through observations onsite that the Tarrant County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16. <p>Explanation of determination:</p> <p>115.315 (a-b):</p> <p>Per agency PREA policy, cross-gender strip searches will only be conducted in exigent circumstances or when performed by a licensed nurse, physician, or physician assistance. Additionally, this policy also explains that visual body cavity searches shall be conducted only if there is probable cause to believe that a resident is concealing contraband and shall only be conducted by a licensed physician in a private room or setting. The agency reported in the PAQ that they had zero cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Additionally, per the agency's PREA policy on page 7, cross-gender pat searches will only be conducted in exigent circumstances or when performed by a licensed nurse, physician, or physician assistant. The agency documented in the PAQ that they have had zero such searches in the past 12 months. Furthermore, it is important to point out that TAC 343.260 (b) (1) prohibits the agency from conducting cross-gender pat-searches, and the standard explicitly indicates that residents shall only be subjected to a pat-down search that is conducted by same-gender staff, as necessary for facility safety and security (TCJS makes the one exception for exigent circumstances for pat-down searches pursuant</p>

this PREA Standard). It should also be noted that TAC Chapter 343.260 (b) (3) (C) prohibits the facility from conducting cross-gender strip searches and states: "a strip search shall be conducted by a staff member of the same gender as the resident being searched," and TAC 343.260 (b) (4) (A) states, "an anal or genital body cavity search shall be conducted only by a physician or physician assistant, and the physician or physician assistant shall be of the same gender as the resident, if available."

The auditor interviewed thirteen randomly selected security staff and asked questions related to this PREA standard, and each staff member interviewed was able to clearly articulate that cross-gender pat-searches can only be conducted in exigent circumstances with approval from a supervisor. All random staff interviewed also advised they have been trained on the "quadrant method" of conducting cross-gender pat-searches, which was last provided to all staff in 2019. Additionally, each staff member was able to provide an adequate definition of what an exigent circumstance is and provide an example of such an incident, with the most frequently used example being a emergency evacuation due to a gas explosion or fire (it should be noted that there are large oil tanks near the Detention Center, as verified by the auditor when onsite).

The auditor also interviewed 16 residents (including eleven random and five targeted) who each advised that they have NOT been searched by any staff member of the opposite gender or have witnessed a staff member of the opposite gender conduct such a search.

115.315 (c):

The agency's PREA policy on page 7 describes that documentation with justification will be documented in an Incident Report form for all cross-gender searches (including: strip, pat, and visual body cavity searches). As noted previously in this section, the agency has had zero incidents of any type of cross-gender search; therefore, no such documentation was provided.

115.315 (d):

The agency's PREA policy on page 7 outlines that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the agency's PREA policy on page 5 describes that unless there is an exigent circumstance, staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. This policy also adds that an Operational Manager or Designed Shift Supervisor will document on an Incident Report if an exigent circumstance occurred.

During the onsite visit, the auditor was able to verify the facility's practice of making the required PREA announcements when entering a housing unit of the opposite gender and that all residents are supervised by staff of the same gender in the classrooms and housing areas. Additionally, the auditor reviewed the facility's surveillance monitoring system, in which at NO time did the auditor observe a camera angle displaying a view in a resident's room, in the shower areas, resident bathrooms, or in the intake dressing rooms (all areas where residents are able to dress, shower, and dress).

Furthermore, the auditor was able to verify through observations onsite that the Tarrant

County Detention Center staffed enough female staff to adequately supervise the female residents and enough male staff to adequately supervise the male residents, with maintaining the PREA required supervision ratios of 1:8 and 1:16.

The auditor interviewed 16 residents (11 random and 5 targeted) that each explained that before opposite gender staff enter their housing unit, the opposite gender staff first calls over the radio for clearance. It was then explained that clearance is either provided or not, and, if so granted, the staff then announces either female or male on the unit/pod/hallway- depending on the gender of the housing unit. Additionally, each of the 16 residents interviewed advised that at no time during their detention stay has a staff of the opposite gender every viewed them while they were naked, using the toilet, showering, or changing clothes.

The auditor interviewed 13 randomly selected security staff who all clearly articulated the practice of calling over the radio for clearance before entering a housing unit of residents of the opposite gender, and how if clearance is granted the process of making the announcement loud enough so that all residents on the housing unit can hear that a male or female staff is on the Pod or in the hallway. Furthermore, each staff member confirmed in their interviews that residents in the facility are able to dress, get undressed, shower, and use the toilet without being viewed by staff of the opposite gender. Each staff member interviewed also explained further that staff are always assigned to supervise residents of the same gender.

115.315 (e):

The agency's PREA policy on page 7 outlines the requirements of this PREA provision explicitly, and, as noted in the PAQ, the agency reports that they have had zero incidents of physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

All the random security staff interviewed by the auditor (13 total JSOs) advised that it is prohibited, per Department Policy, to search or physically exam a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff explained how the process of identifying a transgender or intersex resident's genital status, if warranted, would be through conversations with the resident, the resident's parents/guardians, mental health staff, medical staff, supervisors, and the referring officer. Each staff member interviewed advised that they have never observed or have been involved in an intake involving a transgender or intersex juvenile in the facility.

Additionally, the PC and FA advised the auditor during the onsite that they did not have a transgender or intersex resident in the facility; therefore, no such interview was able to be conducted by the auditor. The auditor verified this through the interviews conducted with the 16 residents and through observations made during the three days onsite, in which there were no indications of such a resident being in the facility.

115.315 (f):

The agency provided in the PAQ the training curriculum and video links to the Moss Group, Inc training material on "Guidance in Cross-Gender and Transgender Pat-Searches (including the Quadrant Method of searching a cross-gender and transgender and intersex resident)." The training material includes: a video, Facilitator Guide, and PowerPoint presentation.

Additionally, the agency documented in the PAQ that 89% (65 out of 73) of the security staff have received the Moss Group training, and the training was last conducted in May of 2019. It should be noted that the remaining staff received the training before the auditor was onsite, and the auditor was able to verify that 100% of the agency's security staff were trained in the requirements of this provision by reviewing the provided training sign-in sheets for all security staff and a representative sample of the training verification forms completed by each participant (selected 15 training files to review onsite). The training verification forms include the following information: course title ("PREA & TCJS Policy & Procedures- Guidance in Cross-Gender & Transgender Pat Searches"); instructor name, date, hours received (1.5), course description ("Participants developed skills for performing cross-gender pat searches and searches of transgender and intersex residents per PREA Standards"); the related TCJS policies and procedures according to PREA Standards; a section for staff participating to identify at least one thing that resonated with him/her from the training and how it can be applied to their current role; and a signature of the employee and training coordinator.

Conclusion:

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

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Agency PREA Policy
- Detention Center Orientation form
- Contract for Interpretation Services for Deaf and Hearing Impaired (approved by Tarrant County Commissioner's Court)
- Spanish and English TJJJ PREA Video
- PREA Training Curriculum conducted with Detention Staff
- Information on additional interpreting services (Universe Technical Translation & Language Line)
- PREA Audit Response from the Deputy Assistant Director (DAD)

Interviews:

- Deputy Director (Agency Head Designee)
- Resident who was identified as having a mental health disorder

Site Review Observations:

- The auditor observed while onsite the agency's mental health services staff who were able to assist a resident with a disability if needed.

Explanation of determination:

115.316 (a-b):

The agency includes in their PREA Policy on page 9 an appropriate process for providing residents with disabilities and residents who are limited English proficient (LEP) 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. The process includes a requirement for staff to notify the Operations Manager (OM) or Designated Shift Supervisor (DSS) of any youth who has any type of deficiency related to this PREA standard, and the OM or DSS will then notify the Facility Administrator (FA) who will obtain 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. Additionally, the agency provided the auditor with the Detention Center's Orientation, which includes the PREA required orientation and educational information. This orientation form is signed by the JSO conducting the orientation and the resident, as well as posted in each dayroom in the facility. Furthermore, the agency provided the auditor with contracts for interpretation services for deaf and hearing impaired. Upon review of the contracts, the auditor verified that the contracts are current (date effective & approved by Tarrant County Commissioner's Court: 4/16/2019) and includes interpreting services for a primary (Hired Hands, Inc), secondary (Catholic Charities Diocese of Fort Worth & Translation and Interpretation Network), and an alternative (All World Language

Consultants, Inc) interpreting service provider. In addition to the four vendors approved for use by the Commissioner's Court, TCJS also has access to two other interpreting vendors that do not require approval by their Commissioner's Court- Universe Technical Translation (Spanish speaking only) & Language Line (all languages except Spanish). The agency also provided the training curriculum and sign-in sheets demonstrating that detention staff have been trained on related to PREA standards related to preventing, detecting, and responding to sexual abuse in confinement settings regarding residents with disabilities. The agency provided the auditor with a PREA orientation and education video that was published by the Texas Juvenile Justice Department (TJJD), and it should be noted that this video is available both in English and Spanish and provided to all residents entering the detention center within 10 days of admittance. The auditor was also able to verify the agency practice of ensuring residents who are LEP are provided the required PREA information pursuant to this standard through a review of a PREA Audit Response submitted by the Deputy Assistant Director (DAD). This response includes a recent incident in which Detention Center admitted a resident whose primary language is French. As noted by the DAD, to ensure the resident understood the PREA information provided, the facility provided the PREA material in English and French, utilizing the language line hotline for the French translation. These events were documented on the verification forms.

The auditor interviewed the Deputy Director (DD) of the agency who advised that TCJS has established procedures to provide residents with disabilities and residents who are limited English Proficient equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The DD explained further that the agency has a contract with an interpreting service, Language Line and the Center for the Blind, and that Spanish speaking staff are available to assist if needed. He also described how written material are made readily available to residents related to PREA and how mental health staff are available 24/7 to assist as needed. The DD explained how they had a resident that speaks French and English, and that PREA information was provided in both languages to ensure the resident understood the material provided.

The auditor also interviewed a resident who the agency identified as having a mental health disorder, and this particular resident advised that the facility provided information about sexual abuse and sexual harassment that the resident was able to understand. The resident advised that the PREA information was provided in intake and in a video on the weekends, and the resident explained that no additional assistance is needed. The auditor also asked this resident questions related to the PREA orientation and education provided while at the facility, and said resident was able to clearly articulate the resident's rights under PREA and how to report sexual abuse or sexual harassment, retaliation, and staff neglect.

The auditor observed onsite that mental health staff were onsite and able to assist a resident with a disability if necessary.

115.316 (c):

The auditor was provided the agency's PREA policy which includes the language from this provision verbatim. Furthermore, the agency indicated in the PAQ that they have had zero instances in the past 12 months where resident interpreters, readers, or other types of resident assistants were used. This was also demonstrated through the documentation provided to the auditor related to the resident whose primary language is French. This

resident was provided the required PREA information in French and English, and the agency documented this action on verification forms.

The auditor interviewed 16 randomly selected security staff who all were able to clearly explain how the agency is prohibited from using resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents who are LEP when making an allegation of sexual abuse or sexual harassment. Each staff interviewed advised that they have never been involved in an incident in which a resident translated for another resident related to an allegation or incident of sexual abuse or sexual harassment. Even though the auditor determined that the agency has not used resident interpreters, the auditor questioned staff if they could provide an example of when a resident interpreter would be used. The examples provided included using resident interpreters only in exigent circumstances, when waiting for a professional interpreter would place the resident at risk of serious harm.

The auditor interviewed the resident who the agency identified as having a mental health disorder, and the auditor was able to determine that the resident did not require an interpreter to communicate effectively.

Conclusion:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Acknowledgement and Ongoing Duty to Disclose PREA Employment Standard Violations form - Child Abuse Registry Check Consent form - Contracts initiated with TCJS and associated websites: Recovery Resource Council, Lena Pope Home, MHMR Tarrant County, Traffick911, and New Day Services - Texas Administrative Code (TAC) 344.300 & 344.400 <p>Interviews:</p> <ul style="list-style-type: none"> - TCJS HR Staff Member - Tarrant County HR Coordinator - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.317 (a):</p> <p>The agency's PREA policy includes the requirements of this provision verbatim to the corresponding standard language. Additionally, this policy includes procedures for ensuring the prohibitions pursuant to this provision for hiring or promoting employees and enlisting the services of contractors are adhered to, as indicated in (b) - (g) of this standard's explanation of compliance determination.</p> <p>The auditor reviewed 15 randomly selected employee files (12 security staff, 2 medical staff, and 1 kitchen staff) while onsite to ensure the proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered by staff. Out of the 15 files reviewed, the auditor determined that all 15 (100%) included the required federal (FBI) and state (TX) criminal background checks (all clear) and the questionnaire that included the required questions pursuant to this provision (questionnaire: "Acknowledgment and Ongoing Duty to Disclose PREA Employment Standards Violation" form).</p> <p>The following information is from the TX Department of Public Safety's (DPS) website, and provides more detail about the FACT/FAST system conducted by the DPS and the recent implementation process of the Rap Back system:</p> <p>"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. Texas Government Code 411.0845 enabled the Texas Department of Public Safety to create a criminal history clearinghouse and subscription service. Some highlights of the Fingerprint-based Applicant Clearinghouse of Texas (FACT) are: consolidated Texas and Federal Bureau</p>

of Investigation (FBI) criminal history responses, subscription services for like purposes, Texas Rap Back services, and, in the near future, FBI Rap Back services. It is important to note that the Fingerprint Applicant Services of Texas (FAST) must be used to participate in FACT. 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."

It is also important to explain that the agency is currently in the process of transitioning all criminal background check services to the FBI's Rap Back system for both state (TX) and federal (U.S.) criminal background checks, as explained in more detail below (information provided from the FBI's website):

"The Criminal Justice Information Services (CJIS) Division has provided state-of-the-art fingerprint identification and criminal history services through its Integrated Automated Fingerprint Identification System (IAFIS) for many years. CJIS has replaced the IAFIS fingerprint services and provided new and advanced services for other biometrics with the incremental implementation of the Next Generation Identification (NGI). This Privacy Impact Assessment (PIA) addresses NGI's Rap Back Service, which is one of the services delivered as part of NGI's final increment. In a previous PIA, CJIS provided notice of the retention and searching of noncriminal justice (hereinafter "civil") fingerprints in NGI that are received in accordance with federal authority (e.g. federal statute, Presidential Executive Order) or state authority (e.g., state statutes pursuant to Public Law 92-544). For many decades, federal and state agencies and other authorized entities have collected and submitted civil fingerprints to the FBI for criminal background checks for noncriminal justice purposes. Due to capacity limitations, IAFIS did not retain most of the civil fingerprints submitted; once processed, the fingerprints were destroyed. NGI, however, will now retain all civil fingerprints as authorized by the submitting agencies. This retention of civil fingerprints provides the foundation for the Rap Back Service."

115.317 (b):

The agency's PREA policy on page 4 includes the requirements of this provision verbatim to the associated PREA language.

The auditor interviewed the agency's human resource staff member who advised that TCJS considered all prior incidents of sexual harassment learned through the background checks and the Acknowledgment and Ongoing Duty to Disclose PREA Employment Standards Violation form in determining whether to hire or promote anyone, or to enlist the services of a contractor, who may have contact with residents.

Furthermore, the auditor reviewed 15 randomly selected employee personnel files, and each file was clear of any prior incidents of sexual harassment or sexual abuse.

115.317 (c-d):

The agency's PREA policy on pages 4-5 includes the requirements of this provision and states, prior to hiring new employees {employees, contractors, volunteers, & interns} who may have contact with residents, the Training, Quality and Development Unit shall:

1. Perform a criminal background records check using the State of Texas Department of

Public Safety (DPS) fingerprint system (FAST). The system will notify the unit of any arrest for criminal activity of current employees, contractors, and volunteers/interns who may have contact with residents.

2. Consult the Child Abuse Registry (CAR) maintained by the Texas Department of Family Protective Services (DFPS) Centralized Background Check System.

3. Consistent with Federal, State, and local law, the hiring authority or designee shall make the 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.

Additionally, it should be noted that the agency's Child Abuse Registry Check form includes detailed information about the TCJS clearance process related to the agency's request of the DFPS to conduct a check of the registry of reported cases of child abuse or neglect (child abuse registry). The child abuse registry check is also part of the clearance process for: (1) applicants being considered for employment; (2) employees of a TCJS contractor or subcontractor of a contractor, volunteer, or intern, who may have access to youth in TCJS facilities; and (3) internal applicants seriously being considered for promotion.

Furthermore, the agency indicated in the PAQ that they hired 31 staff in the past 12 months who may have contact with residents and all 31 had a criminal background records check completed. Furthermore, the agency also indicated in the PAQ that they had 5 contracts for services in the past 12 months where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The agency provided the auditor with four of the contracts for services initiated in the past 12 months, and each of the four contracts include language related to conducting background checks pursuant to this PREA standard.

Furthermore, it is important to add that TAC 344.300 also requires the agency to conduct a criminal history check for:

- an individual in a position requiring certification or eligible for optional certification; and
- an individual who may have direct, unsupervised access to juveniles in a juvenile justice facility or program and who is:
 - an employee in a position not requiring certification and not eligible for optional certification;
 - a volunteer, an intern, or an individual who provides goods or services under contract.

It is also important to note that the agency exceeds the requirements of this PREA provision by adhering to TAC §344.302 (Military History Checks Effective Date: 2/1/18). This TAC standard requires the agency to adhere to the following procedures:

- If an individual who is subject to a criminal history check has prior military experience, the department or facility must review the applicant's most recent separation or discharge documents.
- In the event separation or discharge documents reflect character of service that is anything other than "honorable discharge" or "honorably discharged," the department or facility must:
 - attempt to obtain authorization from the applicant for the release of information; and
 - request additional information from the appropriate governmental entity to determine whether the reason for discharge was the result of disqualifying criminal conduct.
- Before an individual with prior military history begins employment or service provision, the department or facility must use the information described in this section to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.
- The department or facility must review the most recent separation or discharge documents as described in this section when a currently employed certified officer returns from a period of active duty or is discharged from military service.

The auditor reviewed 15 randomly selected staff personnel files (12 security staff, 2 medical staff, and 1 kitchen staff) when onsite to ensure compliance with the requirements pursuant to this PREA Standard, and each file included a cleared Federal (NCIC) and State (TCIC) criminal history report, the required Child Abuse Registry check document, and the required reference checks with associated responses. Each check was performed before the employee was hired, as required by this Standard. It should be noted that one of the 15 randomly selected employee files included a staff member whose paperwork indicated active military status. This particular file demonstrated how the agency reviews military service (both active and non-active duty service members) when hiring and employing a veteran or active service member.

The auditor also interviewed a HR staff member who advised that the agency performs criminal record background checks for all employees, volunteers, interns, and contractors before they are hired or begin services, and the checks are conducted through a subscription service that provides for the State (TX) and national (FBI) criminal history for each employee- Fingerprint Applicant Services of TX (FACT) that allows the agency to subscribe to the Fingerprint-based Applicant Clearinghouse of TX (FAST), which is being transitioned to the Rap Back system for FBI and state criminal history checks. She also explained that a child abuse registry check is also conducted for each employee, volunteer, intern, and contractor who may have contact with residents, and that this check is conducted by the Department of Family and Protective Services. Furthermore, the HR staff member advised that the FACT/Rap Back system alerts the agency if an employee or contractor is taken into custody anywhere in the United States, and that a criminal background check is again run on all security staff when they're up for recertification through TJJJ every two years, with contractors being re-run at least every 5 years.

115.317 (e):

The agency's PREA policy on page 4 explains that the Fingerprint-based Applicant Clearinghouse of TX (FACT) service utilizes the DPS and FBI database and that background checks using the Fingerprint Applicants Services of TX (FAST) system will be conducted at least every 5 years on employees, contractors, interns, and volunteers. Additionally, it should be noted that the agency's PREA policy also indicates that the child abuse registry check will be conducted every 5 years from the initial registry check or upon an employee promoting. Additionally, TAC 344.300 requires the agency to conduct a criminal history check before any individual pursuant to TAC 344.300 begins employment or service provision:

- the department or facility must ensure the individual has electronically submitted fingerprints using Fingerprint Applicant Services of Texas (FAST) and verify that the department is able to subscribe to the individual's Fingerprint-Based Applicant Clearinghouse of Texas (FACT) record;
 - the department must subscribe to that individual's record in FACT; and
 - the department must use the information in FACT to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.
 - The department must maintain a FACT subscription for each individual in a position requiring a criminal history check for as long as the individual remains in such a position. This requirement applies regardless of the date employment or service provision began.
- Additionally, TAC Chapter 344.400 requires all juvenile justice entities who employ certified JSOs and JPOs to comply with the following standard provisions:

- If a department receives notification of an arrest for potentially disqualifying criminal conduct of a person hired in the capacity of a certified officer, the department must notify TJJJ's certification office in writing of the alleged offense no later than 10 calendar days after receiving notice of the arrest.
- If a department receives notification of a conviction for disqualifying criminal conduct of a person hired in the capacity of a certified officer, the department must notify TJJJ's certification office in writing of the offense no later than 10 calendar days after receiving notice of the conviction.

The auditor interviewed a HR staff member who advised that the agency performs criminal record background checks for all employees, contractors, volunteers, and interns before they are hired or begin services, and the checks are conducted through a subscription service that provides for the State (TX) and national (FBI) criminal history for each employee- Rap Back system (*new system replacing the FAST subscription service). She also explained that a child abuse registry check is also conducted for each employee, contractor, volunteer, and intern who may have contact with residents, and that this check is conducted by the Department of Family and Protective Services. Furthermore, the HR staff member advised that the subscription service alerts the agency if an employee or contractor is taken into custody anywhere in the United States, and that a criminal background check is again run on all security staff when they're up for recertification through TJJJ every two years, with contractors/volunteers/interns being re-run at least every 5 years.

115.317 (f-g):

The agency's PREA policy includes on pages 4 and 5 the language verbatim to both PREA provisions (f) and (g), and the agency also provided the auditor with their "Acknowledgment and Ongoing Duty to Disclose PREA Employment Standard Violations" form in order to demonstrate the agency's practice of ensuring the requirements of this provision are adhered to. This form includes questions related to the requirements of this provision and states, "employees must respond to the questions and acknowledge their ongoing duty to report any conduct that would result in an affirmative answer to the questions on the form." It is described that the form must be completed during the hiring process and annually during the performance evaluation process, and that the original form is maintained in the employee's personnel file (*NOTE: For individuals who are interviewed and not hired, the original form is maintained with the selection and hiring packet).

The auditor also interviewed the HR staff member who advised that the self-reporting form is completed during the hiring process and annually before employee appraisals are completed.

The auditor reviewed 15 randomly selected employee files, and each file included the required self-evaluation form completed by staff when hired and each year thereafter, with this form being completed the month before employee appraisals are conducted. It should be noted that this form is titled: "Acknowledgment and Ongoing Duty to Disclose PREA Employment Standards Violation."

115.317 (h):

The agency's PREA policy includes the required provision language on page 5. Additionally, the auditor interviewed the one of the agency's HR staff and the PREA Coordinator (PC) who advised that for a substantiated allegation of sexual abuse or sexual harassment the

employee would be fired and notification sent to TJJJ, which would result in loss of certification to work as an officer. However, if in the meantime, that officer applies somewhere and that agency conducts a reference check with our department, the HR Coordinator will notify the Director. The Tarrant County's HR Coordinator advised that she notifies the Director of TCJS for a reference check on any termination due to a "finding" from an allegation, and she also explained that an officer was fired this year due to a physical abuse allegation and later applied for a non-certified position and the Director was then notified.

Conclusion:

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a-b): The agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last audit. Additionally, the agency has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Deputy Director of the agency (Agency Head Designee) confirmed during his interview that the agency has not renovated, modified, or expanded any part of the facility since the last PREA audit. Additionally, the DD also advised the auditor that there have not been any installation or updates made to the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>During the onsite audit phase, the auditor did not observe any newly built construction or notice any recently installed video monitoring equipment.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Tarrant County Sheriff's Office (TCSO/TCSD) Agreement with TCJS - International Association for Identification (IAI) website - MOU between TCJS and John Peter Smith Hospital (JPSH) - MOU between TCJS and Women's Center of Tarrant County (TWC) - TX State Board of Examiners of Psychologists Certifications for: Dr. William Menchaca, Psy. D. and Dr. Jennifer Farnum, Psy. D. - Texas Administrative Code (TAC) 358.300 & 358.400 - TCJS Institutional Response Team Protocol for Sexual Assault - Supervisor Checklist for Allegations of Sexual Abuse/Sexual Harassment - Most recent Coordinated Response Team Meeting Agenda - First Responder's & Operations Manager Checklist - TCJS PREA Incident Response Plan (Diagram) - Tarrant County Juvenile Services (TCJS) Internal Investigation Final Report <p>Interviews:</p> <ul style="list-style-type: none"> - Randomly selected security staff (13 total) - Two residents who reported prior sexual abuse that occurred outside the facility <p>Explanation of determination:</p> <p>115.321 (a-b):</p> <p>As indicated in the agency's PREA policy on pages 10 and 15, "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 (for the administrative investigation) and will be reported to the Tarrant County Sherriff's Department (TCSD) for criminal investigation; and, "upon receiving any allegation of sexual abuse or sexual harassment, the Facility Administrator or designee shall report the allegation to the TCSD, TJJD, and the alleged victims parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified." Additionally, the agency included an agreement between TCJS and TCSD that outlines the TCSD's responsibilities in conducting a criminal investigation. One important excerpt from the agreement to note is that the TCSD explains that they have a fulltime crime scene unit that investigates all sexual assault cases, and that the TCSD's investigators follow the protocol from the International Association for Identification (IAI). Upon the auditor reviewing the website for the IAI, it should be noted that this organization follows the recognizes the following forensic disciplines: Biometric Information Services, Bloodstain Pattern Identification, Crime Scene Forensic Art, Forensic Photography and Electronic Digital Imaging, General Forensic Disciplines, Latent Prints, and Tenprint Fingerprint. It is important to point out that the IAI disciplines follow a uniform evidence protocol that maximize the potential for obtaining usable physical evidence for both an</p>

administrative and criminal investigation. In addition, the IAI protocols provide for the comprehensive and authoritative protocols pursuant to this provision and were developed after 2011.

