

# PREA Facility Audit Report: Final

**Name of Facility:** Collin County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 07/18/2022

**Date Final Report Submitted:** 10/17/2022

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"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 10/17/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	06/20/2022
<b>End Date of On-Site Audit:</b>	06/21/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Collin County Juvenile Detention Center
<b>Facility physical address:</b>	4700 Community Avenue, McKinney, Texas - 75071
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Garrett Johnson
<b>Email Address:</b>	gjohnson@co.collin.tx.us
<b>Telephone Number:</b>	972-547-5412

Superintendent/Director/Administrator	
<b>Name:</b>	Anne Sibley
<b>Email Address:</b>	asibley@co.collin.tx.us
<b>Telephone Number:</b>	972-547-5401

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

Facility Health Service Administrator On-Site	
Name:	Tim Pate
Email Address:	tpate@co.collin.tx.us
Telephone Number:	972-547-5431

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	100
Average daily population for the past 12 months:	74
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	82
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	25
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

AGENCY INFORMATION	
Name of agency:	Collin County Juvenile Probation Services Department
Governing authority or parent agency (if applicable):	
Physical Address:	4690 Community Avenue, McKinney, Texas - 75071
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Garrett Johnson	Email Address:	gjohnson@co.collin.tx.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> <li>115.333 - Resident education</li> </ul>
Number of standards met:	
42	
Number of standards not met:	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-20
2. End date of the onsite portion of the audit:	2022-06-21

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ul style="list-style-type: none"> <li>• Child Advocacy Center of Collin County (CACCC)</li> <li>• SANE with Baylor Scott and White</li> <li>• Turning Point Rape Crisis Center</li> </ul>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	80
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No  <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	89
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No issues to note.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	79
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	25
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No issues to note.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Selected the residents from each housing unit and used a random sampling method of selecting each resident from each housing unit.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No issues to note.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	No resident with such a disability were identified by the auditor during the on-site.
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	6
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor did not identify any such residents during the on-site.
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor did not identify any such residents during the on-site.
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor did not identify any such residents during the on-site.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor did not identify any such residents during the on-site.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No indication received that any of the residents in the facility experienced sexual abuse while in the facility, as explained in this report.</p>



68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor did not identify any such residents during the on-site.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes  <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

**75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):**

9

**76. Were you able to interview the Agency Head?**

☒ Yes

☐ No

**77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

☒ Yes

☐ No

**78. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

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

☐ Yes

☐ No

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

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	4	3	2
Staff-on-inmate sexual abuse	1	0	1	0
Total	6	4	4	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	29	0	29	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	30	0	30	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	4	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	4	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	0	1
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	3	0	1

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	27	3
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	27	3

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	5
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4

101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	8
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	6



109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Non-certified Support Staff</b>	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.311</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1230 526" style="list-style-type: none"> <li>- Agency PREA Policy (Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment)</li> <li>- Agency's Organizational Chart</li> <li>- PREA Related Signage (posted throughout the facility)</li> </ul> <p data-bbox="244 555 363 582"><b>Interviews:</b></p> <ul data-bbox="244 611 1493 999" style="list-style-type: none"> <li>- During the on-site, the auditor interviewed the agency's Compliance Officer, who is the agency's designed PREA Coordinator (PC). The PC explained to the auditor how he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards within the facility. The PC elaborated further on how his schedule is flexible, which allows him the freedom to adjust his schedule according to priorities needed in the facility related to his PREA related responsibilities. The PC advised that the agency only operates within the one self-contained secure facility and, therefore, has no need for a PREA Compliance Manager. The PC was well versed in all the PREA related standards that have been incorporated into the agency's PREA Policy and was able to clearly explain PREA related practices in the facility.</li> <li>- The auditor also interviewed the agency's Deputy Director, who advised that he has complete confidence in the ability for the agency's PC and the other members of the administrative facility team to effectively manage agency efforts to comply with the PREA standards in the facility.</li> </ul> <p data-bbox="244 1028 528 1055"><b>Site Review Observations:</b></p> <ul data-bbox="244 1084 1493 1480" style="list-style-type: none"> <li>- During the two days on-site, the auditor observed how the agency's PC was able to provide the auditor with access to all areas of the facility, as well as provide the auditor with all the PREA related documents requested during the pre on-site, on-site, and post on-site phases of the audit. The auditor promptly responded to all emails sent by the auditor regarding additional follow-up information and supplemental proof documents, and he was keenly knowledgeable in the day-to-day PREA operations within the facility as related to PREA practices. During the on-site inspection, the auditor confirmed that the facility was self-contained, within one secure perimeter fence and within one secure building, which confirmed that a PCM was not required for this facility. Additionally, the auditor observed PREA related signage posted throughout the facility, which included the agency's zero tolerance policy on sexual abuse and sexual harassment, methods of reporting for residents and staff, definition of sexual abuse and sexual harassment, clarifying that there is no consent in a secure facility, steps residents can take to minimize the risk of being sexually abuse or sexually harassed, right to confidentiality, and available treatment and counseling. This information, as verified by the auditor, is posted in each housing unit for all residents to review.</li> </ul> <p data-bbox="244 1509 563 1536"><b>Explanation of determination:</b></p> <p data-bbox="244 1568 389 1594"><b>115.311 (a-c):</b></p> <p data-bbox="244 1624 280 1650"><b>(a):</b></p> <p data-bbox="244 1680 1474 1912">The agency provided the auditor with their PREA Policy and Procedure Manual, which includes the agency's zero tolerance approach toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This Policy is a sixteen (16) page document that details agency specific procedures related to preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor verified that all the applicable PREA juvenile facility standards are included in the agency's PREA Policy, as well as the associated PREA definitions. Additionally, the auditor verified that the agency's zero tolerance policy is on the agency's website and posted in each housing unit in the facility, as well as in the front lobby and the intake areas.</p> <p data-bbox="244 1942 280 1968"><b>(b):</b></p> <p data-bbox="244 1998 1461 2159">The auditor verified during the pre-onsite phase of the audit that page 2 of the agency's PREA Policy states that the PREA Coordinator's duties must be structured in such a way to allow sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all CCJDC operated facilities. Furthermore, the PC provided the auditor with the agency's Organizational Chart, which demonstrates the authority the PC has within the agency's hierarchy. This chart places the role of PC with the agency's Compliance Officer, who has authority over shift</p>

supervisors, detention staff, and transport officers, and in this role the PC reports directly to the agency's Assistant Superintendent. As noted in the interview section above, the PC adequately explained how he has sufficient time and authority to fulfil all his PREA related duties.

**(c):**

The PC indicated on the PAQ that the Collin County Juvenile Detention Center (CCJDC) does not designate anyone as the PREA Compliance Manager (PCM). The auditor verified that the agency does not operate more than one facility and is, therefore, not required to designate a PCM.

**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 data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 355 300"><u>115.312</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1230 470" style="list-style-type: none"> <li>- Agency PREA Policy (Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment)</li> <li>- Issue Log Response from PC</li> </ul> <p data-bbox="244 499 363 528"><b>Interviews:</b></p> <ul data-bbox="244 555 1457 618" style="list-style-type: none"> <li>- The auditor confirmed with the PC, Assistant Superintendent, and Superintendent that the agency does not contract for the confinement of their residents at another entity or facility.</li> </ul> <p data-bbox="244 647 563 676"><b>Explanation of determination:</b></p> <p data-bbox="244 705 389 734"><b>115.312 (a-b):</b></p> <p data-bbox="244 761 1468 958">Upon the auditor reviewing the agency's PREA Policy, it was verified that the agency includes the requirements of this standard on page 3, which states, "In all new or renewed contracts for residential placement of CCJDC youth, CCJDC includes a clause requiring the contractor to adopt and comply with applicable PREA standards." Furthermore, the auditor requested the PC upload any new or renewed contracts for residential placement of CCJDC youth, and the PC advised the following: "115.312a- Our agency does not contract out the placement of our juveniles. Our residents are adjudicated and ordered into our placement programs (Summit or CSI) within the one secure facility."</p> <p data-bbox="244 987 1457 1081">In analyzing the agency's PREA Policy, as well as through discussions with the PC and Superintendents of the facility, the auditor determined the requirements of this PREA standard are not applicable at this time due to the agency currently <u>not</u> having a contract with private agencies or other entities for the confinement of their residents.</p> <p data-bbox="244 1111 376 1140"><b>Conclusion:</b></p> <p data-bbox="244 1167 1477 1229"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.313</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- PREA Unannounced Rounds Log (1/5/2021 - 3/16/2022)</li> <li>- Issue Log Response from PC</li> <li>- Review of recorded unannounced supervisory rounds</li> <li>- Staff Shift Schedules</li> <li>- Resident Population Rosters</li> <li>- Shift Supervisor's Reports</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC who advised that the agency's Staffing Plan is reviewed annually with the facility management team, which includes supervisors, the PC, the Assistant Superintendent, and the Superintendent. The plan was explained to include all the requirements of PREA standard 115.313 (a), and the agency's Staffing Plan is continually evaluated by supervisors and management to ensure safe operations of the facility on a regular basis. The PC explained how the COVID-19 pandemic has caused the facility to utilize certified staff from other units of the department in times of detention staff shortages due to COVID, such as utilizing administrators, Juvenile Probation Officers (JPOs) from casework, and Juvenile Supervision Officers (JSOs) from the agency's JJAEP unit. He stated that due to the assistance provided from other units of the department, the facility never was in jeopardy of deviating from the agency's Staffing Plan. The PC also identified during the on-site inspection the 180 surveillance cameras that were in full operation at the facility, which, per the PC, eliminated all the facility's blind spots and provided coverage in all areas of the facility to ensure enhanced compliance with the agency's Staffing Plan. The PC also described how the agency's administration holds monthly supervisor meetings to ensure the Staffing Plan is being adhered to and to assess for any operational deficiencies. Lastly, the PC explained how unannounced rounds are conducted by facility supervisors and other administrators, in which he is a part of and conducts both documented and undocumented unannounced rounds on a random and periodic basis. He described the process of walking through the facility to ensure staff are conducting themselves appropriately and professionally, as well as ensuring all residents are safe and free from any type of abuse, harassment, or neglect.</li> <li>- The agency's Assistant Superintendent and Superintendent were interviewed during the on-site and confirmed that the agency's Staffing Plan is reviewed annually by management and includes all the requirements of PREA standard 115.313. The administrators both were able to elaborate on how all the elements of the Staffing Plan are continually monitored throughout the year to ensure proper staffing levels are implemented at all times, to institutionalize best practices in facility daily operations, to ensure compliance with all applicable PREA standards, and to ensure a high level quality of care is maintained. The Superintendent demonstrated to the auditor how supervisors and administrators are able to observe all areas of the facility through the agency's video monitoring system, and demonstrated to the auditor how she reviews the agency's PREA Unannounced Rounds Log Sheet to ensure supervisors and other administrators are conducting the rounds as required. The Superintendent pulled surveillance footage showing how a supervisor on a previously recorded shift conducted his documented unannounced supervisory PREA rounds throughout the facility, as well as a video of how the facility plays the PREA comprehensive video to all the residents in the facility every Tuesday.</li> <li>- The auditor also interviewed one of the agency's supervisors who conducts unannounced PREA rounds in the facility. This supervisor was well versed in the procedures of how to conduct and document the unannounced rounds, as well as explained the importance of ensuring staff are unaware of the rounds being conducted. He advised the auditor how staff are completely unable to predict when his unannounced rounds are being conducted because there is absolutely no warning of when he decides to conduct the rounds, and the days and times that his official unannounced rounds occur are completely at random. He was aware of the minimum requirement of conducting the rounds at least once per shift every month, and he explained how even though he may only document the minimum one round per each of the two shifts per month, he actually conducts many more rounds that are not documented. The supervisor elaborated on how he may arbitrarily decide to conduct an unannounced round during a shift in order to prevent staff detection of the rounds occurring, and how the rounds are conducted to ensure residents are safe and free from abuse, harassment, and neglect of any kind. He advised when he conducts the unannounced rounds he inspects all areas of the facility, including the outside perimeter fence areas, and he</li> </ul>

documents the rounds on the agency's PREA Unannounced Rounds Log sheet, which is provided to the PC or Superintendent of the facility. The Supervisor indicated during his interview that he will document more than the minimum amount of unannounced rounds going forth in order to exceed the minimum PREA requirements.

**Site Review Observations:**

- During the on-site, the auditor observed the extensive video monitoring system the agency has recently installed throughout the entire facility, both inside the secure facility and around the perimeter of the building. The total of 180 cameras provide full coverage of all areas, and the auditor was unable to detect a blind spot either inside or outside of the facility (within the secure perimeter fencing). The facility had one large main control room, which includes multiple large monitors that provide coverage of all areas of the facility, and each of the cluster's control rooms (total of 3) also includes surveillance video monitoring and a digital door security system. The security door system displays all facility secure doors on a computer screen and allows control room staff to lock and unlock all secure doors in the facility (with designated colors indicating if a door is securely locked or unlocked). The auditor observed a recent enhancement to resident privacy that was recommended after the agency's last state audit. This enhancement was the installation of shower stall doors in each of the housing unit's shower area. The shower doors allow for residents to shower in privacy, without any person able to have direct line of sight in the showers to view residents in a state of undress either while showering or changing out.

The Superintendent uploaded surveillance footage showing how a supervisor on a previously recorded shift conducted his documented unannounced supervisory PREA rounds throughout the facility. This video evidence helped the auditor to determine that the unannounced rounds were being practiced as they were documented on the provided Unannounced Rounds Logs and as per the agency's PREA Policy. The auditor observed the supervisor walking throughout the entire facility and entering and exiting each occupied housing unit.

- During the on-site inspection, the auditor observed the staff to resident ratios on each housing unit. Out of the eleven (11) occupied housing units observed, the auditor identified two (2) housing units not in compliance with the required PREA ratios during resident waking hours, as detailed below:

- 10 residents and one staff (1:10); and
- 9 residents and one staff (1:9).

It is important to add that the agency had two staff working the floor as "rovers," which, as explained by the Superintendent, are staff who are not assigned to a particular housing unit but are assigned to assist wherever needed. Additionally, the rover JSOs are able to help with escorting residents throughout the facility, assist with providing supplies to pod and control rooms, and are able to break staff out as needed. The auditor took the rover situation into account when assessing for staff to resident direct supervision requirements pursuant to PREA standard 115.313 (c); however, the facility was found to not be in full compliance in two of the male housing units during the on-site inspection. In addition, the Assistant Superintendent advised the auditor during the on-site that it was his understanding that the cluster control room staff are able to be counted in the direct supervision PREA ratio due to the fact these staff members are able to exit the cluster control rooms and assist in emergency situations. The auditor did take this possibility into consideration; however, after assessing the responsibilities of each cluster control room operator, the auditor determined that cluster control room staff are not able to be counted in the staff to resident ratios. This is due to the fact that each cluster control room staff are assigned to monitor multiple housing units (up to four), and the cluster control room staff have several required duties that significantly interfere with their ability to effectively monitor one individual housing unit at all times (e.g., monitoring/documenting movement, door security, cameras, phone, etc.).