Furthermore, it should be noted that the agency is required to adhere to the following TAC Standard, §358.300:

Duty to Report.

An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJJ and local law enforcement if he/she:

- witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or
- has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

Sexual Abuse or Serious Physical Abuse.

- Time Frames for Reporting.
- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.

And, Chapter §358.400 (Investigation Requirement):

In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation. The internal investigation must be initiated immediately upon the chief administrative officer or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.

The agency also provided the auditor with their TCJS Institutional Response Team Protocol for Sexual Assault, which outlines a coordinated response and uniformed evidence protocol for responding to an incident of sexual abuse or sexual assault in the facility. The procedures involved include, but are not limited to: immediately separating the victim and preparator; making the required contacts to law enforcement (within one hour), TJJJ (within 4 hours), Operation Managers, FA, PREA Coordinator, nurse on-duty or on-call; advising perp and victim to not do anything that could damage or destroy physical evidence pursuant to this Standard; remove all residents in the area and secure the scene for evidence collection by law enforcement; and contacting MHP, victim advocates, SANE, etc. The FA and PC advised the auditor on a signed memo and over the phone that the facility utilizes the TCSD for forensic and evidence collection, and that the TCJS is not responsible for evidence collection. TCJS's role in such a situation is to preserve and protect but not collect evidence. The only time the TCJDC will collect evidence, per the FA and PC, is if instructed by law enforcement to do so. As explained earlier in this provision's explanation for determination, the TCSD utilizes the IAI evidence collection protocols that are compliant to the requirements of this PREA Standard.

Therefore, the auditor determined that the TCJS, in collaboration with the TCSD, utilizes an evidence protocol that is compliant with the requirements of this Standard. The facilities evidence protocol also includes a Supervisor Checklist for Allegations of Sexual Abuse/Sexual Harassment. This form includes actions that first responders are required to take, spaces for the first responder to check off when each action is completed, and a section for documenting the medical and mental health staff notified (name, time, and date). Additionally, the agency exceeds the requirements of this standard by conducted Coordinated Response Team meetings twice a year, regardless of if a sexual abuse occurred in the facility or not. The last meeting's agenda was provided to the auditor and includes covering a list of contractors, volunteers, and interns that are due for PREA training; a review of PREA Policies, a review of Behavior Screening practices and policy, and questions for staff and residents. The agency's protocols also include a checklist for first responders and Operation Managers, which includes: a checklist similar to the Supervisor's Checklist outlines above, documentation required following an incident report, and witness statements protocols. Lastly, the protocols include a PREA Incident Response Plan diagram that outlines the responsibilities of staff to ensure the victim is safe and proper protocols are followed when responding to an incident or report of sexual abuse.

The auditor interviewed 13 randomly selected security staff, and each staff member was able to clearly articulate the agency's protocols for obtaining usable physical evidence- which includes procedures to separate the alleged victim and perpetrator; preserve and protect the scene; advise the victim and perpetrator to not do anything that could destroy physical evidence; and report to a detention supervisor, TCSD, TJJD, and medical and mental health staff as appropriate. Additionally, each of the 13 staff were able to adequately explain who is responsible for conducting both the administrative and criminal investigations (administrative- PREA Coordinator / criminal- TCSD).

The agency provided the auditor with their last investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not even available for juvenile facilities at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report. The report is broken into six sections, and includes the following:

- allegation statement;
 - actions taken;
 - investigation conducted (also including the interview with the alleged perpetrator, relevant witnesses, and alleged victim);
 - further action taken in the process of the investigation; and
 - list of supplemental attachments (i.e., incident reports, Supervisor's First Notification of Allegation form, Employee Statement of Discovery, TJJD Incident Report form, Request for Medical Assessment completed by the nurse, Medical Diagnosis and Treatment Form completed by the agency's Medical Doctor, Letter of Administrative Leave for the alleged perpetrator, Juvenile Detention Center Staff Schedule, and Special Room Observation Forms.
- It should be noted that the facility took immediate action to protect the resident and initiate an investigation after the initial report of sexual abuse was made. The report was made, and less than one hour the TCSD was notified and provided a badge number of the officer who took the report and case number. TJJD was then notified within four hours of the initial report, and the alleged victim's parent was notified within three hours. The administrative investigation

then began on the same day of the report. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written statement.

115.321 (c):

The agency's PREA policy on page 17 explains that residents will have access to the SANE nurse at John Peter Smith Hospital (JPSH), and the SANE nurse will respond to the hospital to provide emotional support services and resources for legal representation. This policy also states that the treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation arising from the incident. Additionally, the agency provided the auditor with a MOU between TCJS and JPSH. The purpose of this MOU is to provide residents of Tarrant County Juvenile Detention Facility (TCJDF) who have experienced sexual assault or sexual abuse while in the facility access to forensic medical exams where evidentiarily or medical appropriate, pursuant to PREA. The MOU states that the TCJS shall offer any resident who experience sexual assault access to forensic medical examinations at an outside facility (JPSH) without financial cost where evidentiarily or medical appropriate, that the JPSH shall provide SANE/SAFE exams at no cost to the victim, and make available such exams 24 hours a day 7 days a week. Furthermore, the agency provided the auditor with an agreement between the TCSO and TCJS that outlines the Sherriff's Department's responsibility as it relates to being notified of a sexual abuse or sexual harassment allegation/incident. The agreement explains that the TCSO works closely with Alliance for Children, all sexual assault cases involving juveniles are conducted either at Cooks Children's Hospital or John Peter Smith Hospital by specially trained SANE exam medical professionals, and that the SANE exams are billed to Tarrant County and then reimbursement is sought through the State of Texas. The agency indicated in the PAQ that they have had zero exams performed by SANES/SAFEs or a qualified medical practitioner during the past 12 months.

The auditor interviewed a SANE/SAFE nurse that TCJS contracts with from JPS Hospital, and the SANE advised that she is the SANE Program Coordinator for the hospital. The SANE nurse explained that if a child is referred for a SANE/SAFE examination that is 10 or 11 years of age, these children are referred to a children's hospital that specializes in adolescents. For all other youth, ages 12-17, these youth are referred to JPS. The SANE nurse also advised that a SANE/SAFE nurse is available 24 hours a day 7 days a week; although, as far as she is aware the facility has never referred a resident due to an allegation of sexual abuse that occurred in the facility. The SANE nurse explained that there are 10 SANE/SAFE nurses available and each nurse is certified through the Texas Attorney General's Office.

115.321 (d-e):

Per the agency's PREA policy on page 17, the facility shall provide residents with access to outside victim advocates for additional emotional support services related to sexual abuse. Additionally, the MOU with JPSH states that TCJS is required to provide a victim advocate from the Women's Center of Tarrant County, and the MOU with the Women's Center outlines the same requirements. The MOU with the Women's Center indicates that the purpose of the MOU is to provide residents of TCJDF, who have experienced sexual assault or sexual abuse while in the facility, access to a victim advocate from the Women's Center (TWC), pursuant to PREA. One responsibility of the TWC that is included in the MOU is for an advocate from the

TWC to accompany and support the victim through forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The MOU was signed effective on 3/22/2018.

Furthermore, the agency employs two Board Certified Psychologist that are available to residents in the TCJDF if a rape crisis center is not available to provide victim advocate services. The agency provided in the PAQ the Texas State Board of Examiners of Psychologists Certifications for the two Doctors of Psychology, and the certifications were verified by the auditor to be current and provides for sufficient evidence to meet the provision criteria of a qualified agency staff member. Additionally, the agency provided the auditor with an agreement between the TCSO and TCJS that outlines the Sherriff's Department's responsibility as it relates to PREA. The agreement confirms that the TCSO has a fulltime victim advocate who is a licensed social worker and an expert in victim's compensation and counseling, and that the TCSO works closely with rape crises of Tarrant County. The agreement also advises that the TCSO Victim's Assistance employee responds to the hospital on sexual assaults to begin the relationship of support and accompanies the victim through the medical and legal process.

The auditor interviewed the Program Director of the Women's Center (TWC), and she advised that TWC has an active MOU with TCJS that is renewed every two years. The Program Director explained that her agency provides a comprehensive response to a victim of sexual abuse who is referred for advocacy services, such as: providing a 24/7 crisis line and victim advocate accompaniment to forensic examinations (JPS for SANE/SAFE), line-ups, and other investigative steps. The TWC also includes 10 Master level therapist for victim mental health services, makes referrals to outside services as needed, provides at least six individual counseling sessions, and provides for a 30 minute response time after being notified of a victim of sexual abuse.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

115.321 (f):

The agreement between TCSO and TCJS outlines that the Sheriff's Department agrees to follow the protocols set forth in this PREA standard (115.321 a-e) when conducting a criminal investigation.

115.321 (g):

N/A. The auditor is not required to audit this provision.

115.321 (h):

Per the information provided to the auditor pursuant to this standard, TCJS does not utilize a qualified agency staff member or a qualified community-based staff member for conducting sexual assault and forensic examinations. As noted previously in subsection (c) of this standard explanation, the agency's PREA policy on page 17 explains that residents will have access to the SANE nurse at John Peter Smith Hospital (JPSH). Additionally, the agency provided the auditor with a MOU between TCJS and JPSH. The purpose of this MOU is to provide residents of Tarrant County Juvenile Detention Facility (TCJDF) who have experienced sexual assault or sexual abuse while in the facility access to forensic medical exams where evidentiarily or medical appropriate, pursuant to PREA. Furthermore, the agency provided the auditor with an agreement between the TCISO and TCJS that outlines the Sheriff's Department's responsibility as it relates to PREA. The agreement explains that the TCISO works closely with Alliance for Children and all sexual assault cases involving juveniles are conducted either at Cooks Children's Hospital or John Peter Smith Hospital by specially trained SANE exam medical professionals.

Conclusion:

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

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Agency PREA Policy
- Texas Administrative Code (TAC) 358.300 & 358.400
- Tarrant County Juvenile Services (TCJS) Internal Investigation Final Report

Interviews:

- Deputy Director (DD)- Agency Head Designee
- PREA Coordinator (PC)
- Investigative Staff (recently trained as an administrative investigator)
- Randomly selected security staff (total of 13)
- Facility Administrator (FA)

Explanation of determination:

115.322 (a-c):

The agency's PREA Policy on page 16 explains that upon the agency receiving any allegation of sexual abuse or sexual harassment, the Facility Administrator or designee shall report the allegation to the Tarrant County Sheriff's Department (TCSD), Texas Juvenile Justice Department (TJJD), and the alleged victim's parents or guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. The PREA Policy also outlines that all allegations of sexual abuse and sexual harassment will require an administrative investigation to be conducted by the PREA Coordinator or a criminal investigation to be conducted by the TCSD and/or TJJD for all allegations of sexual abuse and sexual harassment. Furthermore, the same agency policy on page 18 describes that the agency is responsible for conducting internal (administrative) investigations of sexual abuse and will follow the protocol pursuant to standard 115.321 (b). The agency also includes procedures for an administrative investigation on page 19 that explains 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. The agency reported in the PAQ that they've had zero allegation of sexual abuse or sexual harassment; therefore, no such administrative or criminal investigations were completed. Furthermore, the following excerpt was extracted directly from the agency's website: "Any report of sexual abuse or sexual harassment alleged to have occurred within the facility will be investigated to the fullest extent by the Facility Administrator or designee and will be reported to the Tarrant County Sheriff's Department for a possible criminal investigation and prosecution (website address: <http://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html>). It should also be noted that the agency's entire PREA policy is easily accessible on their county website, which on pages 20-21 of the policy the TCSD's responsibilities for conducting a criminal investigation are outlined. Additionally, the agency's PREA policy on page 19 explains that administrative investigations shall be documented on the TJJD incident report form, and the report shall include:

- Description of the physical and testimonial evidence;
- The reasoning behind credibility assessments; and
- Investigative facts and findings.

Furthermore, on page 20 of the agency's PREA policy it is explained that 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. This final criminal investigation report is to be provided to TCJS upon completion. The auditor reviewed the TJJJ Internal Investigation Report Form that is available online to ensure all the requirements of documentation pursuant to the two applicable PREA standards (115.322 and 115.371) are included on the form. Upon review, the auditor determined that this reporting form includes all the PREA requirements, plus provides for a TJJJ Case Number and a County Case ID number; a requirement to document on the report if during the internal investigation the subject of the investigation resigns or is terminated from employment (TJJJ must be notified within 2 business days after the resignation or termination); a section to add relevant policy and procedure related to the alleged incident; assigned disposition; parent/guardian notification, any additional information that the investigator thinks is pertinent to the investigation that has not already been detailed; and printed name and signature of investigator completing the report.

As noted in subsection 115.321 (a) of this report, the agency is required to adhere to the following TAC Standard, §358.300:

Duty to Report.

An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJJ and local law enforcement if he/she:

- witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or
- has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

Sexual Abuse or Serious Physical Abuse.

- Time Frames for Reporting.
- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.

And, Chapter §358.400 (Investigation Requirement):

In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation. The internal investigation must be initiated immediately upon the chief administrative officer or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or

facility.

The auditor interviewed the Deputy Director for TCJS (Agency Head Designee) who indicated that the TCSD conducts all criminal investigations for the Department and that the PREA Coordinator (PC) conducts all administrative investigations.

One of the newly trained administrative investigators for the Department was interviewed by the auditor, and she confirmed that the PC is the main staff member responsible for all administrative investigations and that the TCSD conducts all criminal investigations.

Additionally, the FA for the Department, the PC, and the 13 randomly selected security staff interviewed all acknowledged that the same- that the TCSD conducts all criminal and the PC conducts all administrative investigations.

The FA advised that all abuse, neglect, and exploitation (including sexual abuse and sexual harassment) investigations are documented on internal investigative forms (Incident Reports and statement forms) and on the TJJD Internal Investigation Report form.

The agency provided the auditor with their last investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not even available for juvenile facilities at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report. The report is broken into six sections, and includes the following:

- allegation statement;
 - actions taken;
 - investigation conducted (also including the interview with the alleged perpetrator, relevant witnesses, and alleged victim);
 - further action taken in the process of the investigation; and
 - list of supplemental attachments (i.e., incident reports, Supervisor's First Notification of Allegation form, Employee Statement of Discovery, TJJD Incident Report form, Request for Medical Assessment completed by the nurse, Medical Diagnosis and Treatment Form completed by the agency's Medical Doctor, Letter of Administrative Leave for the alleged perpetrator, Juvenile Detention Center Staff Schedule, and Special Room Observation Forms.
- It should be noted that the facility took immediate action to protect the resident and initiate an investigation after the initial report of sexual abuse was made. The report was made, and less than one hour the TCSD was notified and provided a badge number of the officer who took the report and case number. TJJD was then notified within four hours of the initial report, and the alleged victim's parent was notified within three hours. The administrative investigation then began on the same day of the report. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written statement.

115.322 (d-e):

N/A. The auditor is not required to audit these provision.

Conclusion:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - PREA Booster Training Material (PowerPoint presentation) - TCJS PREA Training Dates sheet - TCJS PREA Refresher Training Dates sheet - TCJS Training Verification Form - TCJS PREA Booster Training Sign-in sheets - TAC 344.622 <p>Interviews:</p> <ul style="list-style-type: none"> - Random sample of security staff (13 total) - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.331 (a): Per the agency's PREA policy on page 6, prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, and interns who have contact with residents will be trained on the element training elements of this provision. Additionally, the agency provided the auditor with a document that lists out all the PREA related trainings the agency provided to their staff since their last PREA audit in 2016. Upon the auditors review of this training document, the auditor was able to decipher that the agency provided a total of 21 trainings since 2016 related to PREA and that a PREA Booster is provided at least annually. The agency also provided the auditor with their PREA training curriculum (PowerPoint presentation) that includes 26 total slides covering each of the 11 required training elements of this provision.</p> <p>In addition, it is important to note that TAC Chapter 344.622 requires all new county employees seeking certification as a Juvenile Supervision Officer (JSO) to successfully complete a list of mandatory topics before a JSO may provide supervision of residents and count in any staff-to-resident ratios, including PREA, and a competency exam before performing the duties of a certified officer and for certification. The required topics are listed below:</p> <p>In addition to the training requirements listed in §344.624 of this title, successful completion of the certification exam is required before a juvenile supervision officer may provide supervision of juveniles and count in any staff-to-juvenile ratio. The certification exam for juvenile supervision officers is based on the following mandatory training topics:</p> <p>(1) juvenile rights;</p>

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

The auditor interviewed 13 randomly selected security staff (JSOs) who all indicated that each of the eleven PREA training topics pursuant to this provision were provided in their initial PREA training and in annual refresher PREA trainings provided. Staff were able to clearly articulate each topic and provided the auditor with examples of training topics presented (i.e., staff positioning when supervising residents; required ratios; remain on camera; be professional and respectful to all residents including LGBTI; zero tolerance on sexual abuse and sexual harassment; methods of reporting- TJJJ Hotline, grievance, privately to a trusted adult, etc.; PREA orientation and education provided to residents; first responder duties- separating victim from perp was described as the very first step; ensuring safety for all and picking up on red flag indicators of abuse- anxiety, depression, self-harm, etc.; always work with a partner; methods for staff to report to law enforcement, TJJJ, and supervisors; no consent in detention; etc.).

The auditor also reviewed 15 training files of staff while onsite, including 12 security staff, 2 medical staff, and 1 kitchen staff. Out of the 15 employee training files reviewed, two full-time employees did not receive formal PREA training in 2017. However, it should be noted that both employees received PREA Training in 2016, 2018, and 2019, as verified by the auditor through review of sign-in sheets and training verification forms. The PC explained to the auditor that all employees are provided access through a personal account to all departmental policies, to include PREA policies, through the department's Share Point system. The auditor determined that the two staff who did not attend the PREA refresher training in 2017 were provided access to sexual abuse and sexual harassment policies related to PREA pursuant to this corresponding provision. Thus, all files demonstrated that all staff were provided the required PREA training pursuant to Standard 115.331.

Furthermore, the auditor was able to verify through a review of sign-in sheets and a representative sample of training verification forms that in 2019, all Tarrant County Juvenile Services employees, to include certified and non-certified staff, received PREA Training. In addition, the PC provided the auditor with a memo that outlines additional measures the agency is taking to ensure compliance with this standard, which includes:

- All facility employees will be expected to attend PREA Refresher Training every two years.
- In the month prior to PREA Refresher Training, a list of current employees will be requested from the Human Resource Coordinator and employee names will be matched to the sign-in sheets.
- If needed, an additional PREA session will be conducted to ensure employees receive the

training.

- The department will continue to make PREA policies available to all employees through the Share Point system.

115.331 (b):

This PREA provision is included verbatim in the agency's PREA policy on pages 6-7.

Additionally, the PREA training list that was provided to the auditor adequately demonstrates that staff were trained on the following topics related to the requirements of this provision:

Reaching Teens, Gender Responsive Training, Cultural Equity & Gender and Sexuality, Stewards of Children, and Male Survivors of Sexual Assault & Evaluating Sexual Assault on LGBTQ+ Members.

Lastly, TCJS only operates one facility, the Lynn W. Ross Juvenile Detention Center; therefore, no staff member is able to be re-assigned to another facility.

115.331 (c):

The language of this PREA standard is explicitly documented in the agency's PREA policy on pages 6-7, and the PREA Coordinator advised in the PAQ that annual PREA Boosters (refreshers) are provided to all detention staff, as well as all other staff in the Department. Furthermore, the agency demonstrated that each staff member received the PREA refresher by providing the auditor with training sign-in sheets and a list of the PREA refreshers (Boosters) that were provided to staff since 2017 (with a refresher being provided in 2017, 2018, and 2019).

The auditor also reviewed 15 training files of staff while onsite, including 12 security staff, 2 medical staff, and 1 kitchen staff. Out of the 15 employee training files reviewed, two full-time employees did not receive formal PREA training in 2017. However, it should be noted that both employees received PREA Training in 2016, 2018, and 2019, as verified by the auditor through review of sign-in sheets and training verification forms. The PC explained to the auditor that all employees are provided access through a personal account to all departmental policies, to include PREA policies, through the department's Share Point system. The auditor determined that the two staff who did not attend the PREA refresher training in 2017 were provided access to sexual abuse and sexual harassment policies related to PREA pursuant to this corresponding provision. Thus, all files demonstrated that all staff were provided the required PREA training pursuant to Standard 115.331.

Furthermore, the auditor was able to verify through a review of sign-in sheets and a representative sample of training verification forms that in 2019, all Tarrant County Juvenile Services employees, to include certified and non-certified staff, received PREA Training annually since 2016. In addition, the PC provided the auditor with a memo that outlines additional measures the agency is taking to ensure compliance with this standard, which includes:

- All facility employees will be expected to attend PREA Refresher Training every two years.
- In the month prior to PREA Refresher Training, a list of current employees will be requested from the Human Resource Coordinator and employee names will be matched to the sign-in sheets.
- If needed, an additional PREA session will be conducted to ensure employees receive the training.

- The department will continue to make PREA policies available to all employees through the Share Point system.

115.331 (d):

TCJS utilizes a sign-in sheet for each training provided and a training verification form that includes a certification statement of understanding, with the employees signature. It is important to note that the agency's Training Verification Form also includes: employees name, unit, training type, course title, instructor/provider, training dates, location, course description, course applicability to role (which includes a section for staff to identify at least one thing that resonated with the participate from the training and how it can be applied to their current role), and a certification of understanding statement.

*Refer to provision explanation (a) for additional explanation of compliance for this provision.

Conclusion:

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

115.332 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- Agency PREA Policy
- PREA Training Verification Forms
- Abuse, Neglect, and Exploitation PowerPoint Handout
- TCJS PREA Online Video (YouTube) for Volunteers and Contractors
- PREA Booster Presentation

Interviews:

- Religious Services Contractor
- Volunteer

Explanation of determination:

115.332 (a-b):

Per the agency's PREA policy on page 6, prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, and interns who have contact with residents will be trained on the element training elements of this provision. The agency provided the auditor the training curriculum they provide all contractors and volunteers who may have contact with residents, which includes: Abuse, Neglect, and Exploitation PowerPoint Handout and Slide Presentation (20 slides), PREA Online Training Video for Volunteers and Contractors (<https://youtu.be/Z3c7ktkV4d8>), and a PREA Booster Presentation (24 slides). The agency reported in the PAQ that 68 volunteers and contractors who may have contact with residents were trained, at a minimum, on the TCJS's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Upon review of the agency's PREA Training Video and associated training presentation materials, the auditor was able to clearly determine that all the requirements to this provision are included in the trainings and the training significantly meets, if not exceeds, their level of service provided to the agency.

The auditor interviewed one of the agency's contractors for religious services that advised he received PREA training that included topics related to his responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. He further explained how he is required to report and knowledge or suspicion of sexual abuse or sexual harassment and to whom to report to, including supervisors, PC, law enforcement, and TJJD.

The auditor reviewed PREA training files that included PREA Training Verification forms for the agency's contracted Chaplin and five volunteers that provide religious services, and each training verification form indicates that the required PREA training was provided.

The auditor interviewed the agency's contracted Chaplin, and he advised that he attended the PREA training that is provided to all Tarrant County JDC staff in September of this year. The

Chaplin also advised that he and his group of religious volunteers all are required to complete PREA training at least annually, and that for his volunteers the initial PREA training is completed onsite at the facility and the supplement refreshers are completed online.

A religious volunteer for the Department was interviewed, and she informed the auditor that she last completed a PREA refresher training class in September of this year, which included her responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Additionally, this volunteer explained that she and other volunteers receive PREA training regularly that covers the agency's zero tolerance policy, resident and employees rights, the dynamics of sexual abuse in detention (cameras, line of sight, ratios, etc.), how to properly respond to a situation when a child is at risk, how to avoid inappropriate relationships, how to communicate with LGBTI residents, reporting duties and protocols, and no age of consent. The volunteer advised the auditor how she would report an outcry or knowledge of a child being sexually abuse or sexually harassed by immediately contacting the Assistant Facility Administrator, Facility Administrator, or a supervisor on-shift.

115.332 (c):

The agency provided the auditor with their PREA Training Verification Form for contractors and volunteers that includes a section for the participate to sign that they certify and understand all the training material provided. The form also notes that a signed copy must be maintained by TCJS and a copy is retained by the participant. In order to verify compliance with this provision, the auditor was provided the contracted Chaplin's and five randomly selected volunteers PREA Training Verification forms, and each form clearly indicates that volunteers and contractors have received the required PREA training.