**Explanation of determination:**

**115.313 (a-e):**

**(a):**

The agency provided the auditor with their PREA Policy, their most up-to-date Staffing Plan, and examples of completed PREA unannounced round logs in order to demonstrate compliance with this PREA standard in practice. The auditor verified that the agency's PREA policy includes the required elements of this PREA standard in the Youth Supervision and Monitoring section of page 3. Additionally, the auditor reviewed the agency's 2022 Staffing Plan, which was reviewed and signed by the agency's Superintendent and PC on 01/11/2022, and this plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. In addition, the auditor verified that the agency's Staffing Plan also takes into consideration the eleven elements of PREA standard 115.313 (a) (1-11). The Video and Monitoring System section the Staffing Plan includes the following information as it relates to utilizing video monitoring equipment to protect residents against abuse and harassment: "The John R. Roach Juvenile Detention Center has installed a video monitoring system. The system feed is recorded and stored on a separate hard drive for 90 days and is reviewed as needed by the Superintendent, Assistant Superintendent, and the PREA Coordinator. The video monitoring system is a deterrent to sexually acting out and other safety violations, and is used in post-incident



investigations. The new camera system is currently in transition." Lastly, the PC provided the auditor with prior years' Staffing Plans, from 2020 and 2021, which further confirms that the Staffing Plan has been institutionalized as a policy and practice in the facility for the last three consecutive years.

**(b):**

The PC indicated on the PAQ that the agency has never deviated from their Staffing Plan. The auditor confirmed that the agency's Staffing Plan includes preventative measures to ensure adequate staffing levels at all times, such as: exceeding generally accepted secure residential practices by having additional direct care staff assigned to augment coverage building-wide from 09:45 through 22:15 daily via "Swing Shift". Per this Staffing Plan, "during times where the facility is affected by COVID, Probation Officers that are fully certified as Juvenile Supervision Officers, as well as Administration, will augment numbers when necessary. At least one supervisory level person, including Administrators, Shift Supervisors, and/or working supervisor designees, will always be on duty." Furthermore, "at least one Administrator, including the facility Superintendent or the Assistant Superintendent, will always be on call. On-duty supervisory personnel are required to always be accessible to direct and oversee building operations and safety, and respond to crisis or incidents. On-call administrative personnel must be available to respond promptly and effectively in the event of crisis or emergencies at the facility. Administrators and Supervisors can augment coverage but can only be considered in the staff-to-youth ratio when directly observing youth. Any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum staff-to-youth ratio was not met and any actions taken to correct the situation."

As noted in the "Site Review Observations" section above, the auditor determined the facility was not in compliance with the minimum staff to resident ratios of 1:8 during waking hours, which is a deviation from the agency's Staffing Plan. Additionally, Staffing Plan deviation documentation was not provided to the auditor for the agency deviating from the 1:8 staffing ratios and, therefore, the facility was found to be out of compliance with provision (b) of standard 115.313.

**(c):**

Per the agency's Staffing Plan, the agency complies with the minimum direct care staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours, with these minimum ratios required to be met at all times except in the case of unforeseen and temporary circumstances. Additionally, any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum staff-to-youth ratio was not met and any actions taken to correct the situation. The auditor verified that the minimum staff to resident ratios set forth in the agency's Staffing Plan and PREA Policy are fully compliant with the PREA ratio requirements of standard 115.313 (c). However, as noted in the "Site Review Observation" section above, the agency was found to be deficient in complying with the minimum staff to resident direct supervision ratios of 1:8 during waking hours while the auditor was on-site. The agency was unable to provide proof evidence to the auditor that the PREA required staff to resident ratios were continually being maintained during waking hours; however, during sleeping hours, the facility demonstrated the ability to fully comply with the 1:12 PREA ratios at all times due to the maximum capacity of 12 residents in each housing unit. With each housing unit housing a maximum of 12 residents, due to having 12 rooms, the agency is able to assign one staff to each occupied housing unit during the overnight hours. This practice was also verified by the auditor through reviewing a staff schedule for the week during the on-site and the resident facility roster, in which each overnight shift included at least one staff assigned to each housing unit (meeting the 1:12 ratio requirement for sleeping hours).

**(d):**

The auditor reviewed the agency's 2020, 2021, and 2022 Staffing Plans, which were reviewed and signed by the agency's Superintendent and PC, and the plans provide for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. In addition, the auditor verified that the agency's Staffing Plan Reviews include an assessment by the PC and Superintendent whether adjustments were needed to the four elements of provision (d) of 115.313. Each years' Staffing Plan provided includes all the requirements of this PREA standard, as verified by the auditor upon review of each document.

**(e):**

The auditor reviewed the agency's PREA Policy, their 2022 Staffing Plan, and PREA Unannounced Round Logs, and upon review the auditor was able to confirm that facility has institutionalized specific procedures and protocols for adhering to the intermediate-level or higher level supervisory unannounced round requirements of provision (e) of 115.313. The agency provided the auditor with the unannounced supervisory round logs that were conducted from January 2021 to March 2022, in which the auditor was able to confirm that the practice of supervisory unannounced rounds were being conducted in the facility to identify and deter staff sexual abuse and sexual harassment. The rounds were being conducted more than once per month, on both day and night shifts, and at unpredictable times without any noticeable patterns identified by the auditor. Additionally, the agency's Staffing Plan and PREA Policy also outline the prohibition of staff alerting other staff members that these unannounced rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Furthermore, the PC confirmed that the agency operates two shifts in both the pre-adjudication detention center and in the post-adjudication residential program, with a swing shift integrated therein. The PC also

explained to the auditor how unannounced rounds occur constantly within the facility from supervisors or Administration staff, which increases the frequency and randomness of the supervisory level unannounced rounds to more than 3 times a month. As noted in the interview section above, the auditor interviewed one of the agency's facility supervisors who conducts unannounced rounds, and this supervisor was able to provide a clear explanation of how he conducts the unannounced rounds pursuant to the requirements of this PREA provision.

\*Note: The auditor recommends, as a means of best practice, that the agency increase the frequency of **documented** unannounced rounds. The agency's Superintendent and the supervisor interviewed who assist with conducting unannounced rounds were advised of this recommendation while the auditor was on-site, and both these managers advised they will implement increased unannounced round documentation in practice in order to exceed the minimum requirements of this standard.

**Corrective Action Completed:**

The PC provided the auditor with Shift Supervisor Reports and corresponding population rosters for 15 days during the corrective action period, and upon the auditor's review of the proof documentation provided, the auditor determined that the agency complied with the minimum staff to resident PREA ratios of 1:8 during waking hours for each date reviewed, with a 1:5 staff to resident ratio determined as the approximated average ratio during this date range. In addition, the auditor was provided a memo from the agency's PC, which explains how the agency has established a best practice of limiting eight residents per pod on a daily basis. However, if the facility has the need to exceed the 8 residents on a pod, the agency will add an extra officer on the pod to ensure the 1:8 staff to resident ratio per pod is achieved at all times. In addition, the PC advised that if the ratios are not met due to an exigent circumstance, the agency will document the occurrence on a deviation log kept by the PC and note this in the agency's staffing plan going forward. Lastly, the PC advised that the recommended best practice of documenting more than the minimally required PREA unannounced supervisory rounds will be practiced, with the facility supervisors and administration increasing their unannounced rounds documentation going forth.

**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 and no corrective action is required.**

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.315</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment) / Limits to Cross-Gender Viewing and Searches</li> <li>- Resident Search Policy</li> <li>- Moss Group Training- Guidance in Cross-Gender &amp; Transgender Pat-Searches (18 slides)</li> <li>- Training Program Outline for Juvenile Supervisor Officer (JSO) Basic Training</li> <li>- JSO Basic Sign-In Sheets</li> <li>- TJJD Certification Application</li> <li>- TJJD Certificate of Completion (JSO Exam)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor reviewed eight (8) targeted residents and eight (8) randomly selected residents while on-site, and out of the 16 residents interviewed, all the residents confirmed to the auditor that they have never been searched in any way by a staff member of the opposite gender. Furthermore, all the residents also explained how they have never observed an opposite gender search of any kind while in the facility. The residents explained how they are able to go to the restroom, shower, and change their clothes in a private manner in the facility, and at no time did a staff member of the opposite gender view them in a state of undress or while they were changing, showering, or using the restroom. Additionally, each resident interviewed indicated to the auditor that most staff have residents shower one at a time on the pod, even though there are two individual shower stalls on each pod. Some of the long-term residents explained how the facility recently added the shower stall doors that allow for even more privacy than before. The 16 residents interviewed advised that it is expected, and a rule, that all residents remain fully dressed when in the program, as well as covered up when they are in their rooms. The residents also explained how residents must be fully dressed before exiting the shower and before exiting their room. Lastly, the youth interviewed advised that opposite gender staff make an announcement when entering the housing unit, and this announcement is heard by all on the pod.</li> <li>- The auditor also interviewed twelve (12) randomly selected Juvenile Supervision Officers (JSOs) while on-site, and each JSO explained their own perception of the agency's policy and procedures related to searches. Out of the 12 JSOs interviewed, all 12 understood and clearly explained how cross-gender searches of any kind are strictly prohibited and do not occur in the facility. Each JSO indicated to the auditor that they have never conducted, or have witnessed, a cross-gender search of a resident. One female JSO advised how she was involved in a pat-search with a male resident, but the male JSO conducted the hands on elements of the search, and she helped with the metal detection through the use of a wand metal detector device. The JSOs also explained how the only time a cross-gender pat-search would be approved is in a life or death type situation, in which it would be approved by a supervisor and fully documented. Each JSO advised that physically examine or searching a transgender or intersex resident for the sole purpose of determining the resident's genital status is strictly prohibited and has never occurred to the best of their knowledge. If the genital status of a transgender or intersex resident was ever in question, the JSOs interviewed explained how the intake team would review the arrest report and other documents provided by the transporting officer, call the parents, talk with the juvenile, refer with medical staff, and call a supervisor in order to determine the resident's genital status. All the staff interviewed also advised that they have received training on how to conduct cross gender pat-down searches and pat-searches on a transgender or intersex resident; however, the explanations on how to conduct such a search were inconsistent and not fully aligned with the PREA requirements. For example, four (4) JSOs had a good understanding of how to conduct the pat-down search on a transgender or intersex resident in the most professional and respectful manner possible, with also taking into consideration the resident's own gender identity; however, the remaining eight advised that at no time would the transgender or intersex resident's own gender identity be taken into consideration to determine the most appropriate gender staff to conduct the pat-search. These 8 JSOs advised that the gender of staff to conduct a pat-search on a transgender/intersex resident is determined by the resident's biological sex, without any exceptions. Lastly, each of the 12 JSOs interviewed advised that residents are required, per facility rules, to be dressed at all times when in the program and upon exiting the shower and their rooms, which ensures residents are not in a state of undress around other individuals.</li> </ul> <p><b>Site Review Observations:</b></p>

- During the on-site, the auditor did not witness any opposite gender searches of any kind, and during the resident interviews, no resident indicated he/she identified as transgender or intersex. The auditor observed the recently installed shower stall doors while on-site, which provided for an increased level of privacy for residents during shower time. Each of the shower stalls areas are completely off camera view, and the cameras on the housing units are positioned so that the video only shows the individuals entering and exiting the shower area.

**Explanation of determination:**

**115.315 (a-f):**

**(a & b):**

Per the agency's PREA Policy (Limits to Cross-Gender Viewing & Searches Section) and their Policy on Resident Searches, the agency is prohibited to conduct cross-gender searches of any kind except when performed by medical practitioners or in exigent circumstances. The PC also indicated on the PAQ that the agency has not conducted any type of cross-gender search in the past 12 months. Additionally, per what the PC indicated on the PAQ, "the facility always has male and female officers/nurses available and do not conduct cross-gendered searches." The agency's Administrative Policy and Procedure Manual on page 44, also includes the Texas Administrative Code (TAC) requirement of having both a male and a female supervision officer on duty for each shift if juveniles of both sexes are in the facility (TAC 343.432 (a)). Additionally, TAC 343.260 states that a pat-down search must be conducted by the same-gender staff, as necessary for facility safety and security; therefore, per TX state law, even in an exigent circumstance, the agency is still prohibited from conducting any type of cross-gender search and is required, at all times, to have at least one male and one female JSO on duty in the facility.

The auditor recommends as best practice that the agency's PREA Policy section on limits to cross-gender viewing and searches is revised to include the operationally approved practices associated with conducting a pat-search of a resident who identifies as transgender or intersex. Per the PREA Standards In Focus documented for PREA standard §115.315:

Operationally, three options are in current practice for searches of transgender or intersex in a juvenile facility:

- 1) searches conducted only by medical staff;
- 2) asking residents to identify the gender of staff with whom they would feel most comfortable conducting the search; and
- 3) searches conducted in accordance with the inmate's gender identity. See FAQ from 12/2/16.

**(c):**

Per the agency's Resident Search Policy (pg. 118), "anal or genital body cavity search shall be conducted only by a physician or physician assistant. The physician or physician assistant shall be of the same gender as the resident, if available, and all anal and genital body cavity searches shall be documented and the documentation shall be maintained in the resident's file." Additionally, probable cause for an anal or genital body cavity search shall be documented. This documentation shall include:

- name of the resident searched;
- date and time of the search;
- probable cause justifying the search;
- name and title of the physician conducting search; and
- contraband found, if applicable.

As noted in subsection (a & b) of this explanation section of standard 115.313, the agency is prohibited by the TAC to conduct any type of cross-gender search, as well as must have at least one male and one female staff on-duty in the facility at all times. Additionally, the PC indicated in the PAQ that no such searches have been conducted in the facility in the past 12 months.

**(d):**

Through a review of the documents provided for proof of compliance with the requirements of this PREA standard, the auditor determined that the facility has implemented 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. This is also a requirement the agency must adhere to comply with Texas Administrative Codes 343.432 and 343.626: "A JSO of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip searches, disrobing of residents (suicidal or not), or when personal hygiene practice (e.g., onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender. JSOs of one gender shall be the sole supervisors of residents of the same gender during showers, strip searches, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender."