Conclusion:

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

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Detention Center Orientation - Comprehensive PREA Resident Education 115.333 (b) Verification Forms and Sign-In Sheets - Memo providing Information on Interpreter Services (LEP)- services providers, one for Spanish only and one for all other languages - Interpretation Services for the Deaf and Hearing Impaired (Contract signed by Tarrant County Commissioner's Court) - Spanish PREA Video - Resident documentation of watching the PREA video for the month of September 2018 - Pictures of PREA signage (PREA "End the Silence" Posters in Spanish and English) - TCJS Facilitator's Guide for Resident Orientation Video "Safeguarding Your Sexual Safety" (Comprehensive PREA) - Resident Orientation Handout form - TCJS Comprehensive PREA Resident Education 115.333 (b) Training Verification Form <p>Interviews:</p> <ul style="list-style-type: none"> - Resident interviews (11 random and 5 targeted) - Deputy Director (Agency Head Designee) <p>Site Review Observations:</p> <p>The auditor verified the facility's practice of providing detention intake PREA orientation and allowing residents to keep this material in their room door bags by randomly selecting one room on each of the five housing units. The auditor was able to confirm that the orientation paperwork (that includes PREA orientation) was in fact in each of the corresponding resident's bags. Additionally, the auditor observed a resident being provided the PREA Orientation during the intake process, and the agency was able to sufficiently demonstrate how residents are informed of the PREA information pursuant to this PREA Standard. The auditor also observed PREA "End the Silence" posters that were posted in each housing unit, each dayroom, facility kitchen, each classroom, nursing station, visitation area, intake, and the visitation waiting area. This poster includes the following statement, "This facility has a zero tolerance policy regarding sexual abuse and sexual harassment of youth. To report sexual abuse or sexual harassment, please tell a facility staff member or contact the Texas Juvenile Justice Department (TJJD) at 1-877-STOP-ANE (1-877-786-7263).</p> <p>Explanation of determination:</p> <p>115.333 (a): The agency's PREA policy includes the requirements of this PREA provision on pages 9-10,</p>

and the facility's Detention Center Orientation sheet also includes a comprehensive description of the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. The Policy addresses that the detention PREA orientation will be age-appropriate and provided during the intake process, which is completed on the first day a child is admitted into the facility. Upon review of the Detention Orientation sheet provided by the agency, the auditor was able to verify that all the PREA related information on the sheet is age appropriate for juveniles (10-17 years of age). The Orientation sheet not only includes the requirements pursuant to this standard, it also provides residents with helpful information to minimize risk of becoming a victim of sexual assault, abuse or harassment; definitions of different types of abuse and harassment (including sexual abuse and sexual harassment); confidentiality rights; expected behavior; and a list of several basis rights residents have in the detention center. Furthermore, this form also includes a signature page that the juvenile signs, dates, and records the time acknowledging receipt and understanding of the information, as well as a space for the staff member who provided the intake information to sign, date, and record the time. The agency documented in the PAQ that they provided 1,650 residents this PREA information at the time of their intake in the past 12 months.

Additionally, the auditor observed a resident being provided the PREA Orientation during the intake process, and the agency was able to sufficiently demonstrate how residents are informed of the PREA information pursuant to this PREA Standard.

The auditor conducted interviews with a total of 16 residents, with 11 of these residents selected at random (remaining 5 were targeted). The majority of the residents (12) informed the auditor that they received PREA orientation during the intake process and signed the orientation paperwork. The residents also explained that this orientation paperwork, the grievance paperwork, and other detention related forms are allowed to be kept in a bag that is connected to their room doors. The auditor verified this by randomly selecting one room on each of the five housing units and confirmed that the orientation paperwork (that includes PREA orientation) was in fact in the corresponding resident's bag. Due to four residents informing the auditor that they did not remember receiving any PREA related material during the initial intake process, the auditor requested the PC provide the signed orientation forms for each of the four residents plus four other residents that were interviewed. These forms were provided to the auditor, and the auditor verified that each form was signed by the resident and staff member who conducted the orientation and dated within 72 hours from when they were admitted into the facility. The auditor determined that this verification process sufficiently demonstrates that the PREA orientation material was provided to each resident who stated that they did not remember such material being provided. Additionally, it should be noted that all residents interviewed were able to clearly articulate that PREA education was provided to them through the PREA video that is provided to each resident every weekend. Each resident was also able to indicate multiple ways to report sexual abuse and sexual harassment, as well as their right to be free from sexual abuse, sexual harassment, retaliation for reporting, and staff neglect.

The auditor interviewed an intake staff member who advised that all residents are provided PREA information about the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse and sexual harassment during the intake process. She explained that this information is provided within a few hours after they are admitted into the facility

(usually within one hour from the time a decision is made to detain the child). The orientation process was described to include a review of the Detention Orientation form, followed by both the staff and the resident signing and dating the form. The resident is then allowed to take the form to his/her room- to be placed in their bag that is attached to their door. The Intake Officer advised that the Detention Orientation forms also include the facility's grievance procedures, resident-initiated separation procedures, the resident's rights, and the required PREA information. The Intake Officer explained further that all residents, regardless of transfer or not, are processed in the same way and provided this information as indicated above.

Additionally, the auditor randomly selected 18 resident detention files to verify PREA compliance, and each of the 18 files reviewed (100%) included the signed Detention Orientation forms (that includes PREA information required pursuant to this Standard) and proved that the PREA Orientation was provided within 72 hours of the juvenile being admitted into detention. Furthermore, it should be noted that the agency substantially exceeded the 72 hours requirement of this provision by 48 hours for each of the 18 Detention Orientation forms reviewed (each was completed on the same day as when the child was admitted- within a few hours).

115.333 (b):

The PC and FA advised the auditor that the comprehensive PREA education pursuant to this provision is provided to each resident in the facility on the weekend, either on Saturdays or Sundays. The PC provided the auditor with the sign-in sheet used for the comprehensive PREA education, which includes the date conducted, detention resident name, and signature. In addition, the agency also has all residents who participate in the educational training to sign a "Comprehensive PREA Resident Education 115.333 (b) Training Verification Form. This form includes the resident's name, course title (Comprehensive PREA Resident Orientation), a brief description, date/s attended, instructor/provider, location (Lynn W. Ross Juvenile Detention Center), and acknowledgement of understanding statement, the resident's and staff member's signature, and the date. The auditor was also provided the TCJS Facilitator's Guide for Resident Orientation Video "Safeguarding Your Sexual Safety," which is a 27 minute PREA video produced by the Texas Juvenile Justice Department (available in English and Spanish versions). Upon the auditor reviewing the video, it was clearly determined that the video includes all the requirements of this PREA standard. The video is a collaborative film starring juvenile actors and professional staff and provides a comprehensive, all-inclusive, and age-appropriate education that includes, but is not limited to, the following topics concerning sexual safety:

- What it's really like (being detained)
- Understanding Your Rights (14 basic rights)
- Zero Means Zero (safety, zero-tolerance, bullying, sexual misconduct, sexual abuse, and sexual harassment- explained by both juveniles and staff)
- Tips for Staying Safe (grooming examples and meaning, testing the limits, favors, personal space, contraband, sharing of personal info, extortion, how to dispatch help, removing the victim or perpetrator, special programs, safe environment, not being afraid to report, etc.)
- Making Reports (Don't be afraid, report, responsive, Hotline phone, grievance procedures, telling an adult the resident trusts, investigation process and timelines, speak up, etc.)
- Safety for Girls (red flags, zero-tolerance, emotional attachment, physical touch, don't get involved in girl relationships, focus on individual goals, etc.)
- Conclusion (safety is the foremost important thing, treat others with dignity and respect,

follow-rules, know boundaries, etc.).

It should be noted that the TJJJ PREA video is available online, at the following address:
<https://www.youtube.com/watch?v=kEFgjDvzBRc>.

Furthermore, the talking points guide for staff includes the materials needed for conducting the comprehensive PREA education training, opening remarks, questions and discussion topics (what are rumors/stereotypes, introduction to PREA and explain the concepts, understanding resident rights, reviewing definitions of sexual abuse and sexual harassment, ensuring safety, and making reports), and a section on summarizing the information presented, with questions and answers. The agency also provides each resident with a Resident Orientation Handout that includes topics such as: Basic Rights for All Residents, Maintaining a Safe Environment, and Steps on How to Report.

The auditor conducted interviews with a total of 16 residents, with 11 of these residents selected at random (remaining 5 were targeted). Each of the resident advised that they watched a PREA video the weekend directly after their initial detention, and that this video is offered to residents every weekend. The residents were able to clearly articulate their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, and their right to be free from being punished or retaliated against for reporting.

Additionally, the auditor randomly selected 18 resident detention files to verify PREA compliance of this provision, and each of the 18 files reviewed (100%) included the signed PREA Comprehensive Education Verification forms (that includes PREA information required pursuant to this Standard) and proved that the education was provided within 10 days of the juvenile being admitted into detention. Furthermore, it should be noted that the agency substantially exceeded the 10 day requirement by provided the comprehensive PREA education every 7 days- every weekend for all residents.

115.333 (c):

Through the methods listed above in (a) and (b), the auditor was able to verify that all residents were educated (as stated in 115.333 (b)-1) within 10 days of intake; therefore, the auditor determined that subsequent PREA education has never been required. Although, it should be noted that residents in the Tarrant County JDC are provided comprehensive PREA education every weekend, as indicated in their PREA Policy and through interviews with residents (as explained above). The auditor determined that the agency's practice of providing the PREA Comprehensive Education every weekend substantially exceeds the requirement of this provision.

115.333 (d):

The agency's PREA policy on pages 3 and 10 includes procedures for the facility to take in order to provide the required PREA comprehensive education for residents who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. The procedures include, but are not limited to, the Operations Manager (OM) or Designated Shift Supervisor (DSS) being notified of the deficiency, and the OM or DSS then notifying the Facility Administrator (FA) who will obtain 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. The Policy also explains that

interpreters will be provided via the use of the Language Line Solutions for Non-English and Non-Spanish speakers and facility staff for English and Spanish speakers. Additionally, the agency provided in the PAQ a contract that is signed by the Tarrant County Commissioner's Court that provides for interpreting services for residents who are deaf and hearing impaired. This contract includes a list of a primary, secondary, and alternative interpreting service provider that the facility may utilize if needed. Furthermore, the agency also provided the auditor with a memo explaining that they have access to utilize two interpreting services, one that interprets only for Spanish speakers and the other for all other languages. The auditor was also able to verify the agency practice of ensuring residents who are LEP are provided the required PREA information pursuant to this standard through a review of a PREA Audit Response submitted by the Deputy Assistant Director (DAD). This response includes a recent incident in which the Lynn W. Ross Juvenile Detention Center (LWRJDC) admitted a resident whose primary language is French. As noted by the DAD, to ensure the resident understood the PREA information provided, the facility provided the PREA material in English and French, utilizing the language line hotline for the French translation. These events were documented on the verification forms.

The auditor interviewed the Deputy Director of the agency (Agency Head Designee) who advised that interpreting services are available to all residents that may need such services (including Language Line, staff interpreters, written material in a variety of languages, Center for the Blind, and mental health professionals are available 24/7 to assist in any means necessary).

115.333 (e): As indicated above in (a) and (b), the agency demonstrated how they maintain documentation of resident participation in PREA education sessions by providing the auditor with Detention Orientation forms signed by residents and intake staff, Comprehensive PREA Training Verification forms for each resident, and corresponding sign-in sheets.

115.333 (f):

During the facility inspection conducted by the auditor onsite, the auditor observed PREA "End the Silence" posters that were posted in each housing unit, each dayroom, facility kitchen, each classroom, nursing station, visitation area, intake, and the visitation waiting area. This poster includes the following statement, "This facility has a zero tolerance policy regarding sexual abuse and sexual harassment of youth. To report sexual abuse or sexual harassment, please tell a facility staff member or contact the Texas Juvenile Justice Department (TJJD) at 1-877-STOP-ANE (1-877-786-7263). . Additionally, as noted above, each resident is allowed to keep the Detention Orientation material in their room door bag, and this material is also posted throughout the facility and in each housing unit. This was verified by the auditor when onsite by selecting at least one resident bag on each housing unit, in which each resident bag contains the Detention Orientation paperwork (PREA, grievance, resident-initiated separation, rights, etc.).

Conclusion:

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

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - TJJJ Investigator's Conference Schedule of Events for Investigator's Training - Investigator's Conference attendees - Training Verification Forms <p>Interviews:</p> <ul style="list-style-type: none"> - Investigative Staff <p>Explanation of determination:</p> <p>115.334 (a-c): The agency's PREA Policy on page 19 provides for the requirements of this provision that employees assigned to conduct sexual abuse investigations (administrative only- criminal are conducted by Tarrant County's Sherriff's Office) shall receive training in conducting such investigations in confinement settings. This policy also states that the training shall include the 4 elements pursuant to provision (b) of this standard. The agency was able to demonstrate that the two staff who are the agency's specialized administrative investigators received the required training by providing the auditor with the investigator's conference training schedule of events and corresponding training verifications and sign-in sheets. Upon the auditor's review of these documents, the auditor was able to determine that the training event (a two day event) included the required training topics pursuant to this standard, as well as training in conducting a quality investigation and report writing. Furthermore, the agency also provided an attendance form and training verification documents that proved the two staff members attended the specialized training.</p> <p>The agency interviewed one of the agency's recently trained administrative investigators who advised that she completed specialized investigative training in September of this year. The material she remembered being covered included: PREA Standards, report writing techniques, sexual abuse investigation protocols, warning signs, interview techniques, and interrogation strategies. The Investigator also explained that the training includes 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 or prosecution referral.</p> <p>115.334 (d): N/A. The auditor is not required to audit this provision; however, it should be noted that the agency does include this provision language in their PREA policy on page 19.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined</p>

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - PREA Training Certifications of Completions for Mental Health Practitioners (MHPs) and Medical Staff - PREA Training Boosters for MHPs and Medical Staff <p>Interviews:</p> <ul style="list-style-type: none"> - Three medical staff - One Psychologist for the Department (Mental Health Provider- MHP) <p>Explanation of determination:</p> <p>115.331 (a-c):</p> <p>The agency's PREA policy on page 7 includes the 4 PREA requirements of this provision exactly as they are written in the standard, as well as the following requirements and prohibitions for medical and mental health practitioner:</p> <ul style="list-style-type: none"> - Report as required by mandatory reporting laws sexual abuse to the local Sheriff's Department, DFPS, TJJJD, and Facility Administrator; - Inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse; - All training documentation will be maintained in the individual's personnel/training file; and - TCJS medical health staff is not authorized to conduct forensic examinations or investigations and shall cooperate with John Peter Smith Hospital and the Tarrant County Sherriff's Office with the examinations and investigation. <p>The agency indicated in the PAQ that they have 7 medical and mental health staff who worked regularly in the facility and that each have received the required training pursuant to this standard. The auditor was able to verify that each of the 7 MHPs and medical staff received the required training by reviewing each individual's training certification and/or training verification form that were provided in the PAQ. The trainings each professional completed were related to medical health care and mental health care for sexual assault victims in a confinement setting that were either provided by the PREA Resource Center or the National Institute of Corrections.</p> <p>The auditor interviewed three of the Department's fulltime medical staff who all advised that they completed PREA specialized training for medical professionals in correctional facilities online, and that they recently attended the agency's PREA training provided by the PREA Coordinator. Additionally, each medical staff explained how the specialized training included how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or</p>

suspicious of sexual abuse and sexual harassment. Each medical professional also advised the auditor that they have attended PREA refresher trainings annually with security staff for the past several years (since 2016), as applicable. Additionally, each of the medical staff advised that they do NOT conduct forensic examinations, and that such exams (SANE/SAFE) are conducted at John Peter Smith (JPS) Hospital by a licensed and certified SANE/SAFE nurse.

The agency's Lead Psychologist was also interviewed by the auditor, and she advised that she completed the specialized PREA training online and that she attends PREA refreshers every year with security staff. The Psychologist explained further that she received specialized training that included: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. She advised that she is required to report any sexual abuse or sexual harassment directly to Detention Administration and then follow all the necessary reporting protocols to law enforcement and TJJJ.

115.335 (d):

In addition to the specialized training that each of the 7 MHPs and medical staff received related to PREA, as noted above, each staff member also attended the same PREA Booster trainings that all security staff participate in annually. The PC provided the auditor with sign-in sheet and training verification forms completed by each of the MHPs and medical staff that adequately demonstrates compliance with this provision.

Conclusion:

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Behavioral Screening Policy: Intake/Admission/Release - Intake Behavioral Screening form - Behavioral Screening Reassessment form - TAC 343.414 & 343.406 <p>Interviews:</p> <ul style="list-style-type: none"> - Staff that perform screening for risk of victimization and abusiveness - Resident interviews (11 randomly selected and 5 targeted) - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>The auditor observed the intake process of a juvenile being detained and witnessed the completion of the agency's Behavioral Screen (risk screening instrument). The Behavior Screening was completed by an intake officer, and this officer asked the resident questions from the screening form that provided for answers pursuant to this PREA Standard. The officer remained objective in her approach and documented the answers the resident provided on the form. After the screening was completed, the auditor noticed that the Behavioral Screening form had two carbon copies attached to the original white form, and the officer removed the carbon copies from the original form to be provided to the mental and medical units respectfully. The auditor determined that this practice adequately demonstrated the agency's practice for referring all Behavioral Screenings to the agency's medical and mental health units. Additionally, it should be noted that the Behavioral Screening form was conducted in a confidential setting inside the intake officer's office, with no other staff or residents able to listen in on the answers provided by the resident.</p> <p>Explanation of determination:</p> <p>115.341(a):</p> <p>The agency's PREA policy states that upon intake, within 30 days and every 60 days throughout a resident's confinement, information will be obtained and used about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident through the facility objective screening instrument, follow-up questions, intake behavioral screening form, and medical health screening forms. Additionally, the agency's Behavioral Screening policy explains that within 72 hours of a resident's arrival at the facility and prior to placing a resident in a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. The agency reported in the PAQ that they had 1,112 residents who were admitted into the facility within the past 12 months whose length of stay was 72 hours or more, and all 1,112 (100%)</p>

residents were screened using the agency's Behavioral Screening tool, as indicated by the PC in the PAQ. It should also be noted that the agency's PREA policy on page 8 explains that 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. As noted in this policy, information will be gathered through staff/counselor's conversations with the residents, information provided by the probation department and/or family member, and incident reports written by the JSOs. This information, per the agency's PREA policy, will be placed in the resident's file and reported to the OM or DSS on duty. If warranted, the OM or DSS will notify the FA to determine if further action is needed. The agency also provided in the PAQ their Behavioral Screening Reassessment form, which assesses for the same elements included on the agency's behavioral screen and includes the 11 elements pursuant to 115.341 (c). In addition, the agency conducts the procedures pursuant to this PREA standard for all residents admitted into the facility, regardless of if a juvenile is transferred or not.

Furthermore, it should be noted that TAC 343.414 requires the agency to screen all residents, prior to placing into a housing unit, for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior, and that housing assignments shall be made accordingly. The Texas Juvenile Justice Department monitors each juvenile detention center in Texas annually for compliance with this TAC Standard and all other related TAC Standards.

The auditor observed the intake process of a juvenile being detained and witnessed the completion of the agency's Behavioral Screen (risk screening instrument). The Behavior Screening was completed by an intake officer, and this officer asked the residents questions from the screening form. The officer remained objective in her approach and documented the answers the resident provided on the form. After the screening was completed, the auditor noticed that the Behavioral Screening form had two carbon copies attached to the original white form, and the officer removed the carbon copies from the original form to be provided to the mental and medical units respectfully. Additionally, it should be noted that the Behavioral Screening form was conducted in a confidential setting inside the intake officer's office, with no other staff or residents able to listen in on the answers provided by the resident. The auditor also observed a form that was posted above the intake officer's desk, titled "Behavioral Screening Interview Guide for Question #6." The auditor asked the intake officer if he could have a copy of the form and it was so provided. The form includes information for how the intake officer should set the stage for asking sensitive type questions that are on the Behavioral Screen, as well as other recommended follow-up questions. The form also indicates the only two questions that are on the Behavioral Screen that can be subjectively answered by the intake officer: "Does the person's gender expression match cultural/societal expectations for that gender?" and "In your opinion, does the youth demonstrate a gender nonconforming appearance or manner?"

Additionally, the auditor interviewed a detention intake officer who stated to the auditor that the detention intake unit conducts behavioral screenings of each resident that is admitted into the facility, regardless of if transferred or a new referral, and the screening assesses each resident's risk of sexual abuse victimization or sexual abusiveness toward other residents. The intake officer advised that the screening is conducted within four hours from the time a resident is admitted into the facility, and that the screening is conducted in a confidential setting inside the intake officer's office. The intake officer also explained that a resident's risk

level is reassessed within 30 days of the child's detention by mental health services and then periodically throughout the resident's time in detention.

The auditor also interviewed a total of 16 residents (11 randomly selected and 5 targeted), and all the interviewed residents were able to affirmatively explain that when they were initially detained in the facility, they remembered being asked questions related to what is included on the agency's Behavioral Screening form related to sexual abuse history, if they identified as LGBTI, or have any disabilities. The residents advised that they were asked these questions during the intake process when they first entered the facility, and the residents who were in detention for 30 days or longer, they advised that a counselor asked these type questions again (Behavioral Screen Reassessment).

The PC documented in the PAQ that the agency admitted 1,112 residents in the past 12 months and 100% of these residents' risk levels were assessed via the agency's Behavioral Screening form. This was verified by the auditor through a comprehensive review of 18 resident files, in which all 18 (100%) included completed agency Behavioral Screening forms that were signed and dated by the resident and intake staff within 72 hours of the child being admitted into the facility. Further, it should be noted that each behavioral screen reviewed were completed on the first day the resident was admitted, within a few hours of the resident's detained time. Out of the 18 files reviewed, two of the behavioral screens indicated that the residents were potential victims of sexual abuse, and the agency demonstrated how mental health services conducted a mental health follow-up within 14 days by providing the auditor the Mental Health Crisis Referral (MHCR) Forms that were in each resident's file. Each MHCR form reflected that a referral was made to the MH services unit on the same day that the Behavioral Screen was conducted due to the resident being screened as a potential victim of sexual abuse and the subsequent follow-up meeting with the one of the licensed Psychologist for the agency. It should also be noted that none of the 18 resident behavioral screenings indicated that a resident was a potential aggressor of sexual abuse or identified as LGBTI. The auditor also reviewed the 18 resident files for applicable behavioral screening reassessments, and out of the 18 files reviewed, 7 required the reassessment due to their detention stay surpassing 30 days. The 7 reassessments were provided to the auditor and adequately demonstrated compliance with this element of this PREA provision. Furthermore, the auditor also reviewed 25 randomly selected risk screening reassessment forms from the past 12 months, and the auditor determined that each reassessment was completed at the 30 day range after the child was initially admitted into the facility.

115.341 (b):

The agency provided the auditor with their Intake Behavioral Screening form that includes questions pursuant to 115.341 (c). The screening form was identified by the auditor to be an objective tool that allows for staff to ask specific questions related to this standard and document the residents responses to each question on the form. Additionally, the PC advised the auditor that all intake staff are trained to conduct the screening pursuant to the associated PREA requirements (while ensuring objectivity), and the training curriculum was also provided to the auditor. The training curriculum includes the following topics relevant to this provision:

- Behavioral Screen Interview Guide for Question #6 (setting the stage for questions, recommended follow-up questions, and the two subjective questions for interviewer)
- Policy Review

- Goal of Behavioral Screening
- The PREA required information that must be taken into consideration (1-13)
- Information obtained directly from youth
- Other documents to review
- Confidentiality (with sound separation)
- Sensitive information must not be exploited
- Updates to the Behavioral Screening form as applicable
- Definitions (i.e., sexual orientation, gender identity, gender expression, gender-conforming and nonconforming, transgender, intersex, etc.)
- Setting the Stage to ask questions

Intake staff are also provided yearly updates and have available a reference guide as an aid to assist with asking behavioral screening questions (training verification forms provided). As noted above in (a), the agency posts this reference guide in each intake officer's office.

115.341 (c):

The agency's Intake Behavioral Screen was verified by the auditor to include, at a minimum, the 11 elements of this provision that are used to assess a resident's risk of sexual victimization or abusiveness. Additionally, it should be noted that this screening form also includes a section on page two that requires the Intake Officer who is completing the form to sign, date, and record the time when the screening was conducted, as well as a note that states, "Information must be reviewed and taken into consideration in determining the initial housing assignment of residents." Furthermore, the form also includes a section for writing in the initial recommended housing unit for resident and the signature of the Operations Manager or Designated Shift Supervisor approving the housing and room assignment.

Additionally, the auditor interviewed an intake staff member who conducts risk screenings, and this officer advised that the Behavioral Screen used by the intake unit in detention includes the resident's name, age, offense (current and past), temperament, behavior, sexual orientation, previous sexual abuse or abusiveness, cognitive/physical/mental health disabilities, vulnerabilities, and any other concerns.

115.341 (d):

The agency's PREA policy states that the information used in the behavioral screening process and with periodic assessments will be obtained through conversations with the resident during the intake process and 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 agency's PREA policy also states that upon intake, within 30 days and every 60 days throughout a resident's confinement, information will be obtained and used about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident through the facility objective screening instrument, follow-up questions, intake behavioral screening form, and medical health screening forms.

The agency's mental health screening (Massachusetts Youth Screening Instrument, MAYSI-2) and Health Screening Instrument are identified as required screenings by TAC 343.406, and this TAC standard provides for the following information as related to PREA:

The MAYSI-2 is the Massachusetts Youth Screening Instrument that is a brief screening

instrument (52 questions) designed to identify potential mental health needs of adolescents involved in the juvenile justice system, and the Agency's health assessment shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

- mental health conditions and treatment, including any hospitalizations;
- history of or current sexually transmitted infections;
- history of or current illnesses or chronic health conditions including:
- other acute or chronic conditions as determined by the health service authority;
- history of or current gynecological problems;
- current or recent pregnancy;
- current use of medication(s)
- use of alcohol or illegal drugs- drug withdrawal symptoms;
- special health requirements, such as dietary needs, physical disabilities, or prosthetics;
- evidence of physical trauma;
- recent injuries;
- weight and height; and
- any other health concerns reported by the resident.

Observation of the following:

- general appearance, such as sweating, tremors, anxious, disheveled, or appropriate;
- behavior, such as disorderly, erratic, or appropriate;
- state of consciousness, such as alert, responsive, or lethargic; and
- ease of movement, such as ability to walk and move limbs, gait, and bodily deformities.

The auditor observed the intake process of a juvenile being detained and witnessed the completion of the agency's Behavioral Screen (risk screening instrument). The Behavior Screening was completed by an intake officer, and this Officer asked the resident questions from the screening form. The officer remained objective in her approach and documented the answers the resident provided on the form. After the screening was completed, the auditor noticed that the Behavioral Screening form had two carbon copies attached to the original white form, and the officer removed the carbon copies from the original form to be provided to the mental and medical units respectfully. This demonstrated what the agency states in policy that medical and mental health units each receive a copy of the Behavioral Screening form completed for every resident detained in the facility. Additionally, it should be noted that the Behavioral Screening form was conducted in a confidential setting inside the intake officer's office, with no other staff or residents able to listen in on the answers provided by the resident. The auditor observed a form that was posted above the intake officer's desk, titled "Behavioral Screening Interview Guide for Question #6." The auditor asked the intake officer if he could have a copy of the form and it was so provided. The form includes information for how the intake officer should set the stage for asking sensitive type questions that are on the Behavioral Screen, as well as other recommended follow-up questions. The form also indicates the only two questions that are on the Behavioral Screen that can be subjectively answered by the intake officer: "Does the person's gender expression match cultural/societal expectations for that gender?" and "In your opinion, does the youth demonstrate a gender nonconforming appearance or manner?"

Additionally, the auditor interviewed a detention intake officer who stated to the auditor that the detention intake unit conducts behavioral screenings of each resident that is admitted into the facility, regardless of if transferred or a new referral, and the screening assesses each resident's risk of sexual abuse victimization or sexual abusiveness toward other residents. The

Intake Officer advised that the screening is conducted within two to four hours of the resident being admitted into the facility and that the screening is conducted in a confidential setting inside the intake officer's office. The intake officer also explained that a resident's risk level is reassessed within 30 days of the child's detention by mental health services and periodically throughout the resident's time in detention.

115.341 (e):

The agency demonstrated in their PREA policy appropriate controls on the dissemination of questions asked pursuant to this standard with the following language from their PREA policy on page 8: "Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow confidentiality guidelines when dealing with sensitive information. All staff will follow confidentiality guidelines when dealing with sensitive information. Information obtained will be only 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." Additionally, the agency's PREA policy includes requirements for medical and mental health providers to inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding information gathered.

The auditor interviewed a detention intake officer who advised that the agency has outlined that mental health and medical services only are to be allowed access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The Intake Officer also advised that the original Behavioral Screening forms go into the resident's detention file and a carbon copy goes to the medical and mental health units. This practice was verified by the auditor, as indicated above, and it should also be noted that the auditor observed during the onsite visit the secure detention file location that is located next to the main control room. This room is only accessible by the control room staff by means of unlocking the door electronically, and all detention files were observed by the auditor to be in a secure room, in the secure detention center, and in secured file cabinets in.

The auditor interviewed the PC who advised that in agency Policy there are procedures that include who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The PC also explained that the resident file room is secure and only the control room staff can allow access.

Conclusion:

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

115.342	Placement of residents
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the FA and PC regarding isolation of residents at risk of sexual victimization - TCJS Policy on Protective Isolations (Effective 03/15/2019) - Seclusion/Separation Report (includes Protective Isolation) <p>Site Review Observations:</p> <p>During the onsite audit phase, the auditor observed that male and female residents remain separated at all times, and at no time did the auditor observe a special housing unit or a separated group of residents who identified as LGBTI. Additionally, the auditor also did not observe any residents on a protective isolation during the three days onsite.</p> <p>Interviews:</p> <ul style="list-style-type: none"> - Staff who conduct risk screenings (intake staff) - Superintendent (FA) - Staff who supervise residents in isolation - Medical staff - Mental Health Professional (MHP) - Resident who identifies as bisexual (1) <p>Explanation of determination:</p> <p>115.342 (a):</p> <p>The agency's PREA Policy on page 9 states that all information obtained upon intake and periodically throughout the residents' confinement {pursuant to standard 115.341} will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse. Additionally, it should be noted that the agency's Behavioral Screening form includes a section on page two that requires the Intake Officer who is completing the form to sign, date, and record the time when the screening was conducted, as well as a note that states, "Information must be reviewed and taken into consideration in determining the initial housing assignment of residents." Furthermore, the form also includes a section for writing in the initial recommended housing unit for resident and the signature of the Operations Manager or Designated Shift Supervisor approving the housing and room assignment.</p> <p>The auditor reviewed 18 resident files, in which all 18 (100%) included completed agency Behavioral Screening forms that were signed and dated by the resident and intake staff within 72 hours of the child be admitted into the facility. Further, it should be noted that each Behavioral Screen reviewed were completed on the first day the resident was admitted (within a few hours of the resident's detained time), and each form also indicated that the Operations</p>

Manager used the information from the screening to assign a housing, bed, work, education, and program assignment with the goal of keeping each resident safe and free from sexual abuse.

Additionally, the auditor interviewed an intake officer who conducts risk screenings, and she advised that all Behavioral Screenings, regardless of the outcome of the screenings, are referred to mental health services and medical. The Intake Officer also explained that if a juvenile's Behavioral Screen indicates they are a potential victim or perpetrator of sexual abuse that these resident's are also referred using the agency's Mental Health Crisis Referral (MHCR) form, as explained further by the auditor in standard explanations for Standard 115.341 of this report. Furthermore, the Intake Officer described the process of how the Operations Managers use the information ascertained from the Behavioral Screening form to make assignments (housing, bed, work, education, and program assignments) and to keep residents safe from sexual abuse and sexual harassment. It was explained to the auditor that if any special accommodations need to be made due to the results of the Behavioral Screening that the Operations Manager, with collaboration with mental health and medical services as applicable, will determine what measures or special accommodations will need to be put in place to protect residents.

115.342 (b):

All the provisions of this standard are explicitly documented in the agency's PREA Policy on page 9, as verified by the auditor. The FA and the PC provided the auditor with a signed memo that explains there have been no reports of sexual harassment, imminent risk of sexual victimization, or actual sexual victimization made by resident since the last PREA audit date of October 28, 2016. The memo also advises that the Tarrant County Juvenile Detention Center (TCJDC) has not placed any residents in isolation to protect them from sexual victimization, and if a report was made by a resident the procedures in the agency's PREA Policy would be followed. Furthermore, the agency provided the auditor with their Protective Isolation Policy that explains that if a protective isolation of a resident exceeds 72 hours, the FA or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. Additionally, this policy states that the FA or designee shall ensure the isolated resident is afforded all required program services during their period of protective isolation, including but not limited to, educational services, recreation (large muscle exercise) and exercise programming, hygiene opportunities, mail, visitation, and telephone rights. Furthermore, procedures also include:

- the Operational Manager interviewing the resident who feels threatened by the peer group, interview other resident(s) involved and determine the severity of the situation, and write an Incident Report and contact the FA or designee to determine whether the resident who feels threatened can continue to participate in regular activities or should be isolated to his/her room;
- if necessary, the FA or designee shall rotate residents in the program at 2-hour intervals to insure complete separation of the resident involved in the conflict;
- the Juvenile Supervision Officer (JSO) assigned to the resident in protective isolation is required to observe and record resident behavior at random intervals not to exceed 15 minutes, counsel with the resident at least once every hour during program hours to learn if the resident continues to feel threatened by the peer group; and
- if it is determined by the FA or designee or a JSO that other resident(s) are threatening

another resident, administer consequences to those resident(s) consistent with the regulations of the program, which can include room restriction or disciplinary seclusion.

The agency also provided the auditor with their Seclusion/Separation Report form that includes a section for the type of seclusion to be checked, which "Protective" is an available option. The form requires staff to document a description of the incident, reason and justification for the seclusion, and date and times of the seclusion and requires the FA or designee to authorize.

The FA explained to the auditor during his interview that residents would only be isolated from others 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. The FA also advised that he has never had to place a resident on protective isolation due to an incident or threat involving sexual abuse or sexual harassment and that this has not occurred since PREA was first fully implemented in 2016. Additionally, he explained that all the resident rights pursuant to PREA and TJJJD would be provided to the resident, and that a resident on such an isolation would be monitored daily (every 8 hours) and moved back to the program (out of isolation) as soon as the environment is deemed safe by management.

The auditor also interviewed two detention security staff who are able to supervise residents in isolation (protective isolation- PI), and each staff member advised that if a resident was to be placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, the resident would have access to programming, privileges, education (including special education), and work opportunities. It should be noted that each staff member advised the auditor that they've never known of a situation involving a resident being placed on PI, regardless of the reason for the PI. Further, both staff explained that residents who would be placed in PI involuntarily would be in isolation only until an alternative means of separation from the alleged abuse can be obtained, and that such an isolation would be terminated as soon as it is safe to allow the resident back in the program. Each staff member advised that a resident in PI would be provided daily and as needed visits from medical and mental health services, and that a review of the circumstances surrounding the PI would be reviewed by superiors at least daily.

In addition, the auditor also interviewed three medical staff who each advised that they have not experienced a situation involving a resident being placed on PI for a sexual abuse or sexual harassment related incident or threat, and that if such an isolation would occur, each medical staff advised that they would provide medical care as needed and check on the resident at least daily. The nurses also explained that all residents in the facility, regardless of if in an isolation or not, are provided medical services as needed and as requested.

The auditor also interviewed the agency's lead Psychologist who advised that she has not experienced a situation involving a resident being placed on PI for a sexual abuse or sexual harassment related incident or threat, and that if such an isolation would occur, she advised that mental health services would provide mental health care as needed and check on the resident at least daily. The Psychologist also explained that all residents in the facility, regardless of if in an isolation or not, are provided mental health and medical services as needed and as requested.

115.342 (c-h):

All the provisions of this standard (including c-h) are explicitly documented in the agency's PREA Policy on page 9, as verified by the auditor. The FA and the PC provided the auditor with a signed memo that explains there have been no reports of sexual harassment, imminent risk of sexual victimization, or actual sexual victimization made by resident since the last PREA audit date of October 28, 2016. The memo also advises that the Tarrant County Juvenile Detention Center has not placed any residents in isolation to protect them from sexual victimization, and if a report was made by a resident the procedures in the agency's PREA Policy would be followed.

During the onsite audit phase, the auditor observed that male and female residents remain separated, and at no time did the auditor observe a special housing unit or a separated group of residents who identified as LGBTI. Additionally, the auditor also did not observe any residents on a protective isolation during the three days onsite.

The auditor interviewed the PC who advised that the facility does not have a special housing unit for LGBTI residents, and that if such a resident was detained and there was a threat to the resident's safety, the threat would be addressed and handled on a case-by-case basis to ensure the safety of all residents in the facility.

The auditor also interviewed a resident who identified as bisexual, and this resident advised the auditor that the question related to vulnerability was asked and was explained further because the resident did not understand what vulnerable meant. The resident advised that she felt comfortable with all the questions that were asked, and that she was assigned to the female Pod without any issues. The resident advised that she showers by herself and that there is also a divider in the shower. The resident also shared that she was only stripped searched one time and this was by a female staff member when first being detained, and that only female staff have conducted pat-searches on her. The resident advised that she does not know of any special housing unit for residents who identify as LGBTI, and has not witnessed any resident being isolated or placed in a different housing unit due to being identified as a LGBTI resident.

An intake officer for the facility who conducts risk screenings was interviewed by the auditor, and she advised that transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments. The Intake Officer also explained that mental health services are available to assist in any way possible, and that transgender and intersex residents are given the opportunity to shower separately from other residents.

115.342 (i):

The auditor determined that the agency substantially exceeds provision (i) of this PREA Standard due to their PREA Policy requiring (on page 9) a review to be held every 10 days for a resident isolated pursuant provision (b) of the Standard. In addition, the FA conducts the 10 days reviews to determine whether there is a continuing need for separation from the general population (*this provision requires the review to be held every 30 days).

Additionally, the agency provided the auditor with their Protective Isolation Policy that includes procedures for placing a resident in isolation in instances when a resident is physically threatened by the group or another peer (this is another option the facility can use for protecting a resident). The Protective Isolation Policy explains if a protective isolation of a

resident exceeds 72 hours, the FA or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. It should be noted that this 72 hour review substantially exceeds the PREA provision (i), which requires a review every 30 days. Also, as stated above, the agency includes in their PREA Policy that a periodic review is conducted every 10 days (again substantially exceeding the review requirements of this provision).

Conclusion:

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

115.351	Resident reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Detention Center Orientation document - Documentation of reporting procedures from staff training PowerPoint - Memo from FA and PC - TCJS Policy on the Resident Grievance Process (Effective: 3/15/2019) - TCJS Policy on Telephone Access and Access to Attorney (Effective: 3/15/2019) <p>Interviews:</p> <ul style="list-style-type: none"> - Random security staff (13 total interviewed) - Resident Interviews (11 randomly selected and 5 targeted) - Two residents who reported sexual abuse that allegedly occurred outside the facility <p>Site Review Observations:</p> <p>During the onsite, the auditor observed signage in each housing unit, in each resident dayroom, in intake, and in the kitchen that indicates how residents can report sexual abuse or sexual harassment. One such poster is the "End the Silence" poster that includes the telephone number for the TJJD Hotline and instructions for how residents can make the call to TJJD to report any type of abuse (including sexual abuse and sexual harassment), neglect, or exploitation. Additionally, the auditor also observed the Detention Orientation documents that residents receive in intake that are posted on each housing unit. As noted previously in this report, the facility allows residents to keep the Detention Orientation material, among other orientation documents (i.e., grievance, rules, rights, etc.), in the resident's bags that are secured to their doors. This practice was verified by the auditor during the facility inspection by the auditor selecting a resident's bag at random on each housing unit and confirming that the orientation material was in each resident's bag, in which the orientation documents were.</p> <p>Explanation of determination:</p> <p>115.351 (a):</p> <p>The agency's has established procedures in their PREA Policy allowing for multiple internal ways for residents to privately report pursuant to this provision. Per this policy on page 10, residents can privately report to JPOs, JSOs, counselors, volunteers, interns, OMs, DSSs, case managers, PC, FA, Assistant FA, or by using the facilities grievance process. The policy addresses that the FA will ensure copies of blank grievances are available in the housing units at all times, and that residents shall have access to a grievance at all times. Additionally, upon completion, the resident may submit the grievance by placing it in the lock box located in each housing unit, and the OM or DSS will check for grievances daily prior to the end of the shift. The auditor also reviewed the agency's Grievance Policy, which includes the following procedures:</p>	

All Operations Managers and Designated Shift Supervisors shall be designated as Grievance Officers. The duties of the Grievance Officers shall include:

1. Maintaining a current Grievance Log;
2. Collecting grievances seven days per week;
3. Responding to the resident after receipt of the grievance;
4. Providing a written resolution to the resident;
5. Forwarding all appeals to the Assistant Facility Administrator.
6. Be highly cognizant of their legal duties to report all serious incidents and all allegations of abuse, neglect, and exploitation as detailed in Chapter 358 as well as Chapter 261 of the Texas Family Code.

This Policy also explicitly states that JSOs are responsible for providing residents with pencils to write a grievance if a threat to institutional order and safety does not exist, and if the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident. Additionally, JSOs are also responsible for providing assistance by writing the grievance for any resident who poses a safety and security risk or request assistance in writing a grievance- stating that if the grievance is written for the resident, the JSO is required to write the grievance exactly how the resident describes it. This agency Grievance Policy also explains that JSOs are required to ensure confidentiality for residents utilizing the facility's formal grievance process, and foster an environment that allows residents to submit grievances without retaliation against residents for filing a grievance. The agency's Grievance Officer is required by this Policy to:

- Retrieve grievances from the locked grievance boxes prior to the end of each shift.
- Provide a written response and resolution to all complaints. This will be accomplished by interviewing all residents and staff involved in the grievance/complaint and allowing the residents to participate in the resolution of the grievance, including use of an intermediary and the ability to present witnesses, prior to resolving the grievances.
- Allow at least one face-to face contact per grievance with the resident who filed the grievance prior to finalizing the grievance resolution.
- Resolve the grievance no later than five (5) days from the date the grievance is received.
- Forward all resolved grievances to Assistant Facility Administrator for review.

Additionally, this Policy states:

- If the grievance is alleged to be an allegation of abuse, neglect and/or exploitation; the Operations Manager or Designated Shift Supervisor is required contact the Assistant Facility Administrator or FA for consultation and an internal investigation process is immediately initiated.

Furthermore, the agency's PREA policy also explains that resident's may also privately and anonymously report sexual assault, abuse, or harassment directly to the TJJD by pressing the TJJD Hotline button found on every phone in the housing units. This information is also provided in the Detention Center Orientation that is reviewed and signed by each resident and posted in each housing unit.

The auditor interviewed 13 randomly selected security staff members (JSOs), and each staff member was able to clearly articulate how residents can privately report sexual abuse and sexual harassment through contacting the TJJD Hotline (a call that is routed directly to the State), telling an adult they trust (examples provided were: staff member, counselor, volunteer, teacher, nurse, supervisor, Chaplin, parent, guardian, attorney, etc.), writing a grievance and either giving it to staff or submitting in the grievance box, or in a written

statement.

The auditor also interviewed a total of 16 residents while onsite to ensure each resident was aware of multiple ways to report sexual abuse or sexual harassment, and each resident was able to provide multiple ways they can report such abuse or harassment, and the residents explained that they learned this information through the intake process and the PREA video that is shown every weekend. The different ways of reporting explained by the residents include the following methods: TJJJ Hotline; grievance process; telling staff or an adult from the agency they feel comfortable with; writing the report down on paper; and telling a parent, guardian, or their attorney. It is important to note that all 16 residents advised that they have never been sexually abused or sexually harassed while in the facility or have witnessed such activity.

Lastly, during the onsite, the auditor observed signage in each housing unit, in each resident dayroom, in intake, and in the kitchen that indicates how residents can report sexual abuse or sexual harassment. One such poster is the "End the Silence" poster that includes the telephone number for the TJJJ Hotline and instructions for how residents can make the call to TJJJ to report any type of abuse (including sexual abuse and sexual harassment), neglect, or exploitation. Additionally, the auditor also observed the Detention Orientation documents that residents receive in intake that are posted on each housing unit. As noted previously in this report, the facility allows residents to keep the Detention Orientation material, among other orientation documents (i.e., grievance, rules, rights, etc.), in the resident's bags that are secured to their doors. This practice was verified by the auditor during the facility inspection by the auditor selecting a resident's bag at random on each housing unit and confirming that the orientation material was in each resident's bag, in which the orientation documents were. In addition, the auditor observed a phone on each housing unit that residents are able to access, and it was explained to the auditor that this phone is how residents are provided unimpeded access to the outside TJJJ Hotline. Lastly, the auditor also observed during the facility inspection that each housing unit In addition, the auditor observed a phone on each housing unit that residents are able to access, and it was explained to the auditor that this phone is how residents are provided unimpeded access to the outside TJJJ Hotline. Lastly, the auditor also observed during the facility inspection that each housing unit has a locked grievance box (black box with a slit for envelopes or papers to slide through), and it was explained to the auditor by the FA and PC that each box is checked daily by the grievance officer. It is important to note that each grievance box included envelopes with grievance forms that are accessible to all residents.

115.351 (b):

The agency's PREA Policy also explains that residents may also privately and anonymously report sexual assault, abuse, or harassment directly to the TJJJ by pressing the TJJJ Hotline button found on every phone in the housing units. This information is also provided in the Detention Center Orientation that is reviewed and signed by each resident and posted in each housing unit. This policy also advises on page 13 that 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 or by using the facility grievance policy, and that there will be no time limit on when an allegation of sexual abuse can be reported. In addition, TJJJ will inform the FA of all reports made to TJJJ to ensure they are properly investigated, and the FA will notify the TCSD and the PC to initiate the investigation.

The FA and PC provided the auditor with a memo that outlines the facilities steps and protocols for receiving notification of a TJJJ Hotline report by a resident, which are documented below:

- Resident makes an allegation using the TJJJ Hotline
- The TJJJ on-call investigator that received the call will call Tarrant County Juvenile Detention (TCJD) and inform the supervisor on duty, Assistant Facility Administrator, or Facility Administrator to initiate the Abuse, Neglect, Exploitation protocol. TJJJ also submits an email and fax that initiates an Incident Reporting Center Complaint which informs the department that an ANE case was opened and the department should complete an Incident Report Form and conduct an investigation.
- TCJD supervisor will separate the victim and alleged perpetrator (if working).
- Alleged perpetrator is placed on administrative leave and advised not to have contact with the victim, victim's family or any other juvenile under the jurisdiction of the department.
- Notifications are made to the parent of the victim.
- A police report is made to the Tarrant County Sheriff's Department within 24 hours for verbal and physical abuse allegations and within one hour for sexual abuse allegations.
- An Incident Report Form is completed and submitted to TJJJ.
- A request for an internal investigation is made to the Quality Development Unit.

Additionally, as noted in the PAQ and in the agency's PREA Policy on page 4, the Lynn W. Ross JDC does not detain residents solely for civil immigration purposes.

As noted above in (a), the auditor interviewed 16 total residents, and each resident was able to provide multiple methods for reporting sexual abuse and sexual harassment. Some examples of ways to report provided by the residents included how they can make reports to someone who does not work at the facility (3rd party) and how to make reports without giving their names (anonymous). Each resident advised the auditor that they can call the TJJJ Hotline at anytime and contact their parent, guardian, or attorney; and that TJJJ or their parent, guardian, or attorney can then report for them to the appropriate agency. In addition, each resident explained that they have the right to call the TJJJ Hotline or write a grievance or letter without having to give their name (to remain anonymous). It is important to note that all 16 residents advised that they have never been sexually abused or sexually harassed while in the facility or have witnessed such activity.

115.351 (c):

Per the agency's PREA Policy on page 13, 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 and on a witness statement (with the witness statement submitted to the OM or DSS to follow up the mandatory reporting guidelines). Additionally, per Policy, staff, volunteers, interns, and contractors are required to IMMEDIATELY report to the FA, OM or DSS, PC, and TCSD of any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment {including verbal reports} that occurred in the facility, 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. Furthermore, it should be noted that the PC documented in the PAQ that they have not had any verbal reports of sexual abuse or sexual harassment made by a resident.

The auditor interviewed 13 total randomly selected security staff (JSOs), and each JSO was able to clearly explain that residents in the facility are able to report sexual abuse or sexual harassment verbally (to staff or another adult), in writing (grievance or letter), anonymously (grievance or TJJJ Hotline without giving their name), and through third parties (TJJJ Hotline, parent or guardian, attorney, clergy, volunteers, law enforcement).

The auditor also interviewed 16 residents who all were able to sufficiently clarify that they are able to make reports of sexual abuse or sexual harassment either in person or in writing, and that a parent, guardian, attorney, or TJJJ are able to take such a report without the resident having to provide their name. It is important to note that all 16 residents advised that they have never been sexually abuse or sexually harassed while in the facility or have witnessed such activity.

115.351 (d):

The agency's Grievance Policy on page 2 states, "residents shall have full access to the grievance process, including forms and methods of submission. If the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident." Additionally, on page 3, JSOs are required to:

- Provide residents with a pencil to write their grievance if a threat to institutional order and safety does not exist.
- If the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident.
- Provide assistance by writing the grievance for any resident who poses a safety and security risk or request assistance in writing a grievance.
- If the grievance is written for the resident, write the grievance exactly how the resident describes it.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

In addition, the auditor observed a phone on each housing unit that residents are able to access, and it was explained to the auditor that this phone is how residents are provided unimpeded access to the outside TJJJ Hotline. Lastly, the auditor also observed during the facility inspection that each housing unit has a locked grievance box (black box with a slit for envelopes or papers to slide through), and it was explained to the auditor by the FA and PC

that each box is checked daily by the grievance officer. It is important to note that each grievance box included envelopes with grievance forms that are accessible to all residents.