As noted in the "Site Review Observations" above, the auditor verified that each housing unit includes two individual shower

stalls, and each shower stall is off camera and includes newly installed shower stall doors. These shower stall doors were added early 2022, per the PC, in order to ensure residents have full privacy while showering and changing clothes, and it was also discovered that most of the time, residents are able to shower one at a time even though there are two individual shower stalls available. This practice enhances the protections for residents during this vulnerable time and allows for a high level of privacy while residents shower and change before and after showering.

Additionally, the agency's PREA Policy states on page four (4) that staff of the opposite gender must announce their presence when entering the housing area, and this was verified as a fully institutionalized practice through the interviews conducted on-site with residents and JSOs.

(e):

Page three (3) of the agency's PREA Policy includes the requirements pursuant to this PREA provision, and the PC indicated on the PAQ that no such searches were conducted in the past 12 months.

(f):

The auditor provided the auditor with the Moss Group Inc. PREA training related to the pat-search requirements of this PREA standard. In addition, the PC indicated that 100% of the current direct care staff have been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor verified that the Moss Group training is fully compliant with the training requirements of this standard, and the PC provided the auditor with training sign-in sheets for staff who worked in the facility in August and September of 2016. These sign-in sheets indicate that the cross-gender pat-down search training was provided; however, the documents do not include an acknowledgement of understanding statement. Additionally, the sign-in sheets were from 2016, and the auditor was unable to provide proof documentation that this training was provided to all staff during JSO Basic training before having contact with residents or during any all staff PREA trainings conducted after 2016. Due to the agency not being able to prove that the required PREA cross-gender pat-searches and pat-searches of transgender and intersex residents was provided to each JSO before having contact with residents, the agency was found to be out of compliance with this PREA standard.

**Correction Action Completed:**

During the corrective action period, the PC provided the auditor with training proof documentation that outlined the PREA training topics provided to each new employee hired in 2022. One of the training topics provided to each employee during the corrective action period was training on pat-searches, including training on the agency's procedures related to cross-gender pat-down searches and pat-down searches of residents who identify as transgender/intersex. The training included showing each employee the Moss Group training video on how to conduct pat-searches in a respectful and professional manner, as well as reviewing the agency's policies related to searching residents. In addition, the PC provided with the auditor with the agency's updated search policy, which includes the following updated PREA language:

"Pat-down searches of juveniles that identify as transgender or intersex will be completed by asking the juvenile which gender of staff with whom they would feel most comfortable conducting the search."

The PC advised that the updated policy language will be added to all PREA Policy Manuals in the facility and discussed in the next facility PREA training. Additionally, the agency also updated their training documentation, which now includes a statement in the JSO Basic Training Sign in sheet of the topics covered. Furthermore, an employee acknowledgement form has been added to each JSO Basic Training. "Cross-gender pat-down searches" was added to the title of JSO Basic and the yearly PREA Trainings. This will read "PREA and Cross-Gender Pat-Down Searches Training" and will include an acknowledgment form that will be signed by all staff. This documentation was provided to the auditor during the corrective action period and was found to be in full compliance with the requirements of this PREA standard.

The proof documentation was found to sufficiently demonstrate the agency's compliance with the deficiencies of this PREA standard and no further corrective action is required at this time.

**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 and no corrective action is required.**

115.316	Residents with disabilities and residents who are limited English proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.316</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1173 640" style="list-style-type: none"> <li>- Agency PREA Policy (pg. 4)</li> <li>- Detention Policy (Resident Orientation)</li> <li>- Translator Information</li> <li>- PREA Employee Training Curriculum (Moss Group)</li> <li>- List of residents who receive special educational services from the contracted school district</li> </ul> <p data-bbox="244 672 363 698"><b>Interviews:</b></p> <ul data-bbox="244 728 1492 1776" style="list-style-type: none"> <li>- The auditor interviewed six (6) residents who the agency included on their Special Education Student Report. Each of these 6 residents receive special education services through the contracted school district and, therefore, may face challenges with comprehension and/or have a type of disability that may contribute to difficulties in understanding the PREA information provided. Out of the 6 targeted residents interviewed, all 6 were able to sufficiently articulate how they were provided the initial PREA information during the intake process, as well as viewed the PREA video that is provided every Tuesday on their housing unit. The residents indicated that they felt safe in the program, and that JSOs, supervisors, mental health staff, and nurses are available and easily accessible if they need assistance or have questions about something they are confused about or do not understand. The residents advised that they are able to participate in all aspects of the program, and that staff and counselors in the facility are good about ensuring they understand their rights and how to report if they are being bullied, harassed, or abused. All the residents informed the auditor that a counselor and/or medical staff enter their housing unit at least once per day, and they are able to talk with a staff member at any time if they have a question about a rule or procedure.</li> <li>- The auditor also interviewed 12 randomly selected JSOs, and each JSO explained how they ensure all residents are supervised and protected from threats at all times, regardless of the special needs they may have. Each staff elaborated on how if a resident was limited English proficient, a resident would not be used to translate- only either a bilingual staff or a professional interpreter/translator. Additionally, the staff who work intake advised that if a resident had difficulty in understanding the information being provided, they would help the resident comprehend the information by going through scenarios and breaking down the information to a level that the resident could understand. The intake staff also explained how they are able to request the assistance of a counselor, who can help to ensure the resident fully understands the PREA information being presented. Additionally, several staff interviewed explained how they ask all residents on the pod after the PREA video is watched if they have any questions or comments about the video. The staff interviewed also described how one of the facility's counselors and medical staff can be provided to any resident at any time, which can help to ensure the residents who have special needs are provided the opportunity to meet with specialized professionals who can help to ensure effective communication and provide specialized services.</li> <li>- The auditor interviewed the agency's Deputy Director, and he explained how the facility takes the appropriate steps to ensure all residents are provided a high level of service and 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. Effective communication with residents is a top priority, and all staff are well trained in how to provide each resident with the same protections and rights required by the PREA standards. The Deputy Director advised that bilingual staff are available in the facility, as well as a professional interpreter that can be contacted to assist on an as needed basis.</li> </ul> <p data-bbox="244 1807 528 1834"><b>Site Review Observations:</b></p> <ul data-bbox="244 1863 1492 2123" style="list-style-type: none"> <li>- During the on-site inspection, the auditor observed PREA information posted in both English and Spanish. This included instructions on how a resident can call the Texas Juvenile Justice Department's abuse, neglect, and exploitation 24/7 hotline number to report sexual abuse, sexual harassment, or any other type of abuse, neglect, or exploitation. During the two days on-site, the auditor did not observe any resident who appeared to be blind, deaf, hard of hearing, or with a noticeable severe disability of any kind. Each resident interviewed was able to see, hear, and understand the auditor, with no issues to note. Additionally, the agency is able to provide residents who are blind verbal information regarding PREA, as well as the weekly PREA video is able to be heard by all residents in the facility. The PC also advised during the on-site that the facility has the PREA video in both English and Spanish formats.</li> </ul>

**Explanation of determination:**

**115.316 (a-c):**

Through reviewing the agency's PREA (pages 4-5) and Orientation Policies, the auditor determined the agency has established procedures to provide disabled residents 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. Additionally the auditor was provided the contact information for the agency's contracted interpreter, who is licensed through the state of Texas (#1644) and provides interpretation, transcription, and translation services.

It is important to note that the agency's policies related to the requirements of this PREA standard state that within 6 hours before or 12 hours after a resident admitted into the facility, a full orientation process is completed with the resident by a trained staff member. If a resident is found to be limited English proficient, per agency Policy, it is required that a translator or interpreter is made available within 48 hours to explain the information in a manner that the resident is able to fully comprehend. Additionally, when a literacy problem prevents a resident from understanding the information being provided, a staff member or translator shall assist within 48 hours. Per agency policy, the agency attempts to select interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and the agency does not use other youth to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation. The auditor also reviewed the Texas Administrative Code (TAC) standard related to resident grievances (§TAC 343.376), which requires juvenile facilities in Texas to provide all residents with 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.

In addition, the PC explained how the contracting school district provides the facility a list of all the residents admitted into the facility who receive special education services from their sending school district. Additionally, the PC advised that the facility's Behavioral Screening form flags residents who are limited English proficient, who have any form of disability, or who may be at risk of being victimized while in the facility. The PC explained how all the officers working in the facility hold a Bachelor's Degree from an accredited higher education institution, and most officers that are administering the intake paperwork are also dual-certified as Juvenile Supervision Officers (JSO) as well as Juvenile Probation Officers (JPO). The PC described how officers who work with the residents during the intake process are highly qualified and receive over 80 hours of state and department required training every two years in order to maintain their JPO/JSO certifications from the state of Texas. The PC elaborated on the confidence he has with all the officers who work intake, and he described how facility staff have the ability to effectively explain all the PREA information during the intake process. He indicated that intake staff make sure that each juvenile that is processed through the intake process understands the PREA information that is presented to them by asking the resident questions and providing scenarios to youth on their PREA rights and how to report. Per the PC, if an intake officer believes that the information being presented was not being completely understood by a resident, the officer has the ability to refer the resident to the mental health unit. A counselor would then be available to assist with ensuring the resident understands the PREA information being provided. The PC stated that he has personally witnessed intake officers sit down with a newly admitted resident and take the time to go through the intake documents line by line to ensure the resident understands all the information being provided, as well as answer any questions that a juvenile may have.

The auditor verified the JSO and JPO state requirements for training from the Texas Administrative Code, Chapter 344. TAC §344.600 includes the training hours required for certification (Effective Date: 2/1/18), as documented below:

(a) To be eligible for certification, an individual must have received the following number of training hours:

- (1) a minimum of 80 hours of training, including training in topics described in §344.620 of this title, for certification as a juvenile probation officer; and
- (2) a minimum of 80 hours of training, including training in topics described in §344.622 and §344.624 of this title, for certification as a juvenile supervision officer.

Furthermore, per TAC 344.640: A JSO must complete 80 hours and JPO must complete 60 hours of continuing education within the certification period.

The state required training for earning a JSO or JPO certification, as well as for maintaining the certification, includes the following topics, as related to the requirements of this standard and working with residents with disabilities or who are limited English proficient:

- recognizing and supervising youth with mental health issues;
- adolescent development and behavior;
- trauma-informed care;
- the policies of the facility or program related to preventing, identifying, and reporting abuse, neglect, and exploitation;
- referral of residents in need of medical, mental health, or dental services, as identified by staff

- or reported by residents;
- recognizing and responding to mental health needs of juveniles;
- juvenile grievance procedures; and
- confidentiality of juvenile information.

**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	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.317</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1444 640" style="list-style-type: none"> <li>- Agency PREA Policy (Hiring and Promotion Decisions/pg's 4-5)</li> <li>- Prior Institutional Employer PREA Inquires</li> <li>- Polygraph Employee Interview Questions</li> <li>- Texas Department of Public Safety FACT Clearinghouse Records Check/Report (includes TX and FBI criminal history)</li> <li>- Texas Department of Family &amp; Protective Services Report (child abuse records check)</li> </ul> <p data-bbox="244 672 363 698"><b>Interviews:</b></p> <ul data-bbox="244 728 1484 1124" style="list-style-type: none"> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent, who are actively involved in the hiring and promotion procedures for the facility. The administrators advised that the agency's hiring process is extensive and includes interviews, a polygraph examination, an interview with a licensed psychologist, a criminal history check and subscription, a child abuse registry check, and an institutional reference check. The administrators advised that contractors, volunteers, and interns must be screened before having contact with residents, which includes a criminal history check and subscription service and child abuse registry check. The administrators also explained how the agency's Training Coordinator's position is designated with the responsibilities of ensuring all the required pre-employment requirements are completed, as well as coordinates all required training; however, they advised that the Training Coordinator position is currently vacant due to the last Training Coordinator being terminated for failure to meet job expectations. Additionally, the two administrators described the hiring process in detail, which includes the online completion of the county's application, a criminal history and child abuse registry check, the completion of polygraph questions by the applicant and subsequent polygraph examination, an interview with a psychologist, and interview/s with administrative staff.</li> </ul> <p data-bbox="244 1153 528 1180"><b>Site Review Observations:</b></p> <ul data-bbox="244 1209 1487 1507" style="list-style-type: none"> <li>- During the on-site, the auditor randomly selected thirteen (13) JSO files to assess for compliance with this PREA standard. The 13 staff personnel files selected included a sample of newly hired residents, as well as veteran staff and one that no longer works for the department. All 13 files included a compliant criminal history check, an active enrollment to the FACT Clearinghouse Subscription Service with the Texas Department of Public Safety, and an institutional reference check completed for the applicable staff who had past experience in an institution. However, out of the 13 files selected, three (3) were missing proof documentation that the DFPS Child Abuse registry check was completed, and three (3) included child abuse registry checks that were completed <b>after</b> the staff were hired and had contact with residents. Additionally, during this file review, the agency was unable to provide proof documentation that the three PREA questions associated with the requirements of provision (f) were being directly asked to staff who had been promoted or during evaluations.</li> </ul> <p data-bbox="244 1536 563 1563"><b>Explanation of determination:</b></p> <p data-bbox="244 1592 389 1619"><b>115.317 (a-h):</b></p> <p data-bbox="244 1650 1484 1980">The auditor verified that the agency's PREA Policy includes the hiring and employment requirements of this PREA standard on pages 4 and 5, in the Hiring and Promotion Decisions section. Additionally, the agency provided the auditor with proof documentation related to how prior institutional reference checks are conducted. This document is titled, "Prior Institutional Employer PREA Inquires," and includes the institutional reference checks conducted on four JSOs hired from the dates of 2/18/2021 to 2/15/2022. The auditor confirmed that the agency conducts child abuse registry checks through the TX Department of Family and Protective Services (DFPS), as well as conducts criminal background checks in accordance with TAC Rule §385.8181, which requires juvenile agencies in Texas, such as Collin County Juvenile Services, to conduct a criminal history check on all employees, contractors, and volunteers who may have contact with residents in the facility. The criminal history checks include a compilation of the national and state criminal history information maintained by the Federal Bureau of Investigation and the Texas Department of Public Safety.</p> <p data-bbox="244 2009 1484 2139">The PC advised that agency's hiring process is fairly rigorous and includes the following procedures: State of Texas and FBI criminal history check, Department of Family Protective Services (DFPS) child abuse registry check, polygraph, interview with the agency's contracted Psychologist, and a PREA check if they have worked at an institution beforehand. Additionally, the department's background checks are ran every 2 years automatically with a generated report sent to the county for</p>

evaluation, as well as all employees, volunteers, and contractors are automatically enrolled in the Texas Department of Safety's FACT Clearinghouse subscription service. Per the DPS website, this 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. The auditor also reviewed the polygraph interview questions asked directly to all potential new hires, and it was confirmed that the questions include the requirements of provision (f) (a) (1-3) of this standard.

The auditor researched the minimum state required criminal history and background check requirements, which includes the following Texas Administrative Code standards (§344.300) that all juvenile facilities in Texas are mandated to follow:

- (a) Department or facility policy must prohibit direct, unsupervised access to juveniles in a juvenile justice program or facility by any person with a disqualifying criminal history as described in §344.400 of this title.
- (b) A criminal history check as described in this section must be conducted for:
  - (1) an individual in a position requiring certification or eligible for optional certification; and
  - (2) an individual who may have direct, unsupervised access to juveniles in a juvenile justice facility or program and who is:
    - (A) an employee in a position not requiring certification and not eligible for optional certification;
    - (B) a volunteer;
    - (C) an intern; or
    - (D) an individual who provides goods or services under contract, except as provided in subsection (c) of this section.
- (c) A criminal history check as specified in this section is not required for employees of a public school district who:
  - (1) provide services in a juvenile justice facility or program; and
  - (2) have completed all criminal history checks required by the Texas Education Agency.
- (d) Before any individual listed in subsection (b) of this section begins employment or service provision:
  - (1) 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;
  - (2) the department must subscribe to that individual's record in FACT; and
  - (3) 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.
- (e) 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.
- (f) The requirements of this section do not apply to the juvenile's attorney, family members, managing conservator, guardians, individuals listed as a juvenile's approved visitors, or any other individual not listed in subsection (b) of this section.

In addition, the agency is also required, per TAC §344.302, to conduct applicable military history checks. This standard requires the agency to review an applicants most recent separation or discharge documents as a condition of employment.

The auditor also provided the auditor with criminal history checks and child abuse registry checks that were completed as required by this PREA standard. In the past 12 months, the agency hired nine (9) facility staff and contracted with four (4) contractors who may have contact with residents. The PC provided completed background criminal history checks, as well as completed child abuse registry checks, for all 9 employees and all 4 contractors. The agency proved to the auditor that 100% of the staff hired in the past 12 months, as well as 100% of the contractors contracted during this same time period, have successfully passed both a national and state criminal history check, as well as passed the child abuse registry check that was conducted by the DFPS of Texas.

The PC indicated on the PAQ that all staff, contractors, and volunteers are enrolled in the The FACT Clearinghouse Subscription service with the TX Department of Safety (DPS), and the auditor verified this upon the review of criminal history checks provided in the OAS by the agency. Per the DPS website, "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. The subscription service notifies an entity of new activity to a Texas criminal history record and now with the implementation of FBI Rap Back, new activity on an individual's national criminal history. Not only will the subscribing entity receive notifications of events that occurred within Texas, they will also receive notifications of events that occurred elsewhere in the nation. Events that can generate a notification are arrests, record updates, Sex Offender Registry activity, and death notices. These notifications will help eliminate the need to re-fingerprint employees to determine if new activity has been received after the initial check."

As noted above, during the on-site, the auditor randomly selected thirteen (13) JSO files to asses for compliance with this PREA standard. The 13 staff personnel files selected included a sample of newly hired residents, as well as veteran staff and one that no longer works for the department. All 13 files included a compliant criminal history check and active enrollment to the FACT Clearinghouse, and an institutional reference check was completed for the applicable staff who had past experience in an institution. However, out of the 13 files selected, three (3) were missing proof documentation that the

DFPS Child Abuse registry check was completed and three (3) included child abuse registry checks that were completed after the staff were hired and had contact with residents. Additionally, during this file review, the agency was unable to provide proof documentation that the three PREA questions associated with the requirements of provision (f) were being directly asked to staff who had been promoted or during evaluations. Due to the outcome of this random personnel file review, the auditor determined the agency is not in full compliance with the requirements of PREA standard §115.317, specifically provisions (c) and (f). The PC was provided a form that included the three PREA questions required by provision (f), and the Assistant Superintendent advised that these questions can be easily added to his polygraph questions, as well as to the agency's evaluation and promotion process. Additionally, the Superintendent advised while the auditor was on-site that she will look into the issue regarding the child abuse registry checks to ensure that all current staff have had a child abuse registry check conducted, as well as ensure all new employees are fully vetted, as required by this PREA standard, before having contact with residents.

**Correction Action Completed:**

During the corrective action period, the PC provided the auditor with DFPS background check reports for the staff hired in the facility in calendar year 2022. Each report was verified by the auditor to be in compliant with the child abuse registry check requirements of this PREA standard. In addition, the PC provided the auditor with the agency's newly created Employee Interview Questionnaire, which is used to ensure the three (3) PREA questions required by this standard are directly asked to all new employees or to current employees during evaluations or promotions. Lastly, the PC reported that the agency is currently in the process of hiring a new Training Coordinator, who will help to ensure all the PREA hiring requirements are adhered to at all times going forth.

The proof documentation was found to sufficiently demonstrate the agency's compliance with the deficiencies of this PREA standard and no further corrective action is required at this time.

**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 and no corrective action is required.**

115.318	Upgrades to facilities and technologies
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 355 300"><u>115.318</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 852 470" style="list-style-type: none"> <li>- Agency's PREA Policy (Upgrade to Facilities &amp; Technology)</li> <li>- On-site review of the facility's video technology system</li> </ul> <p data-bbox="244 499 363 528"><b>Interviews:</b></p> <ul data-bbox="244 555 1485 1043" style="list-style-type: none"> <li>- The auditor interviewed the agency Deputy Director, who advised that the agency has not had any plans of making any substantial expansions or modifications of existing facilities since the facility was first built in the late 1990s. The Deputy Director explained that recently the facility underwent the installation of a new video monitoring system that eliminated all blind spots and added audio capabilities. He explained how this upgrade in technology has substantially increased how the agency can ensure maximum safety and security of residents and staff, protect residents from potential victimization, and increase the amount of time it takes to conduct a thorough investigation.</li> <li>- The auditor also interviewed the agency's Superintendent and Assistant Superintendent during the on-site, and each administrator explained how no building modifications or additions have been made since the facility was first built and confirmed the recent installation of the upgraded camera system. They explained how the video system upgrade and the installation of cameras in areas that were once not surveilled by cameras increased how residents and staff can be protected from sexual harassment and sexual abuse. The auditor was advised that the facility currently has 180 cameras in operation, and some cameras also have audio capabilities. The administrators further explained how the upgraded camera system allows for effectively review of any incidents that may need to be investigated or examined related to a sexual abuse or sexual harassment in the facility.</li> </ul> <p data-bbox="244 1072 528 1102"><b>Site Review Observations:</b></p> <ul data-bbox="244 1128 1477 1393" style="list-style-type: none"> <li>- During the on-site, the auditor observed the extensive video monitoring system the agency has recently installed throughout the entire facility. The total of 180 cameras provide full coverage of all areas of the facility, and the auditor was unable to detect a blind spot either inside or outside of the facility (within the secure perimeter fencing). The facility had one large main control room, which includes multiple large monitors that display all areas of the facility, and each of the cluster's control rooms (total of 3) also includes operational surveillance monitoring equipment. In addition, all the agency's control rooms also were equipped with the facility's electronic door security system. This system is touchscreen and allows control room staff to lock and unlock all secure doors in the facility. The electronic monitoring of the secure doors in the facility allows for control room staff to easily identify doors that are secured and those that are not secure.</li> </ul> <p data-bbox="244 1422 563 1451"><b>Explanation of determination:</b></p> <p data-bbox="244 1480 411 1509"><b>115.318 (a &amp; b):</b></p> <p data-bbox="244 1536 1485 1800">The agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit; however, the PC did report that the facility has installed and re-positioned new digital cameras that have eliminated all the blind spots in the facility (approximately 180 cameras). In an Issue Log response, the PC advised that the installation of the upgraded video monitoring system completed in May of 2022, and this safety and security enhancement eliminated all the facility's blind spots and added an increased level of overall safety and security in the facility. The PC also advised that the new video monitoring system has the ability to zoom in and out and has audio capabilities in certain installments. Furthermore, the auditor reviewed the agency's PREA Policy, in which the agency includes on page 5 the requirements of this PREA standard.</p> <p data-bbox="244 1830 376 1859"><b>Conclusion:</b></p> <p data-bbox="244 1886 1477 1948"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.321	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 300"><u>115.321</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1117 929" style="list-style-type: none"> <li>- Agency PREA Policy (Responsive Planning)</li> <li>- Sexual Abuse First Responder Checklist (blank copy and completed checklist)</li> <li>- TJJD Incident Reports</li> <li>- Grievances</li> <li>- Investigatory Documents</li> <li>- Resident and staff statements</li> <li>- Manual Chronological note</li> <li>- PC's attempts to reach out to Collin County Sheriff's Office (CCSO)</li> <li>- Response email from CCSO Criminal Investigator with Child Crimes Rural Task Force</li> <li>- Review of services provided by Children's Advocacy Center of Collin County (CACCC)</li> </ul> <p data-bbox="244 956 363 985"><b>Interviews:</b></p> <ul data-bbox="244 1012 1497 2161" style="list-style-type: none"> <li>- The auditor interviewed twelve (12) randomly selected JSOs, and all the JSOs were able to clearly articulate and explain how to respond to an allegation or incident of sexual abuse and sexual harassment in the facility, as well as the proper steps for reporting retaliation or staff neglect. Each staff was aware of the most important first step of separating the alleged victim from the alleged perpetrator when responding to a sexual abuse incident, as well as to report to law enforcement, TJJD, and their immediate supervisor as soon as safely possible. The 12 JSOs all understood that the Collin County Sheriff's Office (CCSO) is the agency who is responsible for conducting all criminal investigations at the facility, and the CCSO must be contacted within one hour after a staff learns of a sexual abuse incident or allegation within the facility. All staff interviewed were also aware of the agency's requirement of contacting TJJD within four hours of notification that a resident has been sexual abuse or sexually harassed in the facility. The auditor asked each JSO interviewed what are the agency required protocols for usable physical evidence, and each JSO advised that they are only responsible for preserving and protecting the scene and the evidence, as well as to instruct the victim and perpetrator to not take any action that could potentially destroy usable physical evidence (e.g., don't: shower, change, brush teeth, wash hands, go to the restroom, eat, etc.). The staff explained how the criminal investigators with the Sherriff's department would be in charge of collecting any usable physical evidence, and the Children's Advocacy Center of Collin County (CACCC) would assist the victim and provide advocacy and forensic and medical exams as needed.</li> <li>- The auditor interviewed the PC during the on-site, and he explained how the CACCC is required to provide forensic examinations and advocacy support service to any child referred from the county. The PC also advised that the local hospitals (e.g., Baylor Scott and White) are required to provide sexual abuse victims access to forensic medical examinations, at no cost to the victim or victim's family. He indicted that certified SAFEs/SANes are available 24/7 at the hospital, and a resident victim of sexual abuse, regardless if the alleged sexual abuse occurred in a facility or in the community, would be transported to the hospital for victim services as soon as possible. The PC also explained that he has reached out to CCSO multiple times in an attempt to request that the Sheriff's department agree to follow the investigatory requirements pursuant to this PREA standard, specifically provisions (a) through (e); and a criminal investigator with the Child Crimes Rural Task Force from the CCSO responded soon after the on-site phase of the audit was completed. In the email communications between the CCSO criminal investigator and the PC that the PC provided the auditor as proof documentation, the PC attached 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," and asked the investigator if his investigative unit utilizes the protocols set forth in this publication. The investigator confirmed in his email that the CCSO does in fact follow the evidence protocols included in this publication for criminal investigations into sexual abuse or sexual assault allegations.</li> <li>- The auditor reached out to the CACCC to follow-up on the services provided to a victim of sexual abuse. An operator at the CACCC advised that there is a 24/7 hotline with the Texas Department of Family and Protective Services (DFPS) that any individual can make a report to regarding a child being abused or neglected in any way. The operator explained that the</li> </ul>

CACCC works in conjunction with the DFPS and law enforcement (CCSO) to ensure a victim of sexual abuse or neglect is provided victim services, such as: advocacy care, the applicable forensic examinations and forensic interviews needed for an investigation conducted by state certified professionals, and applicable treatment and follow-up mental and medical services. Furthermore, the operator advised that the services provided to a survivor of sexual abuse by the CACCC is for the victim's lifetime, at no cost.

- The auditor talked with the Chief Operating Officer of the CACCC, and he explained the process of how his organization provides victim and investigative services to any child referred to the CACCC in Collin County. The Chief advised that Children Advocacy Centers are required by the Texas Family Code to provide victim services and collaborate with a multi-disciplinary team of law enforcement and protective service (DFPS) agencies in response to a report of a child or juvenile being sexual abuse, regardless where the abuse allegedly occurred. The services provided include, but are limited to: forensic interviews with specially trained law enforcement investigators, advocacy services for life, therapy and counseling services for life, emotional support and crisis medical and mental health services, and, as applicable, a forensic medical examination by a licensed medical physician at the Children's Health Pediatrics in McKinney, TX. The Chief was adamant on the great relationship the CACCC has with the CCJPD and the CCSO, and he expressed how he can reach the Chief of the CCJPD at any time if needed. Lastly, the Chief explained how the CACCC includes the CCJPD in their contracts for victim services, which includes services provided by the entire multi-disciplinary team with the CACCC.

- The auditor reached out to a SANE/SAFE nurse with Baylor Scott and White Hospital, and was able to talk with a nursing supervisor who is also a contracted SANE/SAFE for the Turning Point organization in Plano, TX. She explained how all the contracted SANEs are forensic nurses who are highly experienced Registered Nurses, or Advanced Practice Nurses, and they are all educated in the care of patients whose healthcare needs intersect with the legal system. She also described how the Forensic Nurses with Turning Point provide comprehensive medical care to survivors of sexual assault including full body assessments, injury identification, evidence collection, testing for drug facilitated sexual assault, medication administration, information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, and aftercare referrals. Additionally, all forensic nursing team members are certified sexual assault nurse examiners (SANE) by The Texas Office of the Attorney General and/or The International Association of Forensic Nursing, and her team of forensic nurses meet rigorous initial certification and participate in ongoing continuing education and peer review. She also explained how a SANE is available 24/7 for any child referred to the Turning Point organization or to one of the 15 contracted hospitals in the Collin County area. She described how the Turning Point organization also provides for advocacy services to a survivor of sexual abuse throughout the child's lifetime. These advocates are available 24/7 to provide comfort to the survivor by offering emotional advocacy support and ensuring the survivor feels safe through the entire investigative process. She also advised that survivors of sexual abuse are provided referrals to applicable mental and medical health specialist, as appropriate, and an advocate can accompany and provide support throughout the forensic examination process. Lastly, the SANE advised that all services provided to a victim of sexual abuse is without financial cost to the victim or the victim's family.

- At the time of the on-site, there were no residents that the auditor was aware of or notified of who alleged to have been sexually abused at the facility.