115.351 (e):

The agency's PREA Policy on page 11 outlines the method in which TCJS staff can privately report sexual abuse and sexual harassment of residents to their local law enforcement agency, TJJJ, direct supervisor, FA, Assistant FA, or the PC; and that staff must report sexual abuse and sexual harassment immediately. The PC demonstrated how the agency is in compliance with this provision by providing the auditor with a training PowerPoint presentation that outlines the methods in which staff can privately report sexual abuse or sexual harassment as indicated in their PREA Policy.

The auditor interviewed 13 randomly selected security staff (JSOs), and each JSO advised that they can report any abuse or harassment directly to TJJJ or law enforcement; as well as each staff felt as though the agency has an open door policy with supervisors and administration that allows for them to privately report to anyone in the agency they see fit.

Conclusion:

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Agency's website - TCJS Policy on the Resident Grievance Process (Effective: 3/15/2019) <p>Interviews:</p> <ul style="list-style-type: none"> - Two residents who reported being sexually abused years prior to their detention <p>Site Review Observations:</p> <p>During the onsite, the FA advised the auditor that the facility has not had a report of a resident being sexually abuse or sexually harassment since PREA was fully implemented in 2016, to include grievances. The auditor verified this by randomly selecting 8 grievances from the past 12 months, and the auditor confirmed that each of the 8 grievances did NOT include an incident allegedly any type of sexual abuse or sexual harassment.</p> <p>Explanation of determination:</p> <p>115.352 (a-g):</p> <p>The agency's PREA Policy includes all the PREA language of this standard (provisions a-g) on pages 11-12 and on page 14, verbatim to the standard. Furthermore, the agency documented in the PAQ that they have had zero grievances, either emergency or not, that were related to sexual abuse or sexual harassment. Additionally, it should be noted that the auditor was able to verify that TCJS makes available to the public their PREA Policy, which includes the requirement for the agency to allow third parties to assist with filing request for administrative remedies relating to allegations of sexual abuse, and to file such request on behalf of residents {pursuant to (e) of this standard}.</p> <p>Additionally, the auditor reviewed the agency's Resident Grievance Policy and there is no time limit included in the policy for when a resident must submit a grievance regarding an allegation of sexual abuse or otherwise. It should be noted that the agency substantially exceeds the requirements of this standard because they do not place a time limit on any type of grievable matter. This includes sexual harassment, sexual abuse, and any type of circumstance or action considered to be unjust and therefore grounds for a complaint, which is not a requirement included in provision (b) of this PREA Standard. On page 2 of the agency's Grievance Policy, it states that all residents in the pre-adjudication facility shall have the right to participate in a formalized grievance process to address residents' complaints about their treatment and facility services, and that residents are encouraged to try to resolve the matter informally with staff or the shift supervisor on duty prior to filing a grievance. It also states that at no time shall a resident be denied access to the formalized grievance process. This Policy also explains that a resident grievance can be submitted by placing completed forms in a</p>

sealed envelope for confidentiality, and placing the envelope in the locked grievance box located in the resident housing unit. It is explained that the confidentiality of all grievances shall be maintained throughout the grievance process, and that only designated grievance officers and administrative staff will know the nature of the grievance that is filed. In addition, the agency's resident grievance procedures include the requirement that all grievances will be resolved no later than 5 days from the date the grievance is received, with one level of appeal that is required to render the final judgement on the appealed grievance no later than 5 days from the date the grievance appeal request is received. In addition, the Policy states that the resident is notified in writing of the resolution of the grievance. It should be noted that this timeframe substantially exceeds the requirements of this standard, which allows a facility to have up to 90 days to issue a final agency decision of a grievance alleging sexual abuse {provision (d) (1-2)}.

It is important for the auditor to note that the agency's Grievance Policy is in addition to the agency PREA Policy, and the agency's PREA Policy includes all the requirements of this PREA standard exactly as they are written in the Standard.

The two residents that were interviewed due to being victims of sexual abuse that occurred outside the facility years prior, both advised that the investigations were closed out years ago with the perpetrator being subsequently sentenced to prison. As already noted in this report, the agency provided each resident with consultation's with mental health services; although, it should be noted that relevant to this PREA Standard about the administrative process for grievances, no further action was required by the agency.

During the onsite, the FA advised the auditor that the facility has not had a report of a resident being sexually abuse or sexually harassment since PREA was fully implemented in 2016, to include grievances. The auditor verified this by randomly selecting 8 grievances from the past 12 months, and the auditor confirmed that each of the 8 grievances did NOT include an incident allegedly any type of sexual abuse or sexual harassment.

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - TCJD Resident Support Services Posting (with three pictures) - TCJS Women's Center of Tarrant County MOU - TAC 343.356, 343.352, and 343.538 <p>Interviews:</p> <ul style="list-style-type: none"> - 16 Residents (11 randomly selected and 5 targeted) - 13 Randomly Selected Security Staff (JSOs) - Superintendent (Facility Administrator- FA) <p>Site Review Observations:</p> <p>During the facility inspection, the auditor observed the agency's advocacy posters and the Detention Center's Orientation forms posted on each housing unit, in each dayroom, in intake, in the kitchen, and in each classroom. The posted documents include the names, addresses, and phone numbers for multiple advocacy organizations that are available to residents who have experienced sexual abuse or sexual harassment. Additionally, during this inspection of the facility the auditor also observed that each housing unit includes a resident phone that is in a room that provides for confidentiality (provides for sound separation), and that the visitation rooms also provide for sound separation for family and attorney visits.</p> <p>Explanation of determination:</p> <p>115.353 (a-b):</p> <p>The agency, per their PREA Policy and per the PAQ, provides residents with access to outside victim advocates for additional support services related to sexual abuse by providing, posting (in the housing areas- as proven through pictures provided), 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, such as the The Women's Center and the Rape, Abuse, Incest National Network (RAINN). In addition, this policy also states that reasonable communication between the resident and organization/agency will be held in a confidential manner as possible, and that 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. The auditor was able to adequately verify that such services are made available to residents in the TCJDC by reviewing the TCJD Resident Support Services notice, viewing the pictures provided by the PC in the PAQ of each notice posted in the housing units, and through reviewing the agency's current MOU they have with The Women's</p>

Center of Tarrant County {further information about the MOU is described in subsection (c)}. Furthermore, it should be noted that the agency's Resident Support Services notice includes information related to The Women's Center of providing free, confidential support services to residents who have experienced sexual abuse in confinement or any time in their lives. The Women's Center Hotline number is on the notice (answered 24 hours a day 7 days a week), as well as their address. Additionally, this notice includes the Hotline number to the Rape Crisis and Victim Services (answered 24 hours a day 7 days a week) and phone numbers for: Violence Prevention and Education, Employment Solutions, General Counseling Services, and a Helpline. There is also a privacy notice on this form that states, "calls to community advocates are not monitored or recorded. Advocates will explain to residents that most calls will be confidential, but that they will notify the facility if a resident is being inappropriate or says they plan to hurt themselves, someone else, or are considering escaping the facility. Lastly, it should be noted that the agency publishes the advocacy information on the agency's website and this includes the following statement, "If a resident is sexually abused, he/she will also be provided access to outside victim advocates for emotional support services related to the sexual abuse. The Women's Center Rape Crisis and Victim Services Center is the designated outside victim advocate for the Tarrant County Juvenile Department's operated facilities and can be contacted at the 24 hour hotline at 817-927-2737."

The auditor interviewed 16 residents, and each resident was able to confirm that services, such as an advocate or mental health provider, would be provided to a resident who alleges being a victim of sexual abuse or sexual harassment. The auditor followed up with each resident and asked if they were aware if the facility provides, or would provide, the mailing address and phone numbers for such advocacy groups, and each resident advised that the facility would and that the addresses and phone numbers are posted on each housing unit. The residents also explained that they felt that the conversations in between a victim of sexual abuse or sexual harassment and their advocate or counselor would be confidential and remain private, unless the resident reported wanting to escape or injure some or themselves, and no one would be listening in on the conversation. In addition, the auditor observed a phone on each housing unit that residents are able to access, and it was explained to the auditor that this phone is how residents are provided unimpeded access to the outside TJJD Hotline. It is important to note that all residents interviewed stated they have never been sexually abuse or sexually harassed while in the facility nor have witnessed such behavior.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place in the facility that the auditor was made aware of.

115.353 (c):

Per the agency's PREA Policy on page 17, the TCJS maintains a MOU with The Women's Center (TWC) of Tarrant County to provide residents with confidential emotional support services related to sexual abuse, and TCJS shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The agency was able to demonstrate compliance with this provision by providing the auditor with their MOU with TWC, which is effective until 3/22/2020. The MOU is signed by the Director of TCJS, the Director of TWC, the Tarrant County Juvenile Board Chairman, and the Tarrant County Criminal District Attorney's Office. As noted in the agreement, the purpose of the MOU is to provide residents of TCJDF who have experienced sexual assault or sexual abuse while in the facility access to a victim advocate from TWC, pursuant to PREA. The agreement lays out the responsibilities of TCJS to: make available to the victim a victim advocate from TWC; acknowledge and abide by TCJS confidentiality policies and MOU agreement with TWC; ensure that TWC advocates are cleared to meet with residents in a confidential, safe, and secure setting at TCJS; facilitate the follow-up and ongoing contact between the resident and the advocate without regard to the presence or status of the ongoing investigation; provide residents access to outside victim advocate for emotional support services related to sexual abuse; and reasonable access to communication between residents and TWC will be granted in as confidential manner as possible. Furthermore, the MOU also includes requirements that the TWC will agree to, such as: accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals; ensures that that the agency 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; provide follow-up crisis services; accompaniment to investigative events; follow-up counseling services or referral for continued care; acknowledge and abide by TWC's confidentiality policies and MOU agreements with TCJS; staff a hotline 24 hours a day, seven days a week, and to provide crisis intervention services to residents of sexual violence.

115.353 (d):

The agency's PREA Policy on page 17 states the requirements of this PREA provision verbatim from standard. It is important to note that TAC §343.356 requires that residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits. Furthermore, TAC 343.352 (a-b) and TAC 343.538 provides for the residents' rights to receive visits from their parents or legal guardians as well as to complete telephone calls.

The auditor interviewed 16 residents who all were able to explain the facility's phone call and visitation process for resident's talking and meeting with their parents, guardians, and attorneys. Each resident advised that all residents are able to visit with their family and attorneys everyday, and that there is no restriction of visitation if occurring during the visitation hours (except for attorneys, can visit at anytime). Additionally, the residents described the facility's level system that allows for residents the opportunity to have additional phone calls than what is minimally required, with the ability to talk to their attorney at anytime their attorney makes the request. For example, it was explained that level III residents are allowed a phone calls to their family every three days, level II every two days, and level I every day. An attorney phone call sheet was explained as the means for residents to document a request to talk to their attorney, with staff using this list to contact their attorney.

The auditor also interviewed the agency's Facility Administrator (FA), and he advised that resident attorneys' have unimpeded access to their clients and an attorney list is provided to all residents daily. The procedures of the attorney list, as explained by the FA, include the resident writing down their attorney's name, detention staff then call the resident's attorney (leaving a message if no answer), and then allowing the attorney to talk with the resident. The FA also described the facility's process of providing family phone calls and visits to residents, with visits being available daily and phone calls depend on the resident's level- level 1 receives daily phone calls, level 2 receives phone calls every 2 days, and level 3 receives calls every 3 days.

Conclusion:

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

115.354	Third-party reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Agency website <p>Interviews:</p> <ul style="list-style-type: none"> - Facility Administrator (FA) <p>Site Review Observations:</p> <p>The auditor observed during the onsite the resident phones that call out to the TJJD Hotline, and each phone room was unlocked and easily accessible for residents.</p> <p>Explanation of determination:</p> <p>115.354 (a): The agency's PREA Policy includes the requirements outlined in this PREA provision, and the policy states that third-party reports of sexual abuse and sexual harassment shall be made by calling the TJJD Abuse Hotline number at 1-877-786-7263. This information is also published for the general public to access on their website and states, "A resident, family member or member of the public (third party), may anonymously report a resident's sexual abuse or sexual harassment directly to the Texas Juvenile Justice Department at 1-877-STOP ANE (1-877-786-7263). They may also report to the Director or Deputy Director of Tarrant County Juvenile Services at 817-838-4600. Any report of sexual abuse or sexual harassment alleged to have occurred within the facility will be investigated to the fullest extent by the Facility Administrator or designee and will be reported to the Tarrant County Sheriff's Department for a possible criminal investigation and prosecution. Additionally, it is important to note that the agency's PREA Policy includes procedures on how TJJD will inform the FA of all reports made to TJJD to ensure they are properly investigated. The FA will then notify the TCSD and the PC to initiate the investigation. The FA will also take steps to separate the alleged victim from the alleged perpetrator.</p> <p>The auditor interviewed the FA, and he advised that all residents are allowed unimpeded access to the phone to call the TJJD Hotline at anytime, and that when a resident contacts the Hotline, TJJD then contacts the FA to advise of the call and what was reported. The FA further explained that TJJD is able to conduct their own criminal and/or administrative investigation following a report of sexual abuse or sexual harassment, and for each Hotline call made by a resident, the FA receives a Incident Response Complaint Report from TJJD and follows through with reporting to his superiors and law enforcement (TCSD), as required by Policy.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined</p>	

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

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - TAC 358.200 and 358.300 <p>Interviews:</p> <ul style="list-style-type: none"> - 13 Randomly Selected Staff - 3 Medical Staff - 1 Mental Health Staff - Superintendent (Facility Administrator- FA) <p>Explanation of determination:</p> <p>115.361 (a-d):</p> <p>Per the agency's PREA policy on pages 13-14, all staff, including medical and mental health providers, shall report sexual abuse to the FA, PC, TCSD, and TJJD, and also shall comply with all mandatory child abuse reporting laws, and that all allegations of sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally, or administratively or both. Additionally, this policy also states that 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 or by using the facility grievance process, and that there will be no time limit on when an allegation of sexual abuse can be reported. The policy continues to clarify the requirements of this standard on page 13 by explaining that staff shall immediately report to the FA, OM or DSS, PC, and TCSD of any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, 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. Lastly, on page 14 it is described that staff shall keep any information confidential related to the sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Additionally, it should be noted that TAC 358.200 requires all departments, programs, and facilities in Texas to have written policies and procedures that require, in accordance with this chapter:</p> <ul style="list-style-type: none"> - reporting allegations of abuse, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and - reporting serious incidents to TJJD. <p>TAC 358.300 requires the MRJJC to adhere to the following procedures related to this PREA provision:</p> <p>Duty to Report.</p>

An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJD and local law enforcement if he/she:

- witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or
- has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

The auditor interviewed 13 randomly selected security staff (JSOs), and each staff advised that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; 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. Staff were able to clearly articulate the agency's procedures for reporting any information related to sexual abuse, which included the following procedures: contacting law enforcement (TCSD) and TJJD immediately, reporting to the Operation's Manager and PREA Coordinator, ensuring the victim is safe and separated from the alleged perpetrator, following the required first-responder duties of advising the alleged victim and perpetrator to not do anything that could destroy physical evidence, preserve and protect the scene, documenting the incident on a facility incident reporting form, etc. Additionally, each staff member also advised during their interview that they received the required PREA training pursuant to Standard 115.331, as indicated in this section of the report.

The auditor also interviewed 3 medical staff employed by the Department, and each medical professional explained to the auditor that they disclose the limitation of confidentiality and their duty to report at the initiation of the medical services provided (mandatory child abuse reporters). The medical staff explained further that they explain to residents that they are required to report any abuse (including sexual abuse and sexual harassment), neglect, or exploitation to the proper authorities and facility leadership and must report to facility leadership if the resident reports a plan to escape or injure him/herself (suicide ideation) or another resident or staff. Each medical staff advised the auditor that they have never had a resident report to them an allegation of sexual abuse or sexual harassment that occurred in the facility.

The auditor also interviewed the agency's lead Psychologist, who advised that all mental health staff are required to disclose the limitations of confidentiality and their duty to report at the initiation of any mental health treatment or services provided. The MHP advised that mental health staff are required to report any abuse (including sexual abuse and sexual harassment), neglect, or exploitation to the proper authorities and facility leadership and required to report to facility leadership if the resident reports a plan to escape or injure him/herself (suicide ideation) or another resident or staff. The MHP advised the auditor that she has never had a resident report an allegation of sexual abuse or sexual harassment that occurred in the facility.

115.361 (e):

The agency's PREA Policy on page 16 explains that upon the agency receiving any allegations of sexual abuse or sexual harassment, the FA or designee shall report the allegation to the

TCSD, TJJD, and the alleged victim's parents or guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. Furthermore, elements (2) and (3) of this provision are explicitly included on page 16 of the agency's PREA Policy.

The agency's Superintendent (FA) was interviewed by the auditor and advised that when the facility receives an allegation of sexual abuse, he is required to report the allegation directly to the Deputy Director and/or Director, TCSD, TJJD, and the resident's parent or guardian (including Child Protective Services -CPS- if this agency has proper jurisdiction over the resident). The FA explained further that he, and all other staff, are required to contact law enforcement immediately but no longer than one hour and TJJD immediately but no longer than four hours after being made aware of a sexual abuse incident or allegation. The FA advised the auditor that he is also required to contact the alleged victim's parent or guardian and attorney within 24 hours.

115.361 (f):

The agency's PREA Policy on page 16 states that the PC for the department shall be notified of all reports of sexual abuse and sexual harassment including third-party and anonymous reports to begin the internal (administrative) investigation process.

The FA explained to the auditor during his interview that he is required to report directly to the TCSD, TJJD, and designated facility investigators (PREA Coordinator) all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources).

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the FA and PC regarding actions pursuant to this Standard <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Deputy Director- DD) - Superintendent (Facility Administrator- FA) - 13 Randomly Selected Security Staff (JSOs) <p>Explanation of determination:</p> <p>115.362 (a):</p> <p>The agency provided a memo from the FA and PC that explains the following actions that would be taken by the agency if the facility learns a resident is subject to a substantial risk of immediate sexual abuse pursuant to the PREA Standard.</p> <p>Upon receiving knowledge of or learning of a substantial risk of immediate sexual abuse, the following actions will be taken:</p> <ul style="list-style-type: none"> • Identify the risk and separate the victim and alleged perpetrator • Re-evaluate and/or monitor housing and programming • Identify and monitor all vulnerabilities • Refer the victim to department Psychological Services Unit • Refer the victim to medical, if necessary • If substantial risk is determined, evaluation for need of protective isolation and begin 90-day monitoring for possible retaliation. <p>The FA and PC also advised the auditor that their are multiple protective measures that the facility would take to protect a resident at risk of immediate sexual abuse, in which include the following procedures from the agency's PREA Policy:</p> <ul style="list-style-type: none"> - Housing changes or transfers for resident victims or abusers. - Removal of alleged staff or resident abusers from contact with victims. - For at least 90 days following a report of sexual abuse, the Facility Administrator shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have experienced 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 reassignments of staff will be monitored by the Facility Administrator. - Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.

The auditor interviewed the Deputy Director who advised that when he is made aware that a resident is subject to a substantial risk of imminent sexual abuse, the following protective measures are taken immediately: remove the resident or staff who poses the threat from having contact with the resident, re-evaluate housing assignments, monitor for vulnerabilities, provide the resident who feels threatened mental health services and medical staff if needed, and continue to monitor to ensure the safety of the resident.

The auditor interviewed the Facility Administrator (FA) who advised that when he is made aware that a resident is subject to a substantial risk of imminent sexual abuse, the following protective measures are taken immediately: ensure the resident at risk is protected by removing the resident or staff who poses the threat, review housing assignments, follow the required reporting protocols, and continue to monitor to ensure the resident's continued safety. The FA advised that the expected response time for all staff to protect a resident from being abuse, including sexually abuse or sexually harassed, is immediately.

The auditor interviewed 13 randomly selected security staff (JSOs), and each staff member was able to clearly articulate that staff are required to take immediately action to protect a resident if it is learned that a resident is at risk of imminent sexual abuse. Each staff member provided examples of actions that they would take to protect a resident, which included: attempt to obtain useful information that can help to ensure the residents safety, remove the alleged threatening person (immediately notify a supervisor to have staff or resident removed), report to the Operations Manager, review and/or change housing assignments, monitoring closely (with using the camera system to assist), monitor group dynamics, staff need to stay near the child who feels threatened and provide reassurance, if applicable allow the child who feels threatened to shower alone, document on an incident report, add note of the situation in the communication log book and discuss during all shift's feedback, and provide victim services as needed (mental health services and/or victim advocacy services),

Conclusion:

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

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from TCJS outlining an incident involving a TCJS's juvenile that was placed at a residential placement and made an outcry of sexual abuse that allegedly occurred at the placement. <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Deputy Director- DD) - Placement Supervisor <p>Explanation of determination:</p> <p>115.363 (a-d):</p> <p>All the provisions of this PREA Standard (a-d) are included in the agency's PREA Policy on page 16, including designating the FA of TCJS for being responsible for notifying the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and notifying the appropriate investigative agency. Additionally, the agency demonstrated how they complied with this standard by providing the auditor with a memo that documents an allegation of sexual abuse made by a resident that was placed at a residential placement recently by TCJS, with the alleged sexually abuse occurring at the placement and not the Tarrant County Juvenile Detention Center (TCJDC). This memo outlines the circumstances surrounding the allegation, response from the placement, outcome of the investigation, and response by TCJS. In sum, the resident alleged that a staff member from the placement was touching and having inappropriate relationships with said resident, the alleged perpetrator was immediately removed from the property {placement} until further notice after the facility became aware of the allegation, administration was notified, and a report was made to the Licensing/CPS Hotline- all on the same date as the report was made by the resident. TJCS was notified of the sexual abuse allegation the very next day; the victim's JPO was contacted by the placement facility, and the JPO from TCJS then contacted the placement's Director for more information about the incident. More information was provided to the TCJS's JPO, including the DFPS report number and the incident report from the facility. The memo describes that a DFPS Resident Child Care Investigator was assigned to the case and interviewed the victim, and that TCJS maintained contact with the placement's administration, as well as the DFPS investigator. According to DFPS, the placement responded appropriately and immediately to the allegation, and DFPS also indicated that there was no information that caused the agency concern with the victim remaining in the placement due to the placement facility removing the alleged perpetrator when the report was made to them. The memo also explains that TCJS worked closely with the placement administration and therapists to assure the juvenile victim's needs were met, and it is important to note that TCJS includes in this memo that the victim stated she felt safe at the placement (*taking the child's own perception of vulnerability and safety into account). Lastly, the memo states that</p>

TCJS developed a plan of how to respond if the child's perception of her own safety changed and she begins to feel unsafe; however, it was reported that the child completed the program successfully without any issues.

The auditor interviewed the agency's Deputy Director (DD) who advised that if another agency refers an allegation of sexual abuse or sexual harassment that occurred in the Tarrant County Juvenile Detention Center (TCJDC), the agency's designed point of contact is the agency's PREA Coordinator (PC). The DD advised the auditor that any report of a child being abuse (including sexual abuse or sexual harassment), regardless of where the alleged abuse or harassment occurred, would be reported to law enforcement with jurisdiction and TJJD, as well as go through the chain of command at the agency (i.e., up to the Director) to ensure proper notification and to ensure an administrative investigation is initiated. The DD explained further that there has not been an incident that was referred by another agency or facility involving a resident alleging sexual abuse or sexually harassment that occurred in the TCJDC.

Additionally, the auditor interviewed the agency's Placement Supervisor who advised that the resident who was allegedly sexually abused while at a residential placement center (RTC) that TCJS contracts with, as explained above, felt safe after the alleged incident and requested to stay in the program. The alleged perpetrator was terminated (as explained by the Placement Supervisor); therefore, the juvenile felt it was safe to remain in the program. The Placement Supervisor also informed the auditor that the resident not only successfully completed the program at the RTC, but she was asked by the RTC to return to the facility after graduating to talk to the juveniles about her success, in which the juvenile agreed to and did.