#### **Site Review Observations:**

- During the on-site phase of the audit, the auditor observed postings in each housing unit, in the intake area, and in the front lobby that provide the telephone number for the abuse Hotline with TJJD. Additionally, the auditor conducted a test call to the TJJD hotline through using one of the housing unit's resident phones, in which the auditor was able to follow the instructions posted next to the phone and successfully talk with a TJJD operator who accepts reports of sexual abuse or sexual harassment from residents in the facility. The auditor also observed PREA related postings throughout the facility, which provided individuals with information on how to report and who to report to.

#### **Explanation of determination:**

##### **115.321 (a-h):**

##### **(a) & (b):**

Per the agency's PREA Policy on page five (5), the "CCJDC follows a uniform evidence protocol when responding to allegations of sexual abuse. The evidence protocol must be developmentally appropriate for youth." The auditor reviewed the agency's evidence protocol that is outlined on the CCJDC's PREA Coordinated Response Plan document, and this plan includes a uniformed evidence protocol that requires staff first responders to separate alleged victim from the alleged perpetrator, advise the victim and perpetrator to not do anything that could destroy evidence, secure the crime scene, to immediately contact a supervisor and the PC, call in medical staff, call CACCC and local hospital, contact CCSO, document all individuals in the area at the time of the incident, document any staff who attempts to access the crime scene, and secure the area until Sheriff's Department arrives. This uniformed protocol includes the preliminary steps to ensuring victim safety, the crime scene is preserved and secured, and the necessary contacts are made; with local law enforcement (CCSO) taking

over all investigatory responsibilities when they arrive on the scene (including collecting usable physical evidence). As indicated in the interview section above, the PC reached out to the CCSO to request the agency follow the investigatory requirements of this PREA standard, and a CCSO criminal investigator confirmed that the evidence protocol used by the CCSO is developed from the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

The auditor verified that the coordinated approach, victim-centered care, protocols for reporting to law enforcement, facility obligations, and evidence integrity are all included in the agency's Coordinated Response Plan and in their PREA Policy. The auditor also interviewed a SANE that is able to conduct forensic medical examinations on a survivor of sexual abuse who may be referred from the CCJDC, and she provided examples of the evidence protocols that are based on the procedures described in the National Protocol for Sexual Assault Medical Forensic Examinations 2013 publication. The SANE discussed how time is of the essence and the importance of a medical forensic examination to be conducted as soon as possible, which is why a SANE is available 24/7 and is required to respond to a call within one hour. With all forensic nursing team members of the Turning Point organization being fully certified sexual assault nurse examiners (SANE) by The Texas Office of the Attorney General and/or The International Association of Forensic Nursing, these forensic nurses meet rigorous initial certification and participate in ongoing continuing education and peer review. This training and certification process includes being keenly knowledgeable in protocols for conducting forensic examination that are based on publications such as the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents. As noted on the Turning Point's website, the following are requirements to become a Sexual Assault Nurse Examiner in Texas:

- Current and unencumbered RN license with Texas Board of Nursing (BON)
- Minimum of 2 years direct contact with patients as an RN within the last 5 years
- Complete an approved Office of Attorney General (OAG) SANE Training Course (introduction to SANE role)
- Clinical Requirements (Adult/Adolescent SANE)
  - 10 Pelvic Examinations
  - 8 Adult/Adolescent Sexual Assault Medical Forensic Examinations
- At least 6 Acute exams with use of evidence kit
- Courtroom Observation – 16 hours in person
- For more information see the Texas OAG SANE Certification or IAFN site

In sum, per the agency's PREA and Investigative Policies, the CCJDC is only required to conduct an internal administrative investigation into an incident or allegation of sexual abuse or sexual harassment, with CCSD (criminal) and TJJD (administrative and criminal) responsible for conducting their own investigations at the facility. The PC provided the auditor with investigative documents for six (6) sexual abuse allegations that occurred in the facility in the past 12 months. Upon the auditors review of each document (including the TJJD Incident Reports, email communications, written statements, and investigatory memo's), it was determined that all 6 allegations were immediately reported to the CCSO and TJJD, as well as the PC promptly begin an internal investigation into each of the allegations. As applicable, the evidence protocols were adhered to in each case to the extent possible for the CCJDC.

**(c) & (d):**

Per the agency's PREA Policy on page 5, "when evidentiarily or medically appropriate, CCJDC transports youth who experience sexual abuse to an emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), or other qualified medical practitioners. All such medical examinations are provided at no financial cost to the youth. If requested by a youth who experiences sexual abuse, a victim advocate will accompany and support the youth through the forensic medical examination and investigatory interviews. The victim advocate provides emotional support, crisis intervention, information, and referrals. CCJDC seeks to secure victim advocacy services from Children's Advocacy Center of Collin County (CACCC) and makes these services available through a qualified staff member from CACCC or from a qualified CCJDC staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.

In the investigations of sexual abuse that occurred in the facility which led to a criminal investigation by the CCSO, the PC noted in the corresponding internal investigative reports that a CCSO investigator was assigned to each case, and the criminal investigators worked closely with the CACCC and scheduled forensic interviews with the CACCC within 48 hours after the initial allegations were made. Additionally, the PC provided the auditor with a chronological note from one of sexual abuse cases that verifies that the forensic interview was approved by the alleged victim's Guardian ad Litem and conducted by a trained investigator within 24 hours after the initial report was made. The auditor reviewed the CACCC website in order to assess the services provided by the CACCC to a survivor of sexual abuse and the services include, but are not limited to, the following:

- To provide comprehensive, accessible, free services for 100 percent of children and families in Collin County impacted by or at risk of child abuse or neglect.

- Includes a Multi-Disciplinary Team (MDT) that is comprised of highly trained child abuse professionals each having their own unique area of expertise. At Children's Advocacy Center of Collin County, our MDT works in collaboration throughout child abuse investigations. As a result, investigators and detectives are able to complete investigations more effectively and expeditiously, leading to stronger cases for prosecution. Furthermore, agency responses and support to victims and non-offending caregivers are improved and trauma is reduced.
- CACCC is a nonprofit 501(c)(3) organization. Exemplifying the highest level of stewardship, the Center has received a rating of four stars on Charity Navigator, the nation's leading charity evaluator, for TEN consecutive years; a distinction achieved by only 3% of charities they evaluate.
- Conduct forensic interviews, which are legally justifiable, fact-finding interviews with a child conducted by specially trained professionals at the request of law enforcement or Texas Department of Family and Protective Services (DFPS). Interviews are recorded to minimize the number of times a victim must detail their trauma. The recording also increases the accuracy of the information provided to professionals investigating the case. Although the video recording itself is not typically admissible in court due to hearsay rules, the interview is utilized by the multi-disciplinary team as part of the investigation and must meet certain legal criteria.
- Advocacy Services: Family Advocates work collaboratively with the Multi-Disciplinary Team (MDT) and non-offending family members to ensure that the client's voice is heard.
- Support: Family Advocates provide emotional support for clients as they proceed through the judicial system.
- Information: Family Advocates provide clients information regarding the status of their case and aid in connecting them to resources in the community.
- Assistance with tangible needs: Sometimes, families are in financial crisis and need help with food, clothing, housing, employment, finances, and other aspects of living. Advocates make appropriate referrals and access much-needed resources.
- Specializing in trauma-focused therapy, the Center's therapy staff offers services to children who have been victimized by abuse or neglect and their non-offending family members who are dealing with the aftermath of abuse. These services are offered at no cost, for as long as they are needed. Therapy sessions are conducted by licensed and board-certified clinical staff members. As a teaching facility, we utilize graduate students and interns holding Master's degrees and temporary licenses under the guidance of board-certified supervisors.

Upon reviewing the documents for each of the six sexual abuse allegations, the auditor determined that medical examination by a SANE/SAFE was not applicable due to the circumstances surrounding the allegation. Additionally, the PC advised that one of the allegations was still pending in the criminal courts due to the alleged perpetrator being 17 years of age when the alleged sexual abuse incident occurred, with the alleged perpetrator being charged as an adult and transferred to the county jail. The PC explained that the alleged victim and alleged perpetrator were no longer in the facility at the time of the on-site.

**Conclusion:**

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



115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.322</u> p&gt;</p> <p data-bbox="244 327 940 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 745 640" style="list-style-type: none"> <li>- Agency PREA Policy (Responsive Planning)</li> <li>- Sexual Abuse First Responder Checklist</li> <li>- Sexual Abuse Allegation Investigative Files (6)</li> <li>- Sexual Harassment Allegation Investigative Files</li> <li>- TJJD Incident Reports</li> </ul> <p data-bbox="244 672 362 698"><b>Interviews:</b></p> <ul data-bbox="244 728 1490 1619" style="list-style-type: none"> <li>- The auditor interviewed one of the agency's specially trained investigative staff responsible for conducting administrative investigations into sexual abuse or sexual harassment in the facility, the PC, and he advised that he and two other administrators, the Superintendent and Assistant Superintendent, are trained in how to conduct administrative investigations into allegations or incidents of sexual abuse or sexual harassment in the facility. The training was provided by the National Institute of Corrections, and the PC explained how he learned how to conduct a high-quality internal investigation into an allegation or incident of sexual abuse or sexual harassment. He explained the administrative investigative process from the initial notification to the writing of the investigatory report. The PC advised that all sexual abuse allegations are immediately referred to the Collin County Sheriff's Office (CCSO) and Texas Juvenile Justice Department (TJJD) for each entity to conduct their own either criminal (for CCSO) or administrative and/or criminal (for TJJD) investigation. The PC explained how he conducts the internal investigation in conjunction with the Sheriff's Department's and TJJD's own independent investigations. He advised that he ensures staff followed their first responder duties of separating and ensuring resident and staff safety, providing medical and mental health care if applicable, ensuring the crime scene was secured and all usable evidence was preserved, and confirm that all the required contacts have been made. Additionally, he explained the process of conducting interviews, reviewing cameras, examining relevant documents, and providing all evidence to CCSO investigators and TJJD. He was aware of how to utilize Garrity and Miranda warnings, as well as the preponderance of evidence burden of proof requirement to substantiate an allegation of sexual abuse or sexual harassment. The PC advised that he documents his investigation process on a County Memo, as well as on a TJJD Incident Report, but a formal investigative summary report is not used. However, the PC was in favor of the idea of utilizing a formalized investigative summary report and will look into using the TJJD Internal Investigative Reporting Form or a similar document that allows for a clear method of documenting the entire investigative process, from the initial allegation to the disposition.</li> <li>- The auditor also interviewed the agency's Deputy Director, who explained that an administrative a criminal investigation is initiated for all sexual abuse and sexual harassment allegations. He confirmed that the CCSO and TJJD conducts their own independent investigations into a report of a resident being either sexually abuse or sexually harassed in the facility, with the agency also having their own specially trained internal investigators who are able to conduct an internal investigation into any such incident or allegation. The Deputy Director advised that the CCJPD has a great professional relationship with the CCSO, and the Sheriff's Department is right next to the juvenile facility.</li> </ul> <p data-bbox="244 1648 561 1675"><b>Explanation of determination:</b></p> <p data-bbox="244 1704 387 1731"><b>115.322 (a-e):</b></p> <p data-bbox="244 1762 1455 1856">Per the agency's PREA Policy on page 5, "CCJDC reviews all allegations of sexual abuse and sexual harassment and assigns each allegation to the appropriate department to complete a criminal investigation, administrative investigation, or both."</p> <p data-bbox="244 1888 1490 2080">The agency only is responsible for conducting administrative investigations into allegations of sexual harassment or sexual abuse, with the Texas Juvenile Justice Department (TJJD) responsible for also conducting their own independent administrative and/or criminal investigation into any allegations of sexual abuse or sexual harassment in the facility. The law enforcement agency with criminal jurisdiction at the facility is the CCSO, which is the law enforcement agency responsible for conducting any criminal investigations in the Collin County juvenile facility, including allegations of sexual abuse or sexual assault.</p> <p data-bbox="244 2112 1107 2139">This information can be found on the agency's website, as confirmed by the auditor, at:</p>

[https://www.collincountytx.gov/juvenile\\_probation/Pages/PREA-Compliance.aspx](https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx). The agency's PREA page includes the reporting and investigatory responsibilities of the agency, as well as that of CCSO and TJJD.

In order to assess for compliance in practice at the facility, the auditor reviewed the investigative files for all six (6) of the sexual abuse allegations made in the facility in the past 12 months, as well as a random sample of eight (8) sexual harassment investigative files. Upon the auditor's review, it was clear that the agency promptly initiated an administrative investigation for all the allegations of sexual abuse and sexual harassment. Additionally, in each of the sexual abuse allegation cases, the agency immediately reported the allegations to TJJD and the CCSO, which are two agencies with the legal authority to conduct criminal investigations at the facility. All parties received the report of each allegation on the same day the allegation was first reported to CCJDC, as proven through a case number or response from each corresponding agency, and each agency either conducted their own full investigation and/or advised the CCJDC to continue with their own internal administrative investigation, depending on the severity of the allegation and whether criminal charges could be pursued.

**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	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.331</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1093 1043" style="list-style-type: none"> <li>- Agency PREA Policy (Training &amp; Education)</li> <li>- Agency Training Sign-In Sheets</li> <li>- PREA Acknowledgement of Understanding forms (2016)</li> <li>- Training Program Outline for Juvenile Supervisor Officer (JSO) Basic Training</li> <li>- JSO Basic Sign-In Sheets</li> <li>- TJJD Certification Application</li> <li>- TJJD Certificate of Completion (JSO Exam)</li> <li>- PREA Purpose and Goals (12 slide presentation)</li> <li>- JSO Basic (PREA) (15 slide presentation)</li> <li>- Collin County Zero Tolerance Presentation (34 slides)</li> <li>- PREA Employee Training Curriculum from the Moss Group (39 slides)</li> <li>- TJJD Abuse, Neglect, &amp; Exploitation (identifying, reporting, &amp; preventing) (20 slides)</li> </ul> <p data-bbox="244 1072 362 1099"><b>Interviews:</b></p> <p data-bbox="244 1128 1485 1559">- The auditor interviewed 12 randomly selected JSOs while on-site, and all the staff interviewed clearly articulated that the agency had a zero tolerance policy against sexual abuse and sexual harassment and explained the PREA training they have received. Each staff advised that the eleven required PREA training topics were provided during their initial PREA training, as well as during annual refresher trainings (as applicable to the staff member's length of service). The staff were able to effectively elaborate on the multiple methods of reporting, including ways residents and staff can report sexual abuse and sexual harassment, and they understood the requirement of immediately taking the necessary actions to prevent a resident from being harassed or abuse in the facility. The 12 JSO also provided examples of the dynamics of sexual abuse and sexual harassment in a juvenile facility, the common red flags of a resident victim, and how to effectively communicate with residents who identify as LGBTI. All the staff interviewed understood their first responder duties of immediately separating the victim from the perpetrator, contacting medical and mental health if needed, contacting their immediate supervisor, and contacting the CCSO and TJJD as soon as it is safe to make the notifications. Lastly, each staff member interviewed advised to the auditor that they have been trained and understand that there is absolutely no consent for sexual activity in a juvenile facility.</p> <p data-bbox="244 1588 563 1615"><b>Explanation of determination:</b></p> <p data-bbox="244 1644 389 1671"><b>115.331 (a-d):</b></p> <p data-bbox="244 1700 1485 1899">The auditor verified that page six (6) of the agency's PREA Policy details the requirements that all employees who may have contact with youth receive PREA-related training, which is tailored to the unique needs and attributes of youth in the facility and to the specific gender/s represented therein. The training, as outlined by this Policy, address the eleven (11) training elements of provision (a) of this standard. Additionally, agency Policy requires all employees to receive the PREA-related training annually, and documentation of the employees' written verification that they understand the training they have received is also required.</p> <p data-bbox="244 1928 1453 1991">The PC uploaded in the OAS the following PREA related trainings that are provided to all staff who may have contact with residents in the facility:</p> <ul data-bbox="244 2020 956 2143" style="list-style-type: none"> <li>- PREA Purpose and Goals (12 slide presentation)</li> <li>- JSO Basic (PREA) (15 slide presentation)</li> <li>- Collin County Zero Tolerance Presentation (34 slides)</li> <li>- PREA Employee Training Curriculum from the Moss Group (39 slides)</li> </ul>

- TJJD Abuse, Neglect, & Exploitation (identifying, reporting, & preventing) (20 slides)

The PC also provided the auditor with completed examples of the document's used to certify new employees, as well as to re-certify every 2 years, with the state of Texas as Juvenile Supervision Officers (JSOs). The documents reviewed by the auditor include the following:

- Training Program (outlining 9.5 hours of PREA training provided to new employees during JSO Basic training)
- JSO Basic sign-in sheets (5 days of training)
- TJJD Certification Application (verifies the PREA training was provided pursuant to the requirements of standard 115.331)
- TJJD Certification of Completion (includes a certification that the JSO passed the JSO exam, which includes PREA related questions)

Upon review of all the PREA training curriculums provided to staff during their initial JSO certification process, as well as during PREA training refreshers, the auditor determined that all eleven training topics pursuant to the training requirements of PREA standard 115.331 are included therein, with aspects of the training tailored to the unique needs and attributes and gender of the residents at the facility. Additionally, the PC indicated on the PAQ that CCJDC is one self-contained facility, and all officers receive the same training, regardless where they are assigned in the facility (facility houses both male and female residents).

The PC provided the auditor with PREA training sign-in sheets completed for annual years 2018, 2019, and 2021. The PC explained that due to issues surrounding the COVID pandemic in 2020, the facility did not hold their usual in-person Policy and Procedure Training facility-wide, which always typically includes a full review of the agency's PREA Manual and department Policy and Procedures. The PC indicated in the PAQ that the agency usually has PREA refreshers on an annual basis, with the next one scheduled for the summer of 2022. The PC elaborated how the agency holds major Supervisor meetings each year, including in 2020, to pass any refresher information to each officer, and described how administration and the PC are in constant communication verbally and electronically with officers in the facility.

In an Issue Log response to the auditor, the PC described how all staff were provided information in 2020 about the agency's policies and procedures regarding sexual abuse and harassment- by means of the all officers having continued access to the agency's Policy and Procedure binders in each housing unit. This manual, as explained by the PC, includes the agency's entire Policy and Procedure Manual as well as the agency's PREA Policy. Furthermore, if there were any updates or changes in policy during 2020, this would have been addressed via memo, email, or in person with the officers and then physically added in the Policy and Procedure Binders in each housing unit.

In order to verify that all current staff who were hired after the agency's last PREA refresher in August and September of 2021 received the required PREA training in calendar year 2021, the auditor cross referenced the agency's PREA training sign-in sheet from August and September of 2021 with the agency's staff roster. Upon this review, the auditor determined that 60 staff out of the 63 staff who were hired before September of 2021 attended this PREA refresher training 2021. Upon bringing this to the PC's attention, the facility was unable to provide the auditor with evidence to prove the three staff who were not on the 2021 PREA refresher sign-in sheet attended the PREA refresher that was conducted in 2021. However, the PC advised that the next PREA refresher is scheduled for July 2022, in which all JSOs are required to attend. Additionally, the sign-in sheets provided do not include any type of acknowledgement of understanding statement and, therefore, does not provide proof that all the staff who attended the training understood the training presented.

Furthermore, the PC advised in the Issue Log Facility Response that all officers who attend PREA trainings have historically written their names and provided their signatures, and the agency has not had a separate sheet for ensuring all staff provide an acknowledgment of understanding. The PC explained further that the question of providing proof documentation of how staff understand the training received was not raised during their last PREA audit, so the facility was under the impression that staff signatures were sufficient. However, the PC advised that the agency understands this requirement of provision (d) and will develop a more comprehensive training verification form to utilize going forward.

Note: The PC did provide the auditor with PREA training verifications with acknowledgment statements, but this form was only used for the initial PREA training presented to all staff in 2016; when PREA was first implemented in the facility. The PC advised that the agency has signatures of all officers who attended this 2016 PREA trainings but going forward will have individual acknowledgment sheets for the officers.

Additionally, while on-site the auditor reviewed a random employee training file sample of thirteen (13) training files. While discussing with the PC, Superintendent, and Assistant Superintendent what was needed to prove that each staff received the required PREA training before having contact with residents, it was explained that newly hired facility security staff work in the facility while being directly supervised by a fully certified JSO or are assigned to one of the facility's four control rooms without being provided the PREA training that is eventually received during JSO Basic Training. The initial PREA training is provided during JSO Basic training that is scheduled at a later date in order to conduct a JSO Basic training for a large group of newly hired JSOs instead of smaller JSO Basic classes throughout the year. It was explained that this practice was considered compliant during their last PREA audit and prevents the facility from having multiple JSO Basic trainings scheduled periodically throughout the year for each newly hired JSO. The auditor advised the administrators while on-site

that this practice is not in compliance with the requirements of this PREA standard, and all staff, volunteers, and contractors who may have contact with residents are required to complete PREA training on the eleven elements of provision (a) of this PREA standard BEFORE having contact with residents. The administrators understood this requirement and advised that corrective action will be implemented as soon as possible.

\*Due to the fact the agency currently employs security staff in the facility who have contact with residents and have yet to attend PREA training, the agency was found out of compliance with PREA standard 115.331, specifically provisions (a) and (d). Provision (d) was found to be in non-compliance due to the fact that the training verification forms provided (sign-in sheets) do not include an acknowledgement of understanding, and due to the current staff working not signing acknowledgements that they have received PREA training before having contact with residents.

**Corrective Action:**

On 08/09/2022, the PC provided the auditor with the agency's corrective action plan and corresponding proof documentation related to the deficiencies addressed as non-compliance for this PREA standard. The PC advised in the corrective action plan document that the agency's training officer missed that three officers did not attend the PREA Training and failed to re-schedule the required training. This training officer is no longer with the county, and the position will be filled in October of this year. The PC also advised that the agency planned to originally schedule the next PREA training this summer (2022), when it has usually been held with the Policy and Procedure Training, but in order to keep the facility safely operating, these trainings are being held off until later in the year. The PC reported that the facility currently has a multitude of officers working overtime hours to make sure that the facility remains within the PREA required ratios; however, the facility has recently hired new employees who have helped the facility to schedule and conduct large trainings. Due to the agency having a TAC 343/344 state audit scheduled for the end of August of this year, the PC advised that the Policy and Procedure and PREA training will be held after this state required audit is complete. Each employee that will attend the PREA training will sign an employee acknowledgement form, in which an example of this training verification form was provided to the auditor as proof documentation. Furthermore, the PC advised that he is now being emailed each new employees' on-boarding email, which communicates the new employees start date. This will allow the PC to schedule a PREA training for each new employee on their start date before having contact with residents in the facility. Acknowledgment forms are now required to be signed by these staff, and examples of completed training verification forms were provided to the auditor for his review.

Upon the auditor's review of the corrective action plan provided for this PREA standard, as well as examining the training forms emailed by the PC as proof documentation of how the agency currently complies in practice with the corrective action implemented in the facility, the auditor determined that the agency is in full compliance with all elements of this PREA standard. No further corrective action is required at this time.

**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	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.332</b> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Volunteers &amp; Contractor Training)</li> <li>- Contractor &amp; Volunteer Sign-In Sheets</li> <li>- PREA Acknowledgement of Understanding forms for each contractor and volunteer</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one volunteer, who is an intern who has contact with residents in the facility through counseling sessions. The intern advised that he received extensive PREA training before having contact with residents in the facility, which included a review of the agency's zero tolerance PREA Policy and how to report an allegation or incident of sexual abuse or sexual harassment. The intern explained how he recently had to make such a report when a resident he was meeting with made an outcry of sexual abuse that allegedly occurred in the facility. The intern described how immediately after the interview, he notified the supervisor on shift in the facility, as well as the PC and the intern's immediate supervisor. The PC and intern advised that it was quickly discovered that the allegation did <u>not</u> involve any type of sexual abuse or sexual harassment, and it was a resident's misunderstanding of a medical procedure conducted by a licensed physician that came in the facility to conduct a physical on the resident. Regardless of the outcome, the intern and PC advised that the allegation was taken seriously, reported to the authorities (CCSO and TJJD), and investigated by the PC.</li> <li>- The auditor also interviewed one of the agency's contracted medical nurses, who advised that he was trained on PREA before having contact with residents in the facility, and this is also a requirement of his employer, Wellpath. The nurse explained how he receives refresher PREA training annually through the facility and through his employer, and that a resident in the juvenile facility has never made an outcry directly to him regarding an incident or allegation of sexual abuse or sexual harassment that allegedly occurred in the facility. The medical staff was aware of the mandatory reporting requirements for reporting to a supervisor at the facility and the PC any allegations of sexual abuse or sexual harassment, as well as his own employer's requirements to report to his direct supervisor and law enforcement any allegations of sexual abuse or sexual harassment of a resident in the facility. The nurse provided the auditor with details on how a victim of sexual abuse would be provided immediate medical and mental health attention, as applicable to the health situation of the youth, as well as a forensic interview (CACCC), a forensic medical examination with a SANE at a local hospital (Baylor Scott and White or Children's), and medical and mental health aftercare treatment. The nurse was also aware of his requirement to provide each resident, before the initiation of any medical treatment or services, the mandatory requirements to report. Lastly, he advised that all residents who are secured in their room on any type of disciplinary or safety-based seclusion are able to meet with a mental health and medical staff on an as needed basis, with most residents only in their room for disciplinary reasons for a short period of time (less than 24 hours). The nurse also advised that all residents in the facility are under the age of 18 and informed consent is, therefore, not required to report an allegation of sexual abuse or sexual harassment. However, he indicated that a resident victim's parents/guardians would be notified unless the alleged perpetrator is the parent/guardian, in which case DFPS would be notified, as well.</li> <li>- The auditor interviewed one of the agency's contracted mental health professionals, who has been working with residents in the facility for over 20 years. This MHP explained to the auditor that she provides counseling and therapy to residents who have experienced sexual abuse both as a survivor of sexual abuse and a perpetrator of sexual abuse. She explained how she is specially trained as a LCSW and LSOTP-S and works with the residents in the facility on a weekly, if not daily, basis. The MHP explained how she was initially provided PREA training when PREA was first implemented in the facility around 2016, as well as attends a MHP conference annually that includes topics related to PREA. She was well versed in the procedures related to being a mandatory reporter, as well as how residents are provided a verbal informed consent decree before she begins any therapeutic or counseling services with a resident in the facility. The MHP advised that she is required by state law to report any suspicion or knowledge gained concerning a resident being sexually harassed in the facility or sexually abused, regardless of the time or location. Such requirements require the MHP to immediately report to CCSO, TJJD, DFPS (as applicable), and agency administrators (PC &amp; Superintendent). She described how if a resident was sexually abused while in the facility, the victim would be provided immediate medical and mental health crisis intervention services as soon as possible, as well as be transported to the nearest hospital for a forensic medical examination. The MHP elaborated on how a victim advocate would also be provided from the CACCC to be with the victim throughout the examination and investigative process, and when a resident victim returns to the facility, he/she would be provided mental and medical follow-up treatment throughout their stay in the facility, with the possibility of outside referrals being made on an as needed basis. The MHP elaborated on how the CACCC provides victim services to a child and/or juvenile who has</li> </ul>

experienced sexual abuse for the individual's entire lifetime.

- The auditor interviewed the PC, who explained that he ensures all volunteers and contractors are fully trained on their PREA related responsibilities and the agency's zero tolerance policy before having contact with residents. Additionally, he described how during the COVID pandemic, the PREA training was provided to most volunteers and contractors via Zoom. The PC confirmed that all volunteers, contractors, and interns complete the required PREA training before having contact with residents, as well as sign a sign-in sheet and training acknowledgement form, with corresponding examples provided to the auditor to verify compliance in practice.

**Explanation of determination:**

**115.332 (a-c):**

The auditor verified that the agency's PREA Policy on page 6 includes the requirements of this PREA standard, which states, "CCJDC ensures and documents that all volunteers and contractors who have direct access to youth have been trained on and understand their responsibilities under this rule {PREA} and any other related CCJDC policies and procedures." The auditor was also provided the agency's PREA training curriculum that is provided to each contractor and volunteer who may have contact with residents, which is a 34 slide PREA presentation that includes the following seven (7) performance objectives:

1. Give examples of at least three (3) types of abuse and key terms.
2. Zero-Tolerance Facility.
3. Red flags and dynamics of sexual victimization.
4. Right to be free from retaliation for reporting.
5. How to avoid inappropriate relationships.
6. Detecting and responding.
7. Differentiate the various entities to whom abuse must be reported.

Additionally, contractors and volunteers are provided PREA training on the following six (6) topics, as verified by the auditor upon review of three (3) acknowledgement of understanding training verification documents:

- the prohibition of consensual activities between youth and staff, contractors, or volunteers, which includes youth-on-youth sexual abuse;
- sexual activity between youth is strictly prohibited;
- there is no consensual sex- no person regardless of age can "agree" to have sex or sexual contact with a staff, contractor, or volunteer;
- sexual abuse or sexual harassment must be reported to the supervisor on duty, with this supervisor aiding the contractor or volunteer in completing the mandatory reporting call to TJJD, the Superintendent of the facility, and the PREA Coordinator;
- a report made in "good faith" based on reasonable belief that the alleged conduct occurred will not constitute false reporting or lying; and
- all reports of sexual abuse will be investigated by any of the following: Collin County Sheriff's Office, TJJD, and the John R. Roach Juvenile Detention Center.