Conclusion:

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

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - First Responder's Checklist <p>Interviews:</p> <ul style="list-style-type: none"> - First Responders (security and non-security medical staff who have been trained in PREA related first responder duties) - 13 Randomly Selected Security Staff (JSOs) - Residents who reported sexual abuse that occurred outside the facility <p>Explanation of determination:</p> <p>115.364 (a-b):</p> <p>The agency includes in their PREA Policy on pages 16-17 the requirements of this standard, verbatim to the standard language for each provision (a-b). Additionally, it should be noted that on page 17, it is documented that the OM or DSS is to be contacted by any person (both security staff and non-security staff) who is made aware of a sexual abuse incident or allegation, and that the OM or DSS will contact the FA or designee immediately after being made aware of a sexual abuse incident and begin reporting requirements as listed in policy. Furthermore, this policy includes a reference to refer the first responder checklist, which was provided to the auditor for his review. The First Responder Checklist includes 13 first responder steps that staff (both security and non-security staff) are required to take when learning of an allegation that a resident was sexually abused. All the first responder elements pursuant to this PREA Standard are included on the checklist, as well as other important steps to ensure the victim's safety and ensure all the pertinent information is communicated; such as: seek medical attention for injured person(s); document how the report was made by the victim; secure shift logs, room checks, and other forms of pertinent information; make law enforcement notifications and provide adequate details; obtain incident reports from involved parties and witnesses; make TJJJD notifications; and take photographs of injuries, the scene, and applicable areas (after Crime Scene has given clearance). Furthermore, the agency reported in the PAQ that they have had zero such incidents in the past 12 months to report.</p> <p>It is important to note that since the implementation of PREA in 2016, the agency has not had an incident of sexual abuse; however, the agency has provided the auditor with procedures that are in place to respond to such an incident. Additionally, the agency provided the auditor with training verification documents that prove that all staff, including security and non-security staff, have been trained on their responsibilities as a first responder to an incident or allegation of sexual abuse. The training verification documents are explained in more detail in sections 115.331, 115.332, 115.334, and 115.335 of this report.</p> <p>The auditor interviewed 13 security staff (JSOs) that have been trained on their first responder</p>

duties, and each staff member was able to clearly articulate the actions required by agency policy to respond to an allegation of sexual abuse and sexual harassment. Staff provided the following examples of actions required for responding to an incident or allegation of sexual abuse: separate victim and perpetrator immediately; contact medical and/or mental health staff as appropriate; report immediately to a supervisor, law enforcement (TCSO), and TJJ; advise the victim and perpetrator to not do anything that can destroy or contaminate physical evidence (examples provided- don't brush teeth, change out, go to the restroom, shower, eat, drink, etc.); preserve and protect the scene (without collecting physical evidence, only ensuring it is preserved and protected- law enforcement is assigned the task of collecting the physical evidence for criminal prosecution); document the situation on an incident report; provide victim related services (advocacy and mental/medical health services as appropriate), and monitor the scene and resident's to ensure continued safety and security of all involved.

The auditor also interviewed three medical staff who have been trained on first responder duties, and each medical practitioner explained that the first and most important step is to ensure the victim is safe and separate the victim and perpetrator, provide medical assistance as needed, advise the victim and perpetrator to not do anything that can contaminate or destroy physical evidence, contact a detention supervisor and the PREA Coordinator, contact law enforcement and TJJ, provide victim related services (advocacy and mental health as appropriate), contact emergency medical services if needed, and document what happened on an incident report.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

Conclusion:

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy - TCJS Institutional Response Team Protocol for Sexual Assault - TCJS PREA Coordinated Response Team Meeting Sign-in Sheet (2019) - TCJS PREA Coordinated Response Team Meeting Sign-in Sheet (2018) <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (Facility Administrator- FA) <p>Explanation of determination:</p> <p>115.365 (a):</p> <p>The agency provided the auditor with their TCJS Institutional Response Team Protocol for Sexual Assault and applicable sign-in sheets for the team's meetings conducted in 2018 and 2019. The team includes six detention staff (including four OMs) and the agencies two licensed psychiatrist, medical provider (registered nurse), Facility Administrator, and PREA Coordinator; who all signed the sign-in sheet for the most recent Coordinating Response Team meeting in 2019. Upon a detailed review of the agency's protocols, the auditor determined that the agency provides for a comprehensive plan for to coordinate action in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The following are the protocols the agency has in place for responding to an incident of sexual assault or sexual abuse:</p> <ul style="list-style-type: none"> - First person of knowledge of outcry will inform Operations Manager (OM) or designee of the incident and remain with the alleged victim. - Upon arrival, OM or designee will immediately separate victim and alleged perpetrator. Alleged perpetrator will be placed in another unit or office setting and remain with a staff designated by OM until Law Enforcement arrives. OM or designee will direct alleged perpetrator not to shower, change clothes, use the restroom, destroy evidence, etc. - The OM will designate a staff member to remain with the alleged victim to ensure the resident does not shower, change clothes, use the restroom, destroy evidence, etc. - OM or designee will immediately remove all juveniles from area where the sexual assault/abuse occurred and secure the scene for evidence collection by law enforcement. - OM or designee will begin contacting required parties: Facility Administrator - Facility Administrator (FA) will contact Deputy Director, Facility Mental Health Provider (MHP), victim's parents and victim's assigned Probation Officer (PO), PREA Coordinator, nurse on-shift or on-call. - PREA Coordinator – will oversee response team, assist FA and begin investigation, if appropriate at that time. - Nurse will assess victim's acute medical needs and report to FA for further medical assessment.

- Tarrant County Sheriff's Department within 1 hour of outcry.
- TJJD – notification shall be made within 4 hours of outcry.
- Mental Health Provider (MHP) will be responsible for providing immediate crisis intervention counseling and explain the need for forensic medical examination.
- If victim chooses to undergo exam, law enforcement will contact the Women's Center of Tarrant County for an advocate to accompany the child for the exam. SANEs/Law Enforcement will advise victim of his/her rights under relevant federal or state law.

Actions:

_____ Separate the alleged victim and abuser pending the outcome of the investigation.

_____ Secure the scene, if applicable. No persons granted access until the scene is processed and cleared by law enforcement.

_____ In applicable cases, secure shift logs, room check sheets, control logs, grievances, if applicable, to prevent tampering or the accusation of tampering.

_____ Notify Facility Administrator of allegation.

_____ Make initial report of the incident to Tarrant County Sheriff's Department, within one (1) hour of the outcry.

_____ Complete the TJJD Incident Report Form and fax to TJJD, within four (4) hours of the outcry.

_____ Take photographs of any injuries and the scene, including contents of residents room.

_____ Do not take any action that could destroy physical evidence. If the events occurred within a time period that allows for collection of physical evidence,

- do not launder clothing, or
- allow the victim or abuser to shower, wash/brush teeth, change clothes, urinate, defecate, eat or drink, and
- secure clothing articles and bedding in a paper bag.

_____ Referral to Medical Staff and Mental Health Services Staff.

Medical Staff:

Person Notified: _____ Time and Date: _____

Mental Health Services Staff:

Person Notified: _____ Time and Date: _____

Document the following on an Incident Report:

_____ Record the date and time that the incident reportedly occurred

_____ Record the date and time that the incident allegedly occurred

_____ Record the date and time that the report was made

_____ Who initially reported the allegation (alleged victim, peer, another staff, parent, other)?

_____ How did the reporter make the report (phone, in writing, grievance procedure, other)?

Witness Statements

_____ Obtain written statements from the alleged victim, the reporter, if known and if Different than the alleged victim)

_____ Isolate witnesses before obtaining statements. Keep them from conversing to the extent possible prior to obtaining statements.

First Responder's & Operations Manager Checklist

- ___ Record the date and time that the incident reportedly occurred
- ___ Record the date and time that the report was made
- ___ Seek medical assistance for injured person(s)
- ___ Who initially reported the allegation (alleged victim, peer, staff member, parent, etc.)?
- ___ How did the reported make the report (phone, in writing, grievance procedure)?
- ___ Secure the scene (if applicable)
- No one granted access until scene is processed and cleared by law enforcement
- ___ Secure shift logs, room check sheets, other forms of pertinent documentation
- ___ Make law enforcement notification and provide adequate details (immediately, but no later than 1 hour after initial outcry)
- ___ Isolate witnesses before obtaining incident reports.
- ___ Obtain incident reports from involved parties and witnesses
- ___ Make notification to TJJD (immediately, but no later than 4 hours after outcry)
- ___ Take photographs of injuries, the scene and any applicable areas
- ___ Secure clothing articles and bedding in a paper bag (Do not launder the articles or allow the alleged victim to shower until authorized by law enforcement)

Additionally, the agency provides in this working protocol a diagram that outlines each person's responsibilities in response to an incident of sexual abuse, and the agency's PREA Policy also outlines all the required responsibilities for responding to such an incident to ensure the victim is protected, the incident is investigated properly, and to ensure the victim is provided the required services pursuant to PREA.

The auditor interviewed the agency's superintendent (FA) who advised that the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, an facility leadership includes the following steps:

- Follow the outlined response protocols (First Responder Protocols as indicated above)
- Separate the victim and perpetrator
- Preserve, protect, and clear the scene,
- Advise alleged victim and alleged perpetrator to not do anything that can destroy physical evidence
- Ensure TCSD and TJJD have been notified, and allow TCSD criminal investigators to collect evidence, process the scene, and investigate
- Notify the parent/guardian/attorney
- Provide victim services (advocacy- Women's Center and mental health services)
- Refer for SANE/SAFE exam to John Peter Smith Hospital, with TCJS's medical staff being the main point of contact
- Complete incident reports both in-house reports and TJJD reports
- Contact administrative investigator

Conclusion:

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

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - PAQ Response <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Deputy Director- DD) <p>Explanation of determination:</p> <p>115.366 (a): Per the PC's response in the PAQ, TCJS has not entered into a collective bargaining with any other agency or government entity.</p> <p>115.366 (b): N/A. The auditor is not required to audit this provision.</p> <p>The auditor interviewed the Deputy Director of the Department, and he advised that the agency has not entered into a collective bargaining with any other agency or government entity.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Deputy Director- DD) - Staff Member in Charge of Monitoring Retaliation- Facility Administrator (FA) - Superintendent (Facility Administrator- FA) - Two residents who reported sexual abuse that occurred prior to being in detention <p>Explanation of determination:</p> <p>115.367 (a): The agency's PREA Policy includes actions the agency takes in order 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. Additionally, the agency's PREA Policy states, and the PC noted in the PAQ, that the FA for the facility is also the staff member responsible for monitoring for retaliation as pursuant to this PREA Standard.</p> <p>115.367 (b): The agency's PREA Policy on page 14 describes procedures that require the agency to employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and provide emotional support services to staff and residents who report sexual abuse or sexual harassment or who fear retaliation for reporting such abuse or harassment or for cooperating with investigations.</p> <p>The auditor interviewed the Deputy Director (DD) of the agency, and he informed the auditor that in order to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations, his agency would review the situation for housing changes and transfer a resident or staff member as necessary. Additionally, the DD explained that his agency is able to partner with Dallas County Juvenile Probation Department (borders Tarrant County) to transfer a resident to the Dallas County Juvenile Detention Center if this move is deemed necessary to protect a resident. The DD also described emotional support services that are made available to a resident or staff who fear retaliation.</p> <p>The auditor also interviewed the agency's Facility Administrator (FA), who also is the agency staff member in charge of monitoring for retaliation, and he explained that the following measures would be taken to protect residents and staff from retaliation:</p> <ul style="list-style-type: none"> - review and change housing assignments as appropriate; - separate alleged victim and alleged perpetrator; - if staff are involved in retaliation threats or acts, immediate remove this staff and place on

administrative leave pending an investigation;

- review staff and resident disciplinary reports to review for any patterns of concern; and
- The FA was also asked questions directly related to how he ensures monitoring practices for retaliation, and he advised the following:
- make sure retaliation is prevented through policy and procedure training for staff on retaliation;
 - ensure staff and residents know how to report retaliation (third party, TJJJD Hotline, grievance process, attorney, etc.);
 - for an incident or allegation of sexual abuse or sexual harassment ensure the alleged victim and alleged perpetrator are separated, review housing assignments and make changes as appropriate, isolation likely for perpetrator and as a last resort for victim;
 - collaborate with response team (Assistant Facility Administrator, FA, PREA Coordinator, MHP, etc.)- meet to ensure all protective measures are in place;
 - observe and monitor for any red flags that might indicate retaliation (review disciplinary records and daily observation reports);
 - monitor video and reports from staff and supervisors; and
 - monitor as long as necessary (no limit is placed on how long to monitor and monitor would continue until the child is released).

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

115.367 (c):

The agency's PREA Policy on pages 14-15 explain that for at least 90 days following a report of sexual abuse, the FA shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have experienced 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 action. The following shall be monitored:

- a. Resident disciplinary reports
- b. Unit housing
- c. Program changes, or
- d. Negative performance reviews or reassignments of staff will be monitored by the Facility Administrator.

Furthermore, this Policy also states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. It should be noted that the agency reported in the PAQ that they had zero incidents of retaliation monitoring in the past 12 months due to zero incidents alleging sexual abuse or sexual harassment in the facility in the past 12 months.

The auditor interviewed the FA (who is also the staff member in charge of monitoring retaliation), and he advised that the following steps would be followed if retaliation is suspected:

- Review for any vulnerabilities in operations to protect residents from retaliation and address accordingly;
- Evaluate housing assignments and move residents as appropriate to ensure safety and security;
- If staff are involved in retaliation, suspend pending an investigation;
- Review disciplinary reports for patterns in unusual patterns of behavior; and
- Monitor for as long as necessary, with no limits of how long to monitor (at least 90 days, per Policy).

115.367 (d):

Per the agency's PREA Policy on page 14, "for residents, such monitoring shall also include periodic status checks to be conducted by the Operations Managers. Status checks will be conducted randomly twice weekly and documented on the Supervisor Shift Summary. The Supervisor Shift Summary will be maintained in the office of the Facility Administrator."

The FA, who is the staff member in charged of retaliation, advised the auditor that retaliation monitoring would continue as long as needed, without any set limit, but for at least 90 days per agency policy.

115.367 (e-f):

The agency includes in their PREA Policy on page 15 the following procedures pursuant to provisions (e) and (f) of this standard: "If an individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect the individual against retaliation; and the obligation to monitor shall terminate if the allegation is unfounded."

The Deputy Director (DD) explained to the auditor that if an individual who cooperates with an investigation expresses fear of retaliation, the agency will take the following protect measures:

- review the totality of the circumstances involved;
- hold staff and residents accountable for any actions that may be deemed as retaliation;
- continue monitoring closely for at least 90 days or longer if necessary;
- review performance reports;
- reassign as appropriate; and
- he has the ability to transfer a resident to another county facility if needed.

Conclusion:

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the PC and FA explaining that they have had zero residents placed in isolation pursuant to this standard. <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (Facility Administrator- FA) - Staff who supervise residents in isolation (all security staff are capable of doing this) - Three medical staff - One Psychologist <p>Site Review Observations:</p> <p>During the onsite phase of the audit, the auditor did not observe any resident in isolation due to a sexual abuse or sexual harassment incident. There were only two residents in their rooms during the facility inspection, and it was reported by the FA and AFA that these two residents were refusing to program.</p> <p>Explanation of determination:</p> <p>115.368 (a): The agency's PREA Policy on page 15 provides for the requirements of this standard and states, "Isolation to protect a resident who is alleged to have experienced sexual abuse shall follow requirements of the Lynn W. Ross Juvenile Detention Center isolation policy to protect the resident in the least restrictive manner. This will occur only as a last measure and only until an alternative means of keeping all residents safe can be arranged. Residents 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 providers and access to regular program opportunity to the extent possible." Additionally, the agency provided a signed memo from the FA and PC that the TCJDC has not placed a resident in isolation due to alleging to have suffered sexual abuse, sexual harassment, or being at risk of sexual victimization.</p> <p>The auditor interviewed the Facility Administrator (FA), and he explained that he has never been apart of or witnessed the act of placing a resident on a protective isolation due to a sexual abuse or sexual harassment type incident or due to fear of retaliation for reporting. He explained how the agency has multiple housing units, and how residents can be moved to units that are deemed safer thus allowing the resident to stay in the program- out of isolation. The FA explained further that if such an incident were to occur, the following steps would be followed:</p> <ul style="list-style-type: none"> - The resident would only be isolated from others 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.

- The resident would be allowed all the required rights {i.e., programming, education (including special education as applicable), large muscle exercise, work opportunities (to clean), eating outside the room, free time, medical and mental health services, privileges, etc.}.
- The resident's status would be reviewed daily, every 8 hours.
- Such a Protective Isolation status would last only until it is deemed safe by the FA to move the child back to regular programming.

The auditor interviewed three medical staff, and each medical practitioner advised the auditor that all residents placed in isolation (regardless if for protection, for disciplinary measures, or medical reasons) are provided both medical and mental health care as needed. The medical staff explained further that they have never been involved with a situation involving a resident placed on a Protective Isolation for a sexual abuse or sexual harassment type incident; however, if such an incident were to occur, each medical staff advised that they would visit and meet with the resident every day to ensure the child's continued wellbeing, as well as meet with the resident as requested by the resident and staff.

The auditor interviewed the agency's lead Psychologist, and she advised that all residents placed in isolation (regardless if for protection, for disciplinary measures, or medical reasons) are provided both medical and mental health care as needed. The Psychologist explained further that she has never been involved with a situation involving a resident placed on a Protective Isolation for a sexual abuse or sexual harassment type incident; however, if such an incident were to occur, mental health services would visit and meet with the resident daily to ensure the child's continued mental wellbeing, as well as meet with the resident as requested by the resident and staff.

The auditor interviewed 13 randomly selected security staff who all are capable of supervising residents in isolation and asked two of these random staff specific questions related to this PREA Standard. The two staff advised that they have never been involved in an incident of a resident being placed in protective isolation for a sexual abuse or sexual harassment type incident; although, if such an incident were to occur, they each provided the following information:

- The resident in protective isolation (PI) would be provided access to programs, privileges, education (including special education as appropriate), and work opportunities.
- The resident would only be placed in involuntary isolation (PI) until an alternative means of separation from the likely abusers can be arranged.
- That a PI would most likely be short, a day or so, and only until the threat is no longer an issue or an alternative plan can be safely implemented to allow the resident to be safe in the program.
- Medical and mental health services would never be restricted, and the resident would be checked on by both daily.
- A review of the PI would be conducted daily.

Conclusion:

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

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the PC and FA pursuant to this standard - TJJJD Internal Investigation Report Form (Administrative Investigation Division) - Memo from PC and FA explained how the facility remains informed of a criminal investigation - Tarrant County Juvenile Services (TCJS) Internal Investigation Final Report <p>Interviews:</p> <ul style="list-style-type: none"> - Investigative Staff - Two residents who reported sexual abuse prior that occurred prior to their detention - Superintendent (Facility Administrator- FA) - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.371 (a):</p> <p>The agency's PREA Policy on pages 19-20 includes procedures for the TCJS to follow when conducting an administrative investigations, as well as a section that includes procedures for both TCJS and the Tarrant County Sherriff's Department (TCSD) to adhere to when the Sheriff's Department conducts their criminal investigation.</p> <p>The auditor interviewed one of the agency's newly trained administrative investigators, and she advised during her interview that investigations following an allegation of sexual abuse are immediately investigated after the report is made to agency administrators. The investigator also explained that if the agency is informed of an anonymous or third-party report of sexual abuse or sexual harassment, this allegation would immediately trigger an administrative investigation, as well as be reported to the proper law enforcement authorities (TCSD and TJJJD) so that a criminal investigation can be conducted concurrently. Additionally, the investigator described the process involved when an anonymous report is received, which would follow the same process as any other type of report and includes the following additional steps to help determine who was involved:</p> <ul style="list-style-type: none"> - reviewing all the information available from the report; - review camera footage; and - interviewing staff and residents. <p>The investigator also informed the auditor that third-party reports of sexual abuse and sexual harassment would be investigated the same as any other report.</p> <p>115.371 (b):</p> <p>The agency's PREA Policy on page 19 provides for the requirements of this provision that employees assigned to conduct sexual abuse investigations (administrative only- criminal are conducted by Tarrant County's Sherriff's Office) shall receive training in conducting such</p>

investigations in juvenile confinement settings. This policy also states that the training shall include the 4 elements pursuant to PREA Standard 115.334 (b), as described previously in this report under 115.334. The agency was able to demonstrate that the two staff who are the agency's specialized PREA administrative investigators received the required training by providing the auditor with the investigator's conference training schedule of events. Upon the auditor's review, the auditor was able to determine that this document outlines a two day training event that included the required training topics pursuant to this provision, as well as training in conducting a quality investigation and report writing in juvenile confinement settings. Furthermore, the agency also provided an attendance form and training verification documents that proved the two staff members attended the specialized training.

One of the agency's administrative investigator advised the auditor that she received specialized training specific to conducting sexual abuse and sexual harassment investigations in confinement settings during a two day training, off-site, in the month of September of this year (2019). She advised the training was conducted by a representative from the Independent Ombudsman Office for the Texas Juvenile Justice Department, and the training covered the following topics: PREA Standards, report writing techniques, sexual abuse investigation techniques, warning signs to be aware of, interview and interrogation strategies, 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 or prosecution referral (which was explained by the investigator as no standard higher than a preponderance of evidence- more likely than not the allegation occurred or tipping the scale over 50%).

As provided from the TJJJ website, the Independent Ombudsman is a state agency established for the purpose of investigating, evaluating, and securing the rights of the children committed to the Texas Juvenile Justice Department (TJJJ).

115.371 (c-d):

The agency's PREA Policy on page 19 includes the requirements verbatim to the language in provision (c) and (d) of this standard.

The agency's administrative investigator advised that the following initial steps would be taken in beginning an investigation following an allegation of sexual abuse or sexual harassment:

- ensure the alleged victim is safe and separated from the alleged perpetrator;
- ensure all first responder duties were followed and required services were provided to the alleged victim (victim advocate and SANE/SAFE);
- receive paperwork (incident report or report from TJJJ if made via the TJJJ Hotline);
- read and analyze all the information provided;
- review surveillance footage of the entirety of the incident;
- promptly interview alleged victim/s, perpetrator/s, and witness/es;
- review any prior complaints if applicable to the investigation (to determine if the alleged perpetrator has a history of this type of behavior);
- document all steps in a report (have both internal forms and a TJJJ Internal Investigation reporting form); and
- after all the information is reviewed and report is completed, the investigator stated she would then meet with the Deputy Director, Facility Administrator, and PREA Coordinator (the Incident Review Team) to ensure the integrity and completeness of the investigation process.

The investigator also explained the agency's evidence collection process, which includes the process of first-responders preserving and protecting the scene to ensure evidence is not contaminated or destroyed and it is the Tarrant County Sheriff's Department's responsibility to collect the actual evidence to be used in their criminal investigation. The investigator also advised that first responder staff are trained to instruct the alleged victim and perpetrator to not take any action that could contaminate or destroy any physical evidence, such as: advising the residents to not eat, drink, change, shower, brush teeth, or go to the restroom.

The investigator explained to the auditor during her interview that an investigation does NOT terminate if the source of the allegation recants his/her allegation or if the alleged perpetrator is either released from detention (for a resident) or if a staff perpetrator is terminated or resigns their position. The investigator explained that the investigation would continue fully to ensure the youth has not been intimidated or coerced.

115.371 (e):

The agency's PREA Policy on page 19 states that when the quality of evidence appears to support criminal prosecution, all following interviews will be conducted by the TCSO to avoid compromising the criminal investigation.

The agency's investigator who was interviewed by the auditor advised that when it is discovered there is evidence that a prosecutable crime may have taken place, the agency automatically consults with prosecutors before conducting any compelled interviews. Furthermore, the investigator informed the auditor that all allegations of sexual abuse and sexual harassment are immediately reported to the TCSD, who will conduct their own independent criminal investigation.

115.371 (f):

The agency's PREA Policy on page 19, under XXII. Internal Investigations, includes the requirements of this provision verbatim to the associated PREA language, as per the auditor's review of the agency's Policy.

The agency's administrative investigator who was interviewed by the auditor advised that the credibility of an alleged victim, suspect, or witness would only be judged on a case-by-case basis; although, she also explained that a credibility assessment would only be used for the behavior surrounding the alleged act being investigated and previously reported false reports, if applicable, would not be included. The investigator also verified that the agency would never require, no matter the circumstances, the resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident

did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

115.371 (g-h):

The agency's PREA Policy on pages 19-20 explains that TCJS administrative investigations shall include an effort to determine if staff actions or failure to act contributed to the abuse, and that investigations shall be documented on the TJJD incident form that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. In addition, the Policy states that administrative investigation requirements include: (a) description of the physical and testimonial evidence; (b) the reasoning behind credibility assessments; and (c) investigative facts and findings. Furthermore, the auditor reviewed the TJJD Internal Investigation Report Form that is available online to ensure all the requirements of documentation pursuant to the two applicable PREA standards (115.322 and 115.371) are included on the form. Upon review, the auditor determined that this reporting form includes all the PREA requirements, plus: provides for a TJJD Case Number and a County Case ID number; a requirement to document on the report if during the internal investigation the subject of the investigation resigns or is terminated from employment (TJJD must be notified within 2 business days after the resignation or termination); a section to add relevant policy and procedure related to the alleged incident; assigned disposition; parent/guardian notification, any additional information that the investigator thinks is pertinent to the investigation that has not already been detailed; and printed name and signature of investigator completing the report.

The agency's administrative investigator advised the auditor during her interview that she would make the following efforts during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse:

- interview all involved;
- review agency policies and procedures and relevant Texas Administrative Code and PREA Standards to determine if any violations of policy or standard attributed to the abuse; and
- review surveillance cameras to help determine staff neglect.

The investigator also explained to the auditor that all administrative investigations are documented on a TJJD Internal Investigation Report, and this report includes a comprehensive outline of the entire investigation to include, but not limited to: reporting times and dates (initial report, report to TJJD, and report to TCSD); names of witnesses, victim, and perpetrator- plus their statements; law enforcement contact info; evidence used in the report and how it was collected; a summary of the entire investigation; and justification of the disposition determined (either substantiated, unsubstantiated, or unfounded). The investigator explained that the TCSD conducts the criminal investigation and documents their criminal investigation information on the Sheriff's Department's own reporting form.