This form also includes the following statement to ensure the volunteer or contractor understands the information received: "I have reviewed the John R. Roach Juvenile Detention Center PREA Policy and understand its requirements." The contractor or volunteer is then required to sign and date this form before being able to have contact with residents.

In order to ensure all the thirty-three (33) current volunteers and contractors who have contact, or may have contact, with residents in the facility have received the required PREA training the auditor cross-reference the list of all the current volunteers and contractors with the volunteer and contractor PREA training proof documents provided by the PC. The PC indicated in the PAQ that all volunteers and contractors who may have contact with residents have been trained on the applicable PREA topics pursuant to this standard; and the auditor was able to verify that all current contractors and volunteers have attended a PREA training provided by the agency that is compliant with the requirements of this PREA standard. Additionally, the training verification forms also included an acknowledgement of understanding statement, which ensures the volunteers and contractors who received the PREA training understand what was presented.

**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	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 359 297"><u>115.333</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1106 757" style="list-style-type: none"> <li>- Agency PREA Policy (Youth Education)</li> <li>- PREA initial information acknowledgement forms (provided for pre and post program)</li> <li>- Interpreter information</li> <li>- PREA Video Logs (3/23/2021 - 3/15/2022)</li> <li>- Student List Report (Special Educational Services)</li> <li>- Random Sample of Resident Files</li> <li>- Control Room Logbook entries of weekly PREA video</li> </ul> <p data-bbox="244 786 363 813"><b>Interviews:</b></p> <ul data-bbox="244 842 1497 2136" style="list-style-type: none"> <li>- The auditor interviewed sixteen (16) residents while on-site, and all the residents informed the auditor they received PREA information during the intake process, and each resident was able to adequately explain that the agency had a zero tolerance policy on sexual abuse and sexual harassment; their rights to be free from abuse, harassment, and retaliation of any kind; the different methods available to report; and where the facility posts PREA related information throughout the facility. Most the residents interviewed remembered being provided this information on the first day they were detained in the facility; however, some residents have been in the facility for almost 12 months and could not remember exactly when they first learned this information. All the residents interviewed except for one advised that the facility plays a PREA video weekly on the housing unit that provides an overview of PREA, including their rights, zero tolerance policy, how to report, how to stay safe, etc. Upon the auditor reviewing all the interview notes from the 12 resident interviews conducted while on-site, it was concluded that PREA information is provided within a few hours of a resident being admitted into the facility, and a more comprehensive PREA video is provided to all residents every Tuesday night. Additionally, the auditor was able to determine that all the residents interviewed were aware of the agency's zero tolerance policy, knew and understood multiple ways to report, and were aware of the services available related to mental and physical health in and outside the facility.</li> <li>- Additionally, the auditor interviewed six (6) residents who the agency included on their Special Education Student Report. Each of these 6 residents receive special education services through the contracted school district and, therefore, may have difficulty or unique challenges in comprehending certain information if not effectively presented a level they can fully understand (depending on each child's situation). Out of the 6 targeted residents interviewed, all 6 were able to articulate how they were provided the initial PREA information during the intake process, as well as how they have the opportunity to view the PREA video every Tuesday on their housing unit. The residents indicated that they felt safe in the program, and that JSOs and mental health staff are available at all times if they need clarification on something or just need help with anything going on in their life. The residents advised that they are able to participate in all aspects of the program, and that staff and counselors in the facility are good about ensuring they understand their rights and how to report if they are being bullied, harassed, or abused.</li> <li>- The auditor also interviewed 12 randomly selected JSOs, and each JSO explained how they ensure all residents are supervised and protected from threats at all times, regardless of their cognitive ability or level of disability. Each staff elaborated on how if a resident was limited English proficient, a resident would not be used to translate- only either a bilingual staff or a professional interpreter/translator.</li> <li>- The auditor interviewed the agency's Deputy Director, and he explained how the facility takes the appropriate steps to ensure all residents are provided a high level of service and 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. Effective communication with residents is a top priority, and all staff are well trained in how to provide each resident with the same protections and rights required by the PREA standards. The Deputy Director advised that bilingual staff are available in the facility, as well as a professional interpreter that can be contacted to assist on an as needed basis.</li> <li>- The auditor also interviewed three staff who work intake (one supervisor and two JSO staff members), and each intake staff advised that if a resident had difficulty in understanding the information being provided, they would help the resident comprehend the information by going through scenarios and breaking down the information to a level that the resident could</li> </ul>



effectively understand. The intake officers advised that the initial PREA information is provided in multiple ways within one to two hours after a juvenile is detained in the facility. The methods of communicating this initial PREA information include, but are not limited to: having the resident read the PREA handouts and also going over the PREA handouts verbally with the youth (with having the resident sign the PREA information document). The PREA forms for intake were described by the officers to be the facility's Orientation Acknowledgement form and the PREA informational form, which includes information on resident PREA rights, confidentiality, access to health care, disciplinary process, the grievance process, reporting methods both internally and externally to outside authorities, and how to minimize risk of sexual abuse or sexual harassment. The intake officers also advised that all residents are provided even more PREA education every Tuesday night when the facility plays the TJJD PREA video in each housing unit. All the intake staff interviewed advised that all newly admitted residents, regardless of if transferred from another facility or transferred from the different pre and post programs within the facility, go through the same intake process as would a new resident entering the facility.

- The auditor interviewed one of the agency's facility supervisors who is responsible for ensuring the cluster control staff play the PREA video every Tuesday night, and this Supervisor explained how he has a alarm set on his phone that goes off every Tuesday night at a certain time to remind him that this video is required to be played on each housing unit. Additionally, he advised that he documents on the agency's PREA Video Log that this comprehensive PREA video is played on each housing unit every Tuesday evening, and this log is provided to the PC for his review. The Supervisor explained the process of how the PREA video is played every Tuesday evening, which involves the three cluster control room operators playing the video from their control room computer and sending the video to each of the large TV monitors in each of the linked housing units. The supervisor described how each cluster control room operator also documents the time and day the video is played in their control room logbook.

- The auditor interviewed the agency's PC while on-site, and he advised that all JSO staff who work in intake have at least a bachelor's degree from an accredited college or university. This upper level educational requirement, as explained by the PC, allows for the facility to assign JSO staff in intake who are able to reason and adapt how the PREA information is provided in order to ensure all residents, regardless of the level of difficulty in understanding the material being provided, are provided PREA education in a format accessible to all residents. Additionally, the PC advised that there are many staff who work all shifts in the facility who are bilingual, as well as there is a county contracted interpreting service that can be contacted to assist as needed. The PC also explained how all certified JSO staff are highly trained in recognizing and supervising youth with mental health issues and adolescent development and behavior issues. As verified by the auditor with the review of the mandatory training topics for certified JSOs, the state of Texas requires this level of training in all juvenile facilities in Texas.

#### **Site Review Observations:**

- During the on-site, the Superintendent permitted the auditor to review how the PREA comprehensive video is played on each housing unit television every Tuesday night by allowing the auditor to view the practice on the facility's video monitoring system. Furthermore, the auditor asked to view the PREA video that was played on the housing unit that housed the one resident who advised the auditor during his interview that he had not been provided an opportunity to view the PREA video after he was admitted into the facility. The auditor was able to confirm that the PREA video was, in fact, played on this residents housing unit, which proved that this resident was provided the opportunity to watch the PREA educational video. Additionally, during the on-site the facility did not advise the auditor of any new residents that were admitted into the facility; however, the auditor was able to view the facility's intake area and observed all the PREA related documents in wall files behind the intake desk. Additionally, during the facility inspection, the auditor observed PREA signage on each pod, as well as in the intake and front lobby areas. The PREA posters included the agency's zero tolerance policy, different methods of reporting internally and to outside authorities for residents and staff, and ways for residents to stay safe while in the program. There also is a document next to each housing unit's resident phone that provides instructions for how a resident can make a toll-free call to the TJJD 24/7 Abuse, Neglect, and Exploitation hotline. The auditor tested this process on-site, in which was a successful call to a TJJD hotline operator. This hotline is answered by personnel from the Texas Office of the Inspector General 24 hours a day, 7 days a week, as verified by the auditor during the test call.

#### **Explanation of determination:**

##### **115.333 (a-f):**

Per the agency's PREA Policy on page 7 (Youth Education), all residents admitted into the pre and post adjudication programs receive the following PREA information during the admission process:

- age-appropriate information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse, sexual harassment, or sexual activity.

The agency ensures all residents admitted into either the pre or post adjudication units are provided this initial PREA orientation during the intake process by requiring both the resident and the intake staff going over the PREA material to sign and date (with time completed) an acknowledgement form. This form outlines a review of the agency's zero tolerance policy;

the prohibition of any sexual activity regardless of consent; the residents right to be free from abuse, neglect, exploitation, sexual assault, abusiveness, and/or harassment from staff and other residents; ways to minimize the risk of becoming a victim of sexual assault, abuse, or harassment; right to confidentially report; methods related to how to report abuse or harassment of any kind; the investigative process of a report of sexual abuse or sexual harassment; treatment and counseling available to victims of sexual abuse; and the right of residents to have access to medical and mental health treatment, including STD testing and counseling.

In order to demonstrate how the agency complies with this PREA provision (a) in practice, the PC provided the auditor with twenty (20) examples of the PREA orientation acknowledgement forms completed for 20 pre-adjudication residents and twenty (20) examples of the PREA orientation acknowledgement forms completed for 20 post adjudication residents. Each form was signed and dated by the resident and staff member reviewing the material with each resident, as verified by the auditor.

Additionally, within 10 calendar days after admission, CCJDC provides comprehensive, age-appropriate education to youth about:

- their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents; and
- agency policies and procedures for responding to such incidents.

This comprehensive PREA education is provided to all residents in both the pre and post programs on a weekly basis (every Tuesday) via a video system that is played on each housing unit. The video is a PREA video produced by the Moss Group in conjunction with TJJD, titled "Safeguarding Your Sexual Safety." This video is played from each cluster's control room every Tuesday evening and displays on each housing unit's large wall mounted television. Upon the auditor's review of this video, it was clear that the PREA information provided is comprehensive and is presented in a format accessible for all residents. The 25 minute PREA video includes both youth and staff speakers from TJJD, and includes information about: how to stay safe; multiple options for how to report and what needs to be reported; the difference between a right and privilege; disciplinary measures for staff and residents who engage in sexual abuse, sexual harassment, retaliation, and staff neglect; no consent for any sexually activity; what behavior is deemed as inappropriate; acts of grooming and red flags; confidentiality requirements; how to identify and report bullying; how to identify a perpetrator; requirements for the agency to report to investigators any allegation of sexual harassment, sexual abuse, & retaliation; negative consequences for making a false report in bad faith; grievance system; different dynamics associated with each resident's gender; and the importance of reporting to ensure safety.

Every Tuesday the supervisor on-shift verifies the PREA video was provided to every resident by signing and dating a PREA Video Log acknowledgement form. The PC provided the auditor with a signed PREA Video Log for every Tuesday from 3/23/21 to 3/15/22. Additionally, the auditor was provided cluster control room logbook entries for six Tuesdays in May and June 2022. Each entry includes a staff documented entry indicating the weekly PREA video was played for all residents in the corresponding clusters. The auditor determined that the facility's practice of providing the comprehensive PREA education on a weekly basis to all residents in the facility substantially exceeds the minimum requirements of PREA standard 115.333 (b).

Per the PC, all the intake information related to PREA are in formats accessible to all youth, including those who are limited English proficient (availability of a professional translator or bilingual staff), are deaf (PREA documents provided to read), visually impaired (audio and printed PREA documents available), or otherwise disabled (availability of one-on-one explanation by staff or MHP); and have limited reading skills (availability of audio and one-on-one explanation). As explained further by the PC, for those residents who are deaf, they will have the PREA Intake Handout in print and the close-caption turned on for the PREA Video shown on Tuesdays. Additionally, if the juvenile is visually impaired, the PREA Intake Handout will be read and explained verbally to the juvenile and the PREA video shown on Tuesdays would be able to be heard by the juvenile. The PC also explained that PREA informational posters are hung throughout the facility in the pods. This was verified by the auditor during the on-site. The PC also advised that when a youth is transferred from pre-adjudication to post-adjudication programs within the facility, the agency provides the same PREA information as described above.

The auditor also conducted a random resident file review, which includes a review of fifteen (15) files from the past two (2) years. Out of the 15 reviewed, all 15 includes proof documentation that the initial PREA information was provided to each resident, as well as proof documentation that the PREA video was provided to each resident within 10 days from the time they first were admitted into the facility. Additionally, the PREA Video Logs provided also verified that all the residents in the facility were provided the comprehensive PREA video on a weekly basis, every Tuesday, which substantially exceeds the minimum requirements of this PREA standard and is an effective method of ensuring all residents and staff understand the required PREA education.

#### **Conclusion:**

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

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.334</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1385 560" style="list-style-type: none"> <li>- Agency PREA Policy (Specialized Training: Investigators)</li> <li>- Department of Justice (DOJ) Certification of Completion: Online course on PREA: Investigating Sexual Abuse in Confinement Setting / Presented by the National Institute of Corrections</li> <li>- PREA Training Record</li> </ul> <p data-bbox="244 589 363 616"><b>Interviews:</b></p> <ul data-bbox="244 645 1493 1603" style="list-style-type: none"> <li>- The auditor interviewed one of the agency's specially trained investigative staff responsible for conducting administrative investigations into sexual abuse or sexual harassment in the facility, the PC, and he advised that he and two other administrators, the Superintendent and Assistant Superintendent, are trained in how to conduct administrative investigations into allegations or incidents of sexual abuse or sexual harassment in the facility. The training was provided by the National Institute of Corrections, and the PC explained how he learned how to conduct a high-quality internal investigation. He explained the administrative investigative process from the initial notification to the writing of the investigatory report. The PC advised that all sexual abuse allegations are immediately referred to the CCSO and TJJD for each entity to conduct their own independent investigations, either criminal for CCSO or administrative or criminal for TJJD. The PC explained how he conducts the internal investigation in conjunction with the Sheriff's Department's and TJJD's own investigations. He advised that when conducting an internal investigation at the facility, he first assesses if staff followed their first responder duties of separating the victim from the perpetrator, reviews if medical and mental health care were needed, ensures the crime scene was secured and all usable evidence was preserved, and determines if all the required contacts and notifications have been made. If any of these initial procedures were missed, the PC advised that he will ensure to initiate any and all necessary protocols as applicable to the situation and document any response deficiencies discovered. Additionally, he explained the process of conducting interviews, reviewing cameras, examining relevant documents (i.e., logs, disciplinary reports, etc.), and how he is required to provide all evidence to CCSO investigators and TJJD, as applicable to the situation. He was aware of how to utilize Garrity and Miranda warnings, as well as the preponderance of evidence requirement to substantiate an allegation of sexual abuse or sexual harassment. The PC advised that he documents his investigation process on a county memo, as well as on a TJJD Incident Report, but a formal investigative summary report is not used at the conclusion of an internal investigation. However, the PC liked the idea of utilizing a formalized investigative summary report, and will look into using the TJJD Internal Investigative Reporting Form or a similar document that allows for a clear method of documenting the entire investigative process (from the initial allegation to the disposition).</li> <li>- The auditor also interviewed the agency's Deputy Director, who explained that administrative and criminal investigations are initiated for all sexual abuse and sexual harassment allegations. He confirmed that the CCSO and TJJD conducts their own independent investigations into a report of a resident being either sexually abuse or sexually harassed in the facility, with the agency also having their own specially trained internal investigators who are able to conduct an internal investigation into any such incident or allegation. The Deputy Director advised that the CCJPD has a great professional relationship with the CCSO, and the Sheriff's Department is right next to the juvenile facility.</li> </ul> <p data-bbox="244 1632 563 1659"><b>Explanation of determination:</b></p> <p data-bbox="244 1688 389 1715"><b>115.334 (a-d):</b></p> <p data-bbox="244 1744 1465 1807">The auditor verified that page 7 of the agency's PREA policy requires CCJDC staff members who investigate allegations of sexual abuse receive specialized training that includes:</p> <ul data-bbox="244 1836 1074 1998" style="list-style-type: none"> <li>(i) techniques for interviewing juvenile sexual abuse victims;</li> <li>(ii) proper use of Miranda and Garrity warnings;</li> <li>(iii) sexual abuse evidence collection in confinement settings; and</li> <li>(iv) criteria and evidence required to substantiate a case for administrative action or prosecution referral.</li> </ul> <p data-bbox="244 2027 1460 2054">Such training, per the agency's PREA Policy, shall be documented to prove that the required training has been completed.</p> <p data-bbox="244 2083 1445 2145">Upon the auditors review of the DOJ Certificates of Completion for PREA training in investigating sexual abuse in a confinement setting, the auditor determined that the agency employs at least two administrative staff members who have</p>

received the required PREA training to be a specialized PREA investigator for administrative investigations in the facility. Furthermore, the agency's PREA Policy on page 7 outlines the requirements of this PREA standard, as verified by the auditor.

**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.**

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.335</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1492 584" style="list-style-type: none"> <li>- Agency PREA Policy (Specialized Training: Medical and Mental Health Care)</li> <li>- PREA training sign-in sheets for all medical and mental health staff and contractors</li> <li>- DOJ Certification of Completion: Online course on behavioral health care for sexual assault victims in a confinement setting</li> <li>- PREA Acknowledgement of Understanding forms</li> </ul> <p data-bbox="244 613 363 640"><b>Interviews:</b></p> <ul data-bbox="244 669 1492 2018" style="list-style-type: none"> <li>- The auditor interviewed one of the agency's contracted medical nurses, who advised how he was trained on PREA before having contact with residents in the facility, and this is also a requirement of his employer. The nurse explained how he receives refresher PREA training annually through the facility and through his employer, and that a resident in the juvenile facility has never made an outcry directly to him regarding an incident or allegation of sexual abuse or sexual harassment that allegedly occurred in the facility. The medical staff was aware of the mandatory reporting requirements for reporting to a supervisor at the facility and the PC any allegations of sexual abuse or sexual harassment, as well as his own employer's requirements to report to his direct supervisor and law enforcement. The nurse provided the auditor with details on how a victim of sexual abuse would be provided immediate medical and mental health attention, as applicable to the situation, as well as a forensic interview (CACCC), a forensic medical examination with a SANE at a local hospital (Baylor Scott and White or Children's), and medical and mental health aftercare treatment. The nurse was also aware of his requirement to provide each resident before the initiation of any medical treatment or services the mandatory requirements to report. The nurse also advised that all residents in the facility are under the age of 18 and informed consent is, therefore, not required to report an allegation of sexual abuse or sexual harassment. However, he indicated that a resident victim's parents/guardians would be notified unless the alleged perpetrator is the parent/guardian, in which case DFPS would be notified, as well. Lastly, he advised that all residents who are secured in their room on any type of disciplinary or safety-based seclusion are able to meet with a mental health and medical staff on an as needed basis, with most residents only in their room for disciplinary reasons for a short period of time (usually no more than 24 hours).</li> <li>- The auditor interviewed one of the agency's contracted mental health professionals, who has been working with residents in the facility for over 20 years. This MHP explained to the auditor how she provides counseling and therapeutic services to residents who have experienced sexual abuse both as a survivor of sexual abuse and a perpetrator of sexual abuse. She advised she is specially trained as a LCSW and LSOTP-S and works with the residents in the facility on a weekly, if not daily, basis. The MHP explained how she was initially provided PREA training when PREA was first implemented in the facility around 2016, as well as attends a mental health conference annually that includes topics related to PREA. She was well versed in the procedures related to being a mandatory reporter, as well as how residents are provided a verbal informed consent decree before she begins any therapeutic or counseling services with a resident in the facility. She described how if a resident was sexually abused while in the facility, the victim would be provided immediate medical and mental health crisis intervention services as soon as possible, as well as be transported to the nearest hospital for a forensic medical examination. The MHP elaborated on how a victim advocate would also be provided from the CACCC to be with the victim throughout the examination and investigative process, and when a resident victim returns to the facility, he/she would be provided mental and medical follow-up treatment throughout their stay in the facility.</li> <li>- The auditor interviewed one of the agency's fulltime mental health professionals, who is a LCSW. The MHP advised that she has worked for the agency for over 10 years and receives PREA training annually through the facility and through attending an annual mental health conference. She advised she is a mandatory reporter and is required to report any suspected sexual abuse or sexual harassment to administrators in the facility, as well as to law enforcement as applicable to the situation. The fulltime MHP sufficiently explained how to detect and assess for signs of sexual abuse and sexual harassment, explained her first responder duties associated with notifying and protecting possible evidence, understood the agency's reporting protocols for any allegation related to PREA (CCSO and facility administrators), and was aware of how the CACCC would be immediately contacted to schedule a forensic interview and forensic medical exam, as well as provide victim advocacy services and treatment.</li> </ul> <p data-bbox="244 2047 563 2074"><b>Explanation of determination:</b></p> <p data-bbox="244 2103 389 2130"><b>115.335 (a-d):</b></p>

The auditor verified that the agency's PREA Policy (on page 7) includes the requirements of this PREA standard. Additionally, the PC provided the auditor with PREA training sign-in sheets, PREA Acknowledgement of Understanding forms, and a certificate from the DOJ. Upon review of the secondary documentation provided to demonstrate the agency's compliance with this PREA standard, the auditor determined the agency ensures all medical and mental health staff who have contact with residents in the facility have been trained pursuant to the PREA training requirements of this standard.

The PC provided the auditor with a list of the agency's medical and mental health team members. There are three counselors and three nurses on staff at the facility, and the auditor was provided PREA training verification documents all six of these professionals who have contact with residents in the facility. Upon the auditor's review of the provided training documents, it was verified that all six mental and medical health care professionals have attended PREA training as required by this PREA standard.

Furthermore, the PC explained to the auditor that the agency's counselors and Health Service Coordinator were trained by using the same PREA curriculum that is provided to all security staff. The two newest additions to the medical team were given the basic PREA training and will attend the full PREA training with the rest of the agency's employees this upcoming PREA Training (scheduled for summer 2022). Furthermore, the PC advised that the agency is switching to a schedule where they may have other nurses in the facility on a more frequent basis. When this occurs, they will be provided the full PREA training, as well.

**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	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 359 300"><u>115.341</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1086 528" style="list-style-type: none"> <li>- Agency PREA Policy (Screening for Risk of Sexual Victimization and Abusiveness).</li> <li>- Intake Behavioral Screening Form and Classification</li> <li>- PREA Periodic Behavioral Screening Follow-Up forms</li> </ul> <p data-bbox="244 555 363 584"><b>Interviews:</b></p> <ul data-bbox="244 611 1490 1637" style="list-style-type: none"> <li>- The auditor interviewed three staff members who conduct risk screenings in the facility upon each resident's admission into the facility. Each of the staff interviewed advised that the agency's Behavioral Screening (risk screening) is conducted within one to two hours after a youth is admitted into the facility. This screening tool is used to assess for vulnerabilities associated with being at risk of being sexually abused, as well as assesses the risk that a resident may perpetrate sexual abuse within the facility. The intake staff indicated that they ask the newly admitted residents questions on the risk screening directly and in a confidential setting in order to ensure the residents understand the questions being asked, as well as feel comfortable in providing honest responses. The intake officers elaborated on how the risk screening is conducted in a confidential setting, in the intake area, where no other individual is able to listen to the conversation between the resident and intake officer. Each intake staff provided specific examples of some of the screening questions that are on the screening form, and all were knowledgeable of the process of using the screening results to determine the most appropriate housing assignment. The intake officers also described how if a resident is found to be at risk of being victimized, this resident will be assigned a room near the staff's desk on the pod. This was described as a good practice to ensure an at risk resident is closely monitored at all times and helps to prevent sexual abuse and sexual harassment from occurring. Additionally, residents who have a history of previous sexual abuse as the perpetrator will be assigned to a pod that houses older residents in order to prevent younger residents from being taken advantage of. The intake officers also detailed how the Behavioral Screening form is conducted on all residents, regardless if being transferred from another facility or transferred between the facility's pre and post programs. The intake officers described how if a resident indicates that he/she is a victim or abuser of sexual abuse, this resident is then offered an opportunity to meet with a mental health professional within 14 days. The officer indicated there is a form that is used for residents who are found to be either a victim or perpetrator of sexual abuse, the "Intake Behavioral Screening Follow-up Questionnaire." This form ensures these residents are offered the required mental health follow-up within 14 days, and if the resident indicates he/she would like to speak with a mental health professional, the intake officer is required to provide this form to their immediate supervisor so that a mental health meeting can be scheduled as soon as possible. The intake officers also explained how they either contact the counselor immediately, over the phone, or email if after hours.</li> <li>- The auditor also interviewed the agency's PC, and he provided more information on how the Behavioral Screen is conducted on all residents who enter the facility, usually within a couple hours after they are first admitted. The PC indicated that the completed Behavioral Screening forms are kept in the resident's files in the secure facility, and the staff and mental health professionals who need to know the information to ensure safety and security are able to review the resident files. The PC also informed the auditor that all staff receive training on how to effectively communicate with residents of the LGBTI community during JSO Basic training, which is also part of the PREA training refreshers provided annually to all staff.</li> </ul> <p data-bbox="244 1664 528 1693"><b>Site Review Observations:</b></p> <ul data-bbox="244 1720 1469 1989" style="list-style-type: none"> <li>- During the on-site, the auditor was able to observe the facility's intake area, which is where the agency's Behavioral Screens are conducted. The intake area includes holding rooms that can be utilized to ensure confidentiality if more than one resident is being processed in the intake unit. The auditor asked the PC during the initial briefing on the first day of the on-site if the auditor could observe the intake process if a new entry is admitted into the facility at any time during the on-site. The PC advised that this would be fine, and he would notify me if a new referral enters the facility and is admitted. However, at no time during the on-site was the auditor made aware of a new referral being admitted into the facility. Additionally, the auditor did not witness any new intakes in the intake area while walking through the facility during the two days on-site. The auditor did observe the Behavioral Screening forms ready for use in a wall file behind the intake office.</li> </ul> <p data-bbox="244 2016 563 2045"><b>Explanation of determination:</b></p> <p data-bbox="244 2072 387 2101"><b>115.341 (a-e):</b></p> <p data-bbox="244 2128 1460 2157">The auditor was provided the agency's PREA Policy, and upon review the auditor was able to confirm the agency includes</p>

the requirements of this PREA standard on pages 7 and 8. Additionally, the PC provided the auditor with the agency's Intake Behavioral Screening Form and Classification, and upon reviewing this form, the auditor was able to determine the screening tool is an objective screening instrument that includes, at a minimum, the eleven (11) elements required by §115.341 (c). In addition to the 11 elements of (c), the Behavioral Screening form also includes questions associated with the state of mind of the juvenile, as well as any behavior concerns and applicable gang affiliation.

In order to verify the procedures related to this PREA standard are fully institutionalized in practice at the facility, the auditor reviewed fifteen (15) randomly selected resident files from both the facility's pre and post programs. Upon the auditor's analysis of the 15 files, it was determined that 14 included the agency's Behavioral Screening form completed the same day each resident was admitted into the facility. There was one selected resident file that the agency was unable to provide proof documentation that the Behavioral Screening was conducted within 72 hours of the resident being admitted into the facility; however, the PC investigated this situation and advised that he talked with the staff who was involved with this resident's intake. The PC explained that this resident's particular Behavioral Screen was conducted but not printed out or saved on an intake computer. He described how the Behavioral Screens are usually completed on the intake computer and then printed out for the resident's file, but in this case, there was a new intake officer that may have forgotten to print the form. Additionally, the PC advised this resident was released not long after he was admitted into the facility and, therefore, not able to be interviewed by the auditor. The auditor determined through the resident file review and through interviewing the three intake staff, the 16 residents, and the PC that the practice of conducting the Behavioral Screening form is fully institutionalized in the facility.

While on-site, the auditor asked the PC for periodic behavioral screening proof documentation to evaluate if this element of provision (a) is being practiced in the facility, and the PC advised that the facility has not instituted an official practice of conducting the periodic assessment or created a form to utilize. The Superintendent advised that it would be possible to adopt a periodic risk screening form that could be conducted every 60 to 90 days for all the applicable residents, and the auditor explained that this would be a plan of correction action that would need to be evaluated during the corrective action period. Due to the agency not conducting periodic risk screenings on residents, the auditor determined the agency is not compliant with all the elements of provision (a) of standard §115.341.

**Correction Action Completed:**

During the corrective action period, the PC provided the auditor with a memo that outlined the corrective action plan going forth, as explained below:

"The agency has adopted the provided Periodic Behavioral Screening Follow-Up sheet. These will be conducted in the first week of January, April, July, and October of each year for all juveniles. The facility believes that this, combined with the frequency and proximity of contact with Supervisors, Counselors, Administration, and Officers, will more than satisfy the periodic gathering and use of information about each resident's personal history and behavior in order to reduce the risk of sexual abuse in the facility as put forth by 115.