115.371 (i):

The agency's PREA Policy on page 20 outlines the requirements verbatim to the PREA language of this provision, as well as the agency indicated in the PAQ and on a memo from the FA and PC that the TCJDS has not substantiated any allegations of conduct that appeared

to be criminal that were referred for prosecution since the last PREA audit date of October 28, 2016.

The investigator informed the auditor that all allegations of sexual abuse and sexual harassment are immediately reported to the TCSD (within one hour), who will conduct their own independent criminal investigation.

115.371 (j-k):

The agency's PREA Policy on page 20 states that written reports of administrative and criminal investigations shall be retained as long as the alleged perpetrator is incarcerated or employed by TCJS, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Additionally, this Policy also includes the procedure that the departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. Additionally, it is important to add that TAC 358.720 requires all juvenile detention centers in Texas to notify TJJD no later than the second business day after a subject of an administrative investigation resigns or is terminated from employment (this Standard language is also documented on the TJJD Internal Investigation Report Form).

The investigator explained to the auditor during her interview that an investigation does NOT terminate if the source of the allegation recants his/her allegation or if the alleged perpetrator is either released from detention (for a resident) or if a staff perpetrator is terminated or resigns their position. The investigator explained that the investigation would continue fully to ensure the youth has not been intimidated or coerced. The investigator explained further that if a resident that is involved in the allegation is released or if a staff member involved resigns or is terminated, the TSCD would immediately be notified.

The agency provided the auditor with their last investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not fully implemented in the facility at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report that was provided to the auditor. The report is broken into six sections, and includes the following:

- allegation statement;
- actions taken;
- investigation conducted (also including the interview with the alleged perpetrator, relevant witnesses, and alleged victim);
- further action taken in the process of the investigation; and
- list of supplemental attachments (i.e., incident reports, Supervisor's First Notification of Allegation form, Employee Statement of Discovery, TJJD Incident Report form, Request for Medical Assessment completed by the nurse, Medical Diagnosis and Treatment Form completed by the agency's Medical Doctor, Letter of Administrative Leave for the alleged perpetrator, Juvenile Detention Center Staff Schedule, and Special Room Observation Forms.

It should be noted that the facility took immediate action to protect the resident and initiate an investigation after the initial report of sexual abuse was made. The report was made, and less than one hour the TCSD was notified and provided a badge number of the officer who took the report and case number. TJJD was then notified within four hours of the initial report, and

the alleged victim's parent was notified within three hours. The administrative investigation then began on the same day of the report. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written statement.

115.371 (l):

N/A. The auditor is not required to audit this provision.

115.371 (m):

The agency's PREA Policy on page 20 states that if the TCSD investigates sexual abuse, TCJS shall cooperate and shall endeavor to remain informed about the progress of the investigation. In addition, the FA and PC provided the auditor with a memo that explains the following procedures as related to this provision:

TCJS is required to make a police report to the Tarrant County Sheriff's Department regarding all ANE allegations, and a detective from the Sheriff's Department would then be assigned to the juvenile department for such investigations. The agency would then maintain contact through phone, email and face to face visits on an as needed basis based on the needs and requirements of the investigation. Lastly, both parties, TCJS and the Tarrant County Detective, are prompt in communication and willing to assist one another during an investigation process.

The auditor interviewed the agency's Superintendent (FA), and he advised that the agency's PREA Coordinator is the main point of contact for criminal investigations that are conducted in the facility. The FA also explained that he has a good working relationship with the TCSD's criminal investigator that is assigned to juvenile cases (communicates via calling and emailing), and that he has worked with this investigator in the past on physical abuse allegations made by residents.

The PREA Coordinator provided the name of the TCSD's criminal investigator who is the investigator assigned to any juvenile case referred from the TCJDC, and the PC explained that she is the main point of contact who also coordinates and organizes any efforts needed. The PC also informed the auditor that she communicates with the criminal investigator either by phone or email; and that all abuse, neglect, and exploitation cases are criminally investigated by this investigator. Additionally, she advised that TJJD is also able to conduct both criminal and administrative investigations upon receiving a report from the facility, and in this case, TJJD will assign an investigator who contacts the PC either by phone or email.

The agency's administrative investigator was also interviewed by the auditor, and she explained that the TCSD conducts all criminal investigations. The investigator explained that the TCJS's role when the TSCD conducts their criminal investigation is to be completely cooperative, help with evidence collection as advised by the criminal investigators, remain informed of the process, and request the outcome of the criminal investigation upon completion.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1091 360">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="252 416 721 490" style="list-style-type: none"> - Agency PREA Policy - TCJS Internal Investigation Report <p data-bbox="252 546 392 580">Interviews:</p> <ul data-bbox="252 636 528 669" style="list-style-type: none"> - Agency Investigator <p data-bbox="252 725 635 759">Explanation of determination:</p> <p data-bbox="252 804 416 837">115.372 (a):</p> <p data-bbox="252 848 1453 965">The agency's PREA Policy on page 20 states that no standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="252 1021 1474 1223">The auditor interviewed one of the agency's administrative investigators who advised that no standard higher than a preponderance of evidence is required to substantiate an allegation of sexual abuse or sexual harassment. Additionally, this investigator described the standard of a preponderance of evidence as the determination made through an investigation that the allegation more than likely occurred (tipping the scale over 50% that the allegation did occur).</p> <p data-bbox="252 1279 1481 1648">Additionally, the agency provided the auditor with their last investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not fully implemented in the facility at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report that was provided to the auditor. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written statement.</p> <p data-bbox="252 1704 1461 1821">The agency's PREA Coordinator (PC) advised the auditor that the preponderance of investigation standard was used by the investigator (the PC) in determining the disposition of this investigation (the most recent sexual abuse investigation that occurred prior to 2014).</p> <p data-bbox="252 1877 405 1910">Conclusion:</p> <p data-bbox="252 1921 1461 1995">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.373	Reporting to residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1091 360">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="252 416 1461 573" style="list-style-type: none"> - Agency PREA Policy - Internal Investigation Final Report (incident of the most recent sexual abuse allegation from prior to 2014) - TCJS Notification of (substantiated or unsubstantiated) Complaint form <p data-bbox="252 629 392 663">Interviews:</p> <ul data-bbox="252 719 1374 831" style="list-style-type: none"> - Superintendent (Facility Administrator- FA) - Investigative Staff - Two residents who reported sexual abuse that occurred years prior to their detention <p data-bbox="252 887 635 920">Explanation of determination:</p> <p data-bbox="252 976 440 1010">115.373 (a-b):</p> <p data-bbox="252 1021 1485 1603">The agency's PREA Policy on page 20 states that following an investigation into a resident's allegation of sexual abuse in the facility, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The agency reported in the PAQ that they have had zero allegations of a resident being sexually abuse or sexually harassed in the facility in the past 12 months; therefore, no such criminal and/or administrative investigations have been conducted within this time frame. Furthermore, the agency provided the auditor with their Notification of (substantiated or unsubstantiated) Compliant form that is used for the requirements of notification pursuant to this provision. Upon the auditor's review, this form was found to be in full compliance with the requirements of this provision and is an effective method of providing notice to a resident who alleges sexual abuse in the TCJDS. In addition, the agency's PREA Policy also states that if the facility did not contact the investigations (i.e., criminal investigations by TCSD or TJJD) the PREA Coordinator will request the relevant information from the investigative agency to inform the resident.</p> <p data-bbox="252 1659 1477 1861">The agency's Superintendent (FA) advised the auditor during his interview that a resident who alleges sexual abuse or sexual harassment would be notified, and has been notified in the past, of the disposition of the investigation- whether it is substantiated, unsubstantiated, or unfounded. The FA explained that the last investigation of sexual abuse that occurred prior to 2014 resulted in a disposition of unfounded and the resident was subsequently notified.</p> <p data-bbox="252 1917 1485 2152">The auditor also interviewed one of the agency's investigative staff members, and she advised upon completion of an administrative investigation of sexual abuse or sexual harassment that allegedly occurred in the facility, the investigator is required to notify the alleged victim of whether the disposition of the investigation is substantiated, unsubstantiated, or unfounded. She notified the auditor that she has not conducted such an investigation, but that she knows that this is required per agency policy.</p>

The auditor reviewed the facility's report of the last administrative investigation of a sexual abuse allegation that occurred prior to 2014, and PC explained that the resident was made aware of the disposition of the investigation, which was unfounded.

115.373 (c-f):

The agency's PREA Policy on page 20 includes the PREA language exactly as it is stated in the corresponding PREA Standard provisions (c-f). Additionally, it should be noted that even though provision (f) is not required to be audited by the auditor, the agency has included this provision in their PREA Policy.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Most recent administrative investigation report conducted prior to 2014 <p>Explanation of determination:</p> <p>115.376 (a-d):</p> <p>The agency's PREA Policy on page 21 outlines all the requirements of this standard related to disciplinary sanctions for staff, as verified by the auditor. The agency requires that disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse, this act results in automatic termination) 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. In addition, at the conclusion of an administrative investigation, the FA of TCJS shall take appropriate measures to ensure the safety of the resident and the subject of the investigation will be informed of the outcome of the investigation and the measures taken. Such measures include, as indicated in the agency's PREA Policy: 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 training of all staff if necessary; suspension or termination of staff involved in the incident; and possible criminal prosecution. TCJS also documents in their PREA Policy that all terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, to TJJD and to any relevant licensing body. Furthermore, the PREA Coordinator and the FA for the TCJDC indicate in the PAQ and provided the auditor with a signed memo that the TCJDC has not terminated or sanctioned a staff member for violations of agency sexual abuse or sexual harassment policies, and that if such disciplinary action takes place the violation will be reported to law enforcement.</p> <p>The agency provided the auditor with their most recent investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not fully implemented in the facility at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report that was provided to the auditor. This report sufficiently demonstrates how the facility took immediate action to protect the resident who made the allegation of sexual abuse by making the required reports to law enforcement and TJJD, placing the alleged perpetrator on administrative leave, and conducting an administrative investigation. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written</p>

statement.

Conclusion:

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

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the FA and PC indicating zero reports to law enforcement <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (Facility Administrator- FA) <p>Site Review Observations:</p> <p>The auditor observed while onsite that the Sheriff's Department operates security check points at each of the two public access points (one leading into the casework building and the other into the detention visitation lobby), requiring people entering to provide proper identification and be screened through a metal detector. Additionally, in order to enter the secure detention facility, the main control room must allow access into the building through either the intake or visitation areas.</p> <p>Explanation of determination:</p> <p>115.377 (a-b):</p> <p>The agency's PREA Policy on page 21 includes the requirements of this standard verbatim to the associated PREA language. Additionally, the FA and PC indicated in the PAQ and provided the auditor with a memo that describes the TCJDS has not had to report to law enforcement pursuant to this standard due to zero allegations of sexual abuse or sexual harassment being reported by residents in the facility in the past 12 months. The FA and PC note that the facility would take appropriate and remedial measures to prohibit further contact with residents, as applicable to the requirements of this standard.</p> <p>The auditor interviewed the agency's Superintendent (FA), and he advised that his agency will take immediate remedial measures and prohibit further contact with residents of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The FA explained that he has never been made aware of a contractor or volunteer violating such a policy, but if such an allegation was to be reported, the agency would take immediate action to remove the alleged perpetrator from the facility and prohibit any further contact this person has with residents. Furthermore, the FA informed the auditor that such an allegation would be immediately reported to the Tarrant County Sheriff's Department (TCSD) and the Texas Juvenile Justice Department (TJJD) and an administrative investigation would be initiated as soon as possible, as required by agency policy. During the time of the investigation, the FA advised that the contractors' or volunteers' entire group or organization would not be allowed access in the facility until the investigations are completed, both criminal and administrative. Additionally, the FA advised that it is normal operating procedure to notify the main control room staff and supervisors of who/m is prohibited access into the facility, so that the alleged</p>

perpetrator is not accidentally allowed entry into the secure facility.

The auditor observed while onsite that the Sheriff's Department operates security check points at each of the two public access points (one leading into the casework building and the other into the detention visitation lobby), requiring people entering to provide proper identification and be screened through a metal detector. Additionally, in order to enter the secure detention facility, the main control room must allow access into the building through either the intake or visitation areas.

Conclusion:

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

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (Facility Administrator- FA) - Three medical staff - Mental Health Professional (MHP)- Agency's Lead Psychologist <p>Explanation of determination:</p> <p>115.378 (a-c):</p> <p>The agency's PREA Policy on page 15 states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process, as outlined in their Resident Discipline Plan, following that the resident engaged in resident-on-resident sexual abuse, and that all disciplinary sanctions shall related to this procedure shall be shall be 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. TCJS also explains in their PREA Policy that if a resident is isolated, the rules following isolation requirements will be followed, and 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 provider. In addition, residents shall also have access to other programs to the extent possible. The disciplinary process, as indicated in this policy, shall consider if the resident's mental disabilities or mental illness contributed to the behavior when determining what sanction, fi any, is imposed.</p> <p>Furthermore, it should be noted that the following Texas Administrative Codes require all juvenile detention centers in Texas to adhere to the following requirements related to isolating a resident due to a disciplinary action or threat to safety or security:</p> <p>TAC Standard §343.276 (Formal Disciplinary Reviews for Major Rule Violations Effective Date: 6/1/16) requires the MRJJC to provide a resident a formal disciplinary review before disciplinary seclusion is imposed unless the review is waived in writing by the resident.</p> <p>TAC 343.285, a disciplinary seclusion shall not be issued to a resident with a known diagnosis of a serious mental illness or severe or profound intellectual disability.</p> <p>TAC 343.288, states that a mental health provider shall be consulted before the end of the 24th hour of safety-based seclusion if the resident has a known diagnosis of a serious mental illness, a known diagnosis of severe or profound intellectual disability, and/or a current designation as high or moderate risk for suicide.</p>

The auditor interviewed the agency's Superintendent (FA), and he informed the auditor that following an administrative or criminal finding that a resident has engaged in resident-on-resident sexual abuse, the disciplinary measure enforced by the facility shall be proportionate to the nature and circumstances of the abuse/s committed, the resident's disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. Further, the FA advised that a child's mental disability or mental illness would be taken into consideration when determining appropriate disciplinary sanctions. The available disciplinary seclusions available for a resident who has been found to be a perpetrator of resident-on-resident sexual abuse, as explained by the FA, are Safety-Based Seclusions and Disciplinary Seclusions.

115.378 (d):

TCJS states in their PREA Policy on page 15 that the facility will determine if the resident will receive counseling or other interventions to address and correct underlying reason or motivations for abuse and shall also 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 general programming or education.

The auditor interviewed three of the facility's medical staff, and each medical professional explained that medical services are provided to all residents, regardless if the resident is in an isolation or not. Furthermore, the medical staff explained that medical services and treatment are not contingent on the resident participating in any rewards-based behavioral management systems, programming, or education.

The auditor also interviewed the agency's lead Psychologist who advised that participation in mental health services in the facility is not contingent on the resident participating in any rewards-based behavioral management systems, programming, or education; and that all residents are able to access and are provided mental health services, regardless of the resident's isolation status.

115.378 (e-g):

TCJS prescribes in their PREA Policy that a resident may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact, and that 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 the an investigation does not establish sufficient evidence to substantiate the allegation. TCJS explains in their PREA Policy that sexual activity between residents is strictly prohibited and residents may be disciplined for such activity; however, it is also noted that the agency may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Conclusion:

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

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Detention Assessments Form - Mental Health Crisis Referral (MHCR) Form - MHCR Response From MHP Form <p>Interviews:</p> <ul style="list-style-type: none"> - Two residents who disclosed prior sexual victimization during risk screening - Staff member responsible for conducting risk screening - Three medical staff - The Lead Psychologist for the Department <p>Site Review Observations:</p> <p>The auditor observed the intake process of a juvenile being detained and witnessed the completion of the agency's Behavioral Screen (risk screening instrument). The Behavior Screening was completed by an intake officer, and this officer asked the resident questions from the screening form in which provided for answers pursuant to this PREA Standard. The officer remained objective in her approach and documented the answers the resident provided on the screening form. After the screening was completed, the auditor noticed the Behavioral Screening form had two carbon copies attached to the original white form, and the officer removed the carbon copies from the original form to be provided to the mental and medical units respectfully. The auditor determined that this practice adequately demonstrated the agency's practice for referring all Behavioral Screenings to the agency's medical and mental health units. Additionally, the Behavioral Screening was conducted in a confidential setting inside the Intake Officer's office, with no other staff or residents able to listen in on the answers provided by the resident.</p> <p>Additionally, the auditor reviewed the agency's Resident Roster when onsite, and this roster confirmed that all the residents in the facility were under the age of 18.</p> <p>Explanation of determination:</p> <p>115.381 (a):</p> <p>The agency's PREA Policy on page 12 explains that if any of the intake screening forms (i.e., mental health, medical, behavior screening- documented also in section 115.341 of this report) 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 health screening or medical health screening form and provide a copy of the form(s) to the Operations Manager (OM) or the Designated Shift Supervisor (DSS) and the mental health provider (MHP). In addition, this policy states that a follow up meeting with the</p>

mental health care provider will be held within 14 days of the intake screening. Furthermore, the agency demonstrated the practice of this provision/procedure by providing the auditor with their Detention Assessments sheet that includes the type of notification made to the MHP (either Juvenile Case Management System, JCMS, entry or email sent), date, name, assigned JPO, reason for assessment, and dates seen. The agency also provided the auditor with examples of their Mental Health Crisis Referral (MHCR) forms that include the juveniles name, personal identification number, date detained, referring offense, sex, age, ethnicity, who the assessment was requested by, date and time of request, room assignment, when the mental health assessment was administered, reason for referral (i.e., victim of sexual abuse box available for staff to check), incident details/comments, current suicide risk level, and information for staff to document if a MHP was contacted over the phone about the child. The agency provided the auditor with the form used in response to a MHCR form being submitted to a MHP, the MHCR Response From MHP form, that includes: juveniles name and personal identification number, the reason for the referral, evaluated by and date and time, assessed suicide level, pertinent mental health information, recommended behavioral interventions, planned psychological service actions, behavior staff should monitor for, and the signature of evaluator with date and time. The agency demonstrated how the agency fulfills their responsibilities pursuant to this provision by providing in the PAQ a completed MHCR form that indicates that the resident was a victim of sexual abuse. The auditor also was provided the completed MHCR Response from MHP form for this referral, and the form indicates that one of the agency's MHPs provided the required follow-up meeting the very next day. The MHP provided in the assessment pertinent information related to the child's mental health and recommended behavioral interventions.

The PC documented in the PAQ that the agency admitted 1,112 residents in the past 12 months and 100% of these residents' risk levels were assessed via the agency's Behavioral Screening form. This was verified by the auditor through a comprehensive review of 18 randomly selected resident files, in which all 18 (100%) included completed agency Behavioral Screening forms that were signed and dated by the resident and intake staff within 72 hours of the child be admitted into the facility. Further, it should be noted that each behavioral screen reviewed were completed on the first day the resident was admitted, within a few hours of the resident's detained time. Out of the 18 files reviewed, two of the behavioral screens indicated that the residents were potential victims of sexual abuse, and the agency demonstrated how mental health services conducted a mental health follow-up within 14 days by providing the auditor the Mental Health Crisis Referral (MHCR) Forms that were in each resident's file. Each MHCR form reflected that a referral was made to the MH services unit on the same day that the Behavioral Screen was conducted due to the resident being screened as a potential victim of sexual abuse and the subsequent follow-up meeting with the one of the licensed Psychologist for the agency. It should also be noted that none of the 18 resident behavioral screenings indicated that a resident was a potential aggressor of sexual abuse or identified as LGBTI.

The PREA Coordinator (PC) and Facility Administrator (FA) advised the auditor on the first day of the onsite that they currently had two residents in detention whose behavioral screens indicated they were victims of prior sexual abuse that occurred outside of the Detention Center, and the auditor interviewed both of the resident survivors while onsite. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the

incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained.

The auditor was provided the Mental Health Crisis Referral (MHCR) and Mental Health Crisis Referral Response (MHCRR) forms for both of the residents discussed above, and the auditor was able to verify that the MHCR was sent to the agency's Mental Health Services Unit on the same day that each resident was admitted into the facility. Additionally, the MHCRR forms provided for each resident sufficiently indicate that one of the Psychologist employed by the agency met with each of the residents on the same day that the residents were admitted. This additional documentation demonstrates how the agency substantially exceeds the requirements of this PREA Standard by substantially exceeding the required 14 days for the follow-up to mental health pursuant to this provision.

The auditor also interviewed an intake staff member who is responsible for conducting the agency's Behavioral Screenings (risk assessments), and she advised that if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the community, a Mental Health Crisis Referral (MHCR) form is completed and sent over to the mental health services unit so that they can follow up with the resident (face-to-face meeting) within 14 days. She advised that typically the residents that are referred to the mental health unit are seen the very next day and most definitely within 14 days. The Intake Officer also explained the Intake Units practice of referral all resident's Behavioral Screenings to both the medical and mental health units, regardless of the results of the assessments.

The auditor also interviewed the agency's Lead Psychologist, and she verified the practice explained above. The Psychologist advised that her Department (the Mental Health Services Unit) receives, from Detention Intake, a carbon copy of every resident's Behavioral Screen that is admitted into the facility and each screening is reviewed by a mental health staff. Also, she explained that a MHCR form is submitted to her Department for any resident's Behavioral Screen that indicates they are a victim or perpetrator of sexual abuse, whether it occurred in an institutional setting or in the community, and a MHP is then required to meet with the resident within 14 days. However, the Psychologist informed the auditor that the face-to-face meeting is conducted within at least 48 hours, with the majority being conducted the very next day.

It should be noted that the agency's substantially exceeds the requirement of this PREA provision by demonstrating the normal practice of referring all residents, regardless of the outcome of their Behavioral Screenings, to the agency's medical and mental health units. Additionally, it should also be noted that the agency substantially exceeds this provision once again by demonstrating that the mental health follow-up meetings are conducted well within the 14 day requirements- with most being conducted the very next day.

115.381 (b):

The agency's PREA Policy on page 12 outlines the requirements of this provision and states,

"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 MHP within 14 days of the intake screening. The agency demonstrated this practice by providing the auditor with two completed MHCR forms that indicate each resident was a perpetrator of sexual abuse, and the subsequent MHCR Response From MHP forms for each resident. Each of MHCR Response From MHP forms indicate that the residents were both seen by a MHP within 2 days of being admitted into the facility and provide for pertinent mental health information and recommended behavioral interventions.

The auditor also interviewed an intake staff member who is responsible for conducting the agency's Behavioral Screenings (risk assessments), and she advised that if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the community, a Mental Health Crisis Referral (MHCR) form is completed and sent over to the mental health services unit so that they can follow up with the resident (face-to-face meeting) within 14 days. She advised that typically the residents that are referred to the mental health unit are seen the very next day. The Intake Officer also explained the Intake Units practice of referring all resident's Behavioral Screenings to both the medical and mental health units, regardless of the results of the assessments.

The auditor also interviewed the agency's Lead Psychologist, and she verified the practice explained above. The Psychologist advised that her Department (the Mental Health Services Unit) receives from Detention Intake a carbon copy of every resident's Behavioral Screen that is admitted into the facility and each screening is reviewed by a mental health staff. Also, she explained that a MHCR form is submitted to her Department for any resident's Behavioral Screen that indicates they are a victim or perpetrator of sexual abuse, whether it occurred in an institutional setting or in the community, and a MHP is then required to meet with the resident within 14 days. However, the Psychologist informed the auditor that the face-to-face meeting is conducted within at least 48 hours, with the majority being conducted the very next day.

It should be noted that the agency's substantially exceeds the requirement of this PREA provision by demonstrating the normal practice of referring all residents, regardless of the outcome of their Behavioral Screenings, to the agency's medical and mental health units. Additionally, it should also be noted that the agency substantially exceeds this provision once again by demonstrating that the mental health follow-up meetings are conducted well within the 14 day requirements- with most being conducted the very next day.

115.381 (c):

The agency's PREA Policy on page 12 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health providers and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (d):

Per Chapter 51 of the Texas Family Code, which defines a child as ten years of age or older

and under 17 years of age, a juvenile detention center may only admit a child who is under 18 years of age. Therefore, all the residents in the TCJDC are under the age of 18, as was confirmed by the auditor through reviewing the resident roster while onsite, which included each resident's age and date of birth.

Additionally, Family Code Chapter 32 of Section. 32.001 (Consent by Non-parent) states: an adult responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county may consent to medical, dental, psychological, and surgical treatment of a child when the person having the right to consent as otherwise provided by law cannot be contacted and that person has not given actual notice to the contrary.

The auditor reviewed the agency's Resident Roster when onsite, and this roster confirmed that all the residents in the facility were under the age of 18.

The auditor also interviewed the agency's Lead Psychologist, and she advised that all the resident's in the facility are under the age of 18; therefore, she is required to report any abuse reported to the proper authorities and this is explained to each resident. The Psychologist also explained that residents are informed of the services that the Mental Health Unit provides and the limitations of confidentiality (i.e., she must report any safety concerns discussed and any threat of harm to themselves or others or a plan to escape).

Conclusion:

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Memo from the PC pursuant to this standard - MOU Between TCJS and John Peter Smith Hospital (JPS) - TCJS Internal Investigation Report for an Allegation of Sexual Abuse from prior to 2014 <p>Interviews:</p> <ul style="list-style-type: none"> - Three medical staff employed by the agency - The Lead Psychologist for the agency - Agency First Responders - Two residents who reported being victims of sexual abuse prior to being detained in the facility <p>Site Review Observations:</p> <p>The auditor observed during the onsite visit the facility's medical unit, which is located inside the secure Detention Center. Upon entering the medical unit, the auditor took note of three medical professionals in the office, and each medical professional had a desk and computer of their own. The medical unit also included a waiting area and exam room.</p> <p>Explanation of determination:</p> <p>115.382 (a-b):</p> <p>The agency's PREA Policy on page 17 includes language verbatim to these two PREA provisions (a-b). In addition, the PC provided the auditor with a signed memo explaining that TCJDC has not received an allegation of sexual abuse in the past 12 months, and if such an allegation was made, the resident would immediately receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Furthermore, the PC states that medical and mental health staff will document and maintain information related to:</p> <ul style="list-style-type: none"> - The timeliness of emergency medical treatment and crisis intervention services that were provided. - The appropriate response by non-health staff in the event staff are not present at the time the incident is reported, and - The provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. <p>The auditor interviewed three of the agency's medical professionals, and each practitioner confirmed that resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. It was explained that a medical nurse is either in the facility or on-call 24/7 to provide any medical assistance needed, as well as the facility has the ability to contact emergency medical services (911) for</p>

any life threatening situation. The three medical staff informed the auditor that they have never had a situation involving a resident who was a victim of sexual abuse that allegedly occurred in the facility; however, if such an incident were to occur, all medical services and treatment needed would be provided immediately and without delay to the resident victim.

The auditor interviewed the agency's Lead Psychologist, and she confirmed that resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical, mental health, and crisis intervention services and treatment. It was explained that a MHP is either in the facility or on-call 24/7 to provide any mental health assistance needed, as well as the facility has the ability to contact emergency medical services (911) for any life threatening situation. The Psychologist informed the auditor that she has never had a situation involving a resident who was a victim of sexual abuse that allegedly occurred in the facility; however, if such an incident were to occur, all medical and mental health related services and treatment needed would be provided immediately and without delay to the resident victim.

The auditor interviewed two security staff (JSOs) who have been trained in first-responder duties (as all JSOs are), and each JSO verified that resident victims of sexual abuse would immediately be referred to medical and mental health services to ensure the child is provided the required care.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

The agency provided the auditor with their last investigation involving an allegation of sexual abuse that occurred prior to the implementation of the PREA Standards in the facility (prior to 2014). It should be noted that even though the PREA Standards were not fully implemented in the facility at the time of the sexual abuse allegation, the agency conducting a prompt and thorough investigation, as documented in the Internal Investigation Final Report that was provided to the auditor. The report is broken into six sections and includes the following:

- allegation statement;
- actions taken;
- investigation conducted (also including the interview with the alleged perpetrator, relevant witnesses, and alleged victim);
- further action taken in the process of the investigation;
- list of supplemental attachments (i.e., incident reports, Supervisor's First Notification of Allegation form, Employee Statement of Discovery, TJJJ Incident, Request for Medical Assessment completed by the nurse, Medical Diagnosis and Treatment Form completed by the agency's Medical Doctor, Letter of

Administrative Leave for the alleged perpetrator, Juvenile Detention Center Staff Schedule, and Special Room Observation Forms).

It should be noted that the facility took immediate action to protect the resident and initiate an investigation after the initial report of sexual abuse was made. The report was made, and less than one hour the TCSD was notified and provided a badge number of the officer who took the report and case number. TJJD was then notified within four hours of the initial report, and the alleged victim's parent was notified within three hours. The administrative investigation then began on the same day of the report, and the child was referred to a Medical Doctor. The administrative investigation concluded with a disposition of unfounded and subsequently closed out the investigation, and the criminal investigation was also reported as unfounded due to a lack of evidence and the fact that the alleged victim was uncooperative in completing a written statement.

115.382 (c-d):

The agency's PREA Policy on page 18 states that resident victims of sexual abuse while detained shall be offered timely information about and timely access to pregnancy test, emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate, and that the required information and care will be provided by John Peter Smith Hospital (JPS). Furthermore, this policy also states that treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with any investigation arising from the incident. The agency provided the auditor with the MOU between TCJS and JPS, which indicates the following responsibilities agreed to by JPS that relate to this standard:

- Treatment services shall be provided to the victim of sexual abuse regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- Resident victims of sexual abuse while in the detention facility shall be 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.
- Offer any residents who experience sexual assault or abuse 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.
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy test.
- If pregnancy results from sexually abusive conduct, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional

information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

The auditor interviewed three of the agency's medical professionals, and each practitioner confirmed that resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. It was explained that a medical nurse is either in the facility or on-call 24/7 to provide any medical assistance needed, as well as the facility has the ability to contact emergency medical services (911) for any life threatening situation. The three medical staff informed the auditor that they have never had a situation involving a resident who was a victim of sexual abuse that allegedly occurred in the facility; however, if such an incident were to occur, all medical services and treatment needed would be provided immediately and without delay to the resident victim. The medical staff also verified that a victim of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis (with John Peter Smith Hospital being the provider of this information).

The auditor interviewed the agency's Lead Psychologist, and she confirmed that resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment, emergency mental health services and treatment, and crisis intervention services. It was explained that a MHP is either in the facility or on-call 24/7 to provide any mental health assistance needed, as well as the facility has the ability to contact emergency medical services (911) for any life threatening situation. The Psychologist informed the auditor that she has never had a situation involving a resident who was a victim of sexual abuse that allegedly occurred in the facility; however, if such an incident were to occur, all medical and mental health related services and treatment needed would be provided immediately and without delay to the resident victim. The Psychologist also confirmed in her interview that a victim of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Conclusion:

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

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - MOU Between TCJS and John Peter Smith Hospital (JPS) - MOU Between TCJS and Women's Center of Tarrant County (TWC) - MHP Qualifications (Certificates from the TX State Board of Examiners of Psychologists) <p>Interviews:</p> <ul style="list-style-type: none"> - Lead Psychologist employed by the agency - Three Medical Staff that are employed by the agency - Two residents who reported being victims of sexual abuse prior to their detention <p>Site Review Observations:</p> <p>The auditor observed during the onsite visit the facility's medical unit, which is located inside the secure Detention Center. Upon entering the medical unit, the auditor noticed three medical professionals in the office. Each medical professional had a desk and computer of their own. The medical unit also included a waiting area and exam room.</p> <p>Explanation of determination:</p> <p>115.383 (a-h):</p> <p>The agency's PREA Policy includes on pages 12-13 all the requirements to this PREA Standard verbatim to the language used in each provision. In addition, the policy states that the TCJDC MHPs will make recommendations to the length of treatment needed. As noted in previously in this report, the agency's two licensed MHPs are Doctor's of Psychology and have been trained on their PREA requirements pursuant to 115.321, 115.335, and this standard, 115.383. Additionally, it should also be noted that the agency has active MOUs with John Peter Smith Hospital (JPS) and Women's Center of Tarrant County (TWC) that outline each agencies responsibilities as related to this standard. The MOU TCJS has with JPS provides for JPS to:</p> <ul style="list-style-type: none"> - Offer any residents who experience sexual assault or abuse 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. - Allow an advocate from the TWC to accompany and support the victim through the forensic medical examination process and investigatory interviews to provide emotional support, crisis intervention, information and referrals. <p>The MOU TCJS has with the TWC states that the TWC may provide follow-up crisis services, accompaniment to investigative events, and follow-up counseling services or referrals for continued care, if any of these services are requested by the resident.</p>

The auditor interviewed three of the agency's medical professionals, and each practitioner confirmed that resident victims of sexual abuse would receive both medical and mental health evaluation and treatment, which were described as entailing providing emergency services onsite to prevent loss of life and referring the victim to John Peter Smith (JPS) Hospital for further treatment and evaluations conducted by a SANE/SAFE nurse. Each of the three medical staff informed the auditor that all medical and mental health services provided to residents in the facility are consistent with community level of care. If pregnancy results from sexual abuse while incarcerated in the facility, the medical staff confirmed that victims are provided timely information and access to all lawful pregnancy-related services (this being provided at JPS Hospital upon the victim being referred).

The auditor interviewed the agency's Lead Psychologist, and she confirmed that resident victims of sexual abuse would receive both medical and mental health evaluation and treatment, which were described as entailing providing internal (in the facility) assessments and evaluations of any acute symptoms (such as PTSD), coping strategies, and recommendations to staff for any special accommodations (showering alone). The Psychologist also explained that long-term mental health services and treatment would also be provided after the child is released, with the resident's JPO making such arrangements. The Psychologist described how medical and mental health services are consistent with the community level of care, and that if pregnancy results from sexual abuse while incarcerated, a medical provider will provide victims information and access to all lawful pregnancy-related services at the time that is determined appropriate per the medical standards of care. The Psychologist informed the auditor that a mental health evaluation of all known resident-on-resident abusers and treatment is offered as appropriate. She explained further that a referral would be sent to the Mental Health Services Unit, and her unit would immediately provide an initial assessment for short-term treatment, with long-term treatment needs being provided by the Women's Center of Tarrant County.

The auditor interviewed two security staff (JSOs) who have been trained in first-responder duties (as all JSOs are), and each JSO verified that resident victims of sexual abuse would immediately be referred to medical and mental health services to ensure the child is provided the required care.

The facility indicated to the auditor that they had two residents who reported that they were victims of sexual abuse that allegedly occurred outside the facility prior to their detention. One of the survivors of sexual abuse explained that the incident occurred several years ago and that a psychologist has met with the child since being detained. The resident advised that the incident was reported, investigated, and closed out years ago. The other resident who reported prior sexual abuse that occurred outside of the facility indicated to the auditor that this was reported, investigated, and closed out- with the perpetrator in prison. This resident did not feel comfortable with providing much more information, and the only additional information provided was that she knows counselors (including advocates) are available and that she has met with a therapist twice since being detained. It should be noted that the facility did not have a resident currently in detention who was allegedly sexually abused while in the facility, and no such crime has taken place since PREA was first implemented in 2015.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined

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

115.386	Sexual abuse incident reviews
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - Document listed all the incident review meeting that were conducted twice a year since 2016 - TCJS PRESA Standard 115.386 Incident Review Team Meeting Record of Meeting (sign in sheets) - Agendas for each Sexual Abuse Incident Review Board - Memo from the PC and FA pursuant to 115.386 - TCJS PREA Standard 115.386 & 115.313 Incident Review Team & Staffing Plan Record of Meeting (sign-in sheet) - Agenda for Sexual Abuse Incident Review Board & Staffing Plan PREA Standards 115.386 & 115.313 September 2019 - TCJS Staffing Plan Deviation Form <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent (Facility Administrator- FA) and he is a member of the Incident Review Team - Incident Review Team (PREA Coordinator- PC) <p>Explanation of determination:</p> <p>115.386 (a-c):</p> <p>The agency reported in the PAQ and in a signed memo from the FA and PC to the auditor that since the implementation of the PREA standard, the TCJDC has not received an allegation of sexual abuse or sexual harassment; however, incident review meetings are conducted twice yearly to discuss reporting culture and PREA compliance. The agency includes in their PREA Policy the requirements set forth in provision (a) - (b) of this standard verbatim to the PREA language in each provision. Furthermore, the agency demonstrated how they have conducted incident review meetings twice a year since implementing the PREA standards in 2016 by providing the auditor with a list of dates for each meeting, sign-in sheets for each meeting, agendas for each meeting, and a Staffing Plan Deviation Form that states there were no deviations in 2019 (this was used in the 2019 meetings). In addition, the signed memo from the PC and FA states, "pursuant to 115.386, per policy the TCJDC would conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation and would prepare a report of its findings and any recommendations for improvement. The agency's PREA Policy outlines that the upper-level management officials involved in the meetings/reviews pursuant to this standard are the Chief Probation Officer, Deputy Director (DD), Facility Administrator (FA), and the PREA Coordinator (PC), with input from the Operations Managers (Detention Supervisors) and medical and mental health providers. Upon the auditor reviewing the sign-in sheets for the incident review meetings that have been conducted by TCJS since 2016 (total of 6 meetings), it is important to point out that at least 3 of the agency's upper-level management officials were participants in the meetings (including the DD, FA, and PC). As noted previously in this section, these meetings are not</p>	

required by PREA standards and the agency reports that they have not received an allegation of sexual abuse or sexual harassment since the implementation of the PREA standards in 2016; therefore, the auditor has determined that the agency substantially exceeds the requirements of this standard.

The auditor interviewed the agency's Superintendent (FA), and he described to the auditor the agency's sexual abuse incident review team, which includes upper-level management officials (i.e., Deputy Director, Deputy Assistant Directors, Assistant Facility Administrator, and the PREA Coordinator). The FA explained further that the meetings are held twice per year, regardless whether an allegation or incident of sexual abuse occurred or not, and that input is allowed from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d-e):

The agency's PREA Policy includes all the requirements of this provision, as well as procedures for submitting the applicable report to the Chief Probation Officer, DD, FA, and PC. In addition, this policy also states that the FA shall implement the recommendations for improvement or shall document the reason for not doing so. As noted in the previous section of this report (a-c), the PC and FA provided the auditor with a signed memo explaining that if the TCJDC would need to conduct a sexual abuse incident review at the conclusion of a criminal or administrative sexual abuse investigation, the agency would prepare a report of its findings and any recommendations for improvement.

The auditor interviewed the agency's Superintendent (FA), and he advised that the team uses the information from the sexual abuse incident review meetings to increase the overall safety and security for all residents in the facility and to prevent any potential incidents of sexual abuse and sexual harassment from happening (the FA is a member of the sexual abuse incident review team). The FA explained they consider whether an incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; gang affiliation; and/or other group dynamics at the facility. The FA informed the auditor if such behavior was contributed to an incident of sexual abuse or sexual harassment, the information would be immediately reported to the criminal investigator (TCSD) to be possibly used to prosecute for a hate crime. The team also would examine the area in facility where the incident allegedly occurred to assess whether physical barriers in the area may of enabled the abuse (i.e., carefully examine blind spots, camera angles, and review cameras for any abnormal operations or alarming patterns). The team would asses the adequacy of staffing levels in the area during different shifts to identify vulnerable areas of operation, and asses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The FA explained that if any vulnerabilities are identified and/or corrective action is needed, the team would ensure swift and appropriate measures are taken to rectify the issues identified (i.e., adding cameras, more specialized training for staff, etc.).

The auditor also interviewed the PREA Coordinator, who is a member of the incident review team for the agency, and she identified the following responsibilities of the sexual abuse incident 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; and/or other group dynamics at the facility (with informing the criminal investigator in charge to possibly use the information to enhance the charge to a hate crime).

- Examine the area in facility where the incident allegedly occurred to assess whether physical barriers in the area may of enabled the abuse.

- The team would asses the adequacy of staffing levels in the area during different shifts to identify vulnerable areas of operation, and asses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PC explained further how if an incident of sexual abuse were to be reported or occurred in the facility, the team would review all the elements involved in the situation in order to reduce the likelihood of any such action from occurring again. She informed the auditor how the agency requires all staff to participate in Abuse (including sexual abuse and sexual harassment), Neglect, and Exploitation training annually (as well as PREA training), and the team discussed in their biannual incident review meetings the reporting culture in the agency. Additionally, if an incident of sexual abuse or sexual harassment occurred in the facility, the team would go back to the scene of the alleged crime to gain a clear visual of the scene and review all relevant camera angles. The team has discussed in prior meetings adding audio to their camera system and adding cameras in vulnerable locations.

Conclusion:

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

115.387	Data collection
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1091 360">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="252 416 1353 573" style="list-style-type: none"> - Agency PREA Policy - Report Based on the Annual Survey of Sexual Violence for TCJS (2012-2018) - TCJS Sexual Abuse and Sexual Harassment Aggregate Data for Contract Facilities - Survey of Sexual Victimization, 2017 <p data-bbox="252 629 635 663">Explanation of determination:</p> <p data-bbox="252 719 416 752">115.387 (a):</p> <p data-bbox="252 763 1477 954">The agency includes in their PREA Policy the PREA language verbatim to this provision, as well the applicable PREA definitions. In addition, the agency provided the auditor with their standardized instrument used to collect this data, which is the Report based on the Annual Survey of Sexual Violence for TCJS (2012-2018). This report is also available on the agency's website for the general public to view.</p> <p data-bbox="252 1010 440 1043">115.387 (b-d):</p> <p data-bbox="252 1055 1477 1771">The agency's PREA Policy states the requirements to provisions (b-d) verbatim to the PREA language in the standard. Additionally, the auditor was able to verify how the agency complies with provision (b) by reviewing their Reports Based on the Annual Survey of Sexual Violence for TCJS that are posted on their website and was provided in the PAQ for the auditor for the calendar years of 2015 to 2018. The agency also provided the auditor with the Survey of Sexual Victimization (SSV) for 2017 that was completed by the agency, and the auditor was able to determine that the aggregate data report used by the agency (Report Based on the Annual Survey of Sexual Violence for TCJS) includes the data necessary to answer all the questions on the SSV. Furthermore, the agency was able to adequately demonstrate compliance with provision (d) of this standard by providing the auditor with their only investigative report for an allegation for sexual abuse from 2013 (this is the latest such allegation, before PREA standards were implemented in the facility), incident reviews (that as noted previously were not required), staffing plan reviews, and aggregate sexual abuse and sexual harassment data reports. The agency detailed on the Report Based on the Annual Survey of Sexual Violence for TCJS form that in order to asses and improve the effectiveness of its sexual abuse prevention, detection, and response policies and procedures, and training, the following data is reviewed and aggregated:</p> <ul data-bbox="252 1783 1086 1906" style="list-style-type: none"> - identifying problem areas; - take corrective action on an ongoing basis; and - preparing an annual report of its findings and corrective action. <p data-bbox="252 1917 1445 1984">In addition, this report also states that the Lynn W. Ross JDC shall make all aggregate data readily available at least annually.</p> <p data-bbox="252 2040 432 2074">115.387 (e-f):</p> <p data-bbox="252 2085 1445 2152">The agency provided the auditor with their Aggregate Data for TCJS and Contract Facilities form that includes the allegation type and subsequent findings from all 11 facilities TCJS</p>

contracts with. Additionally, the agency provided the auditor with the completed SSV for calendar year 2017 that was provided to the DOJ in 2018.

Conclusion:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency PREA Policy - TCJS 2018 Annual PREA Data Report, Findings, and Corrective Action - Aggregate Data - Information provided by the in response to the auditor's Issue Log <p>Interviews:</p> <ul style="list-style-type: none"> - Deputy Director (Director's Designee) - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.388 (a):</p> <p>The agency includes this PREA provision verbatim to the PREA language from this provision, and the agency also provided the auditor with their Annual Data Report that was conducted for calendar year 2018 on September 27, 2019. Upon review of this report by the auditor, he was able to determine that the agency included all the requirements of this provision during the annual review, as well as included the agency's aggregate data form that is used during the review. It is important for the auditor to point out that this annual report documents that the agency had zero allegations reported of sexual abuse or sexual harassment from the TCJDC and that the data is reported to the Bureau of Justice Statistics (BJS). This report was signed by the Chief Probation Officer, DD, DAD, and PC- and also includes information regarding when the agency was first certified compliant with PREA standards (2016), the process of the second audit that is currently being worked on by this auditor; identifies continued PREA training that is provided to employees, volunteers, and contractors; identifies the behavior screen that is used in intake and periodically throughout a resident's stay to decrease the risk of sexual abuse; identifies the comprehensive PREA education and applicable TCJS policies provided to the residents in detention, how all sexual and sexual harassment investigations are conducted by a specially trained investigator and that all conduct that appears to be criminal is reported to law enforcement; the MOU the agency has with the TWC (victim advocacy organization); and provides that the agency contracts with 24 residential facilities for the placement of their residents- who all comply with PREA in TCJS contract language, if applicable. Lastly, it should be noted that the agency has the reports required by this PREA standard available on their agency's website for the following years: 2015, 2016, 2017, and 2018.</p> <p>The auditor interviewed the agency's Deputy Director (DD), and he advised TCJS uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The agency has not had an allegation or incident of sexual abuse or sexual harassment since PREA was first implemented in 2015 (as reported by the DD); however, it was explained how if such data was available, the agency would assess</p>

and use this information to discuss and determine ways to improve sexual safety practices.

The auditor also interviewed the PREA Coordinator, and she informed the auditor how the agency uses data collection documents and annual data reports (such as the Department of Justice's Survey of Sexual Victimization Report) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The PC explained how the data, as explained above, is securely retained on the agency's website (without any identifiers) and in secure reports that are only accessible by staff who have authorization. The PC also advised that the agency takes corrective action on an ongoing basis based on this data. Furthermore, the PC described how the agency prepares an annual report of its findings from its data review and any corrective actions from the facility. These annual reports include the staffing plan annual meetings, the biannual sexual abuse incident review team meetings, and their Annual PREA Data Report, Findings, and Corrective Action meeting.

115.388 (b):

The agency provided the auditor with their Annual Data Report that was conducted for calendar year 2018 on September 27, 2019. Upon review of this report by the auditor, he was able to determine that the agency included all the requirements of this provision during the annual review (both the comparison of previous years data- going back to 2013 and an assessment of the agency progress in addressing sexual abuse), as well as included the agency's aggregate data form that is used during the review. It is important for the auditor to point out that this annual report documents that the agency had zero allegations reported of sexual abuse or sexual harassment from the TCJDC and that the data is reported to the Bureau of Justice Statistics (BJS). Furthermore, each of the agency's reports from 2016 to 2018 include the requirements of this provision.

115.388 (c-d):

As already indicated in this subsection of this report, the agency's Chief Probation Officer, DD, DAD, and PC all signed and approved the TCJS 2018 Annual PREA Data Report, Findings, and Corrective Action. This report can be found on the agency's website, at:

<https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html>. Additionally, it should be noted that the material redacted from this report is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and the agency must indicate the nature of what is redacted, as required by TCJS pursuant to their PREA Policy. It should also be noted that the agency has the reports required by this PREA standard available on their agency's website for the following years: 2015, 2016, 2017, and 2018.

The auditor interviewed the PREA Coordinator, and she advised all personal identifiers (anything that could indicate a person involved) are redacted from all public reports and the nature of what has been redacted is indicated.

The auditor also interviewed the Deputy Director (DD), and he explained the process of the Director of the agency approving annual reports written pursuant to 115.388.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined

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

115.389	Data storage, publication, and destruction
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1091 360">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="252 416 1193 573" style="list-style-type: none"> - Agency PREA Policy - Agency website - Report Based on the Annual Survey of Sexual Violence for TCJS - TCJS 2018 Annual PREA Data Report, Findings, and Corrective Action <p data-bbox="252 629 395 663">Interviews:</p> <ul data-bbox="252 719 577 752" style="list-style-type: none"> - PREA Coordinator (PC) <p data-bbox="252 797 635 831">Explanation of determination:</p> <p data-bbox="252 887 443 920">115.389 (a-d):</p> <p data-bbox="252 931 1469 1133">The agency includes in their PREA Policy the PREA language verbatim to this standard. In addition, the auditor was able to review the documents that the agency posts on their website related to Annual PREA reports and aggregate data, and he was able to determine that the aggregate data from the TCJDC is contained on these forms and all personal identifiers have been removed.</p> <p data-bbox="252 1189 1449 1223">The following is the website address where the agency secures their PREA related material:</p> <p data-bbox="252 1234 1145 1301">https://www.tarrantcounty.com/en/juvenile-services/division-listing/determination.html</p> <p data-bbox="252 1357 1477 1861">The auditor also interviewed the PREA Coordinator, and she informed the auditor how the agency uses data collection documents and annual data reports (such as the Department of Justice's Survey of Sexual Victimization Report) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The PC explained how the data, as explained above, is securely retained on the agency's website (without any identifiers) and in secure reports that are only accessible by staff who have authorization. The PC also confirmed that the agency takes corrective action on an ongoing basis based on this data. Furthermore, the PC explained how the agency prepares an annual report of its findings from its data review and any corrective actions from the facility. These annual report include the staffing plan annual meetings, the biannual sexual abuse incident review team meetings, and their Annual PREA Data Report, Findings, and Corrective Action meeting.</p> <p data-bbox="252 1917 411 1951">Conclusion:</p> <p data-bbox="252 1962 1461 2029">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of determination:</p> <p>115.401 (a-n): The agency has posted on their county website their 2016 PREA Final Report, as verified by the auditor, and this report reflects that the agency was in full compliance with each PREA Juvenile Standard as of October, 2016. The auditor was provided access to all areas of the audited facility and received copies of all relevant documents (including electronically stored information) requested throughout the entire audit process. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, and it should be noted that the auditor did not receive any correspondence from a resident at anytime throughout the entirety of the audit process.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of determination:</p> <p>115.403 (a-f): The agency has posted on their website their last PREA Final Report from 2016. The link can be found at: https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention.html. Furthermore, the agency advised the auditor that this final report will be posted within 90 days of receipt on the agency's website.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
--	---	--

115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

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

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	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?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d) Placement of residents		
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e) Placement of residents		
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f) Placement of residents		
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g) Placement of residents		
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h) Placement of residents		
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

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

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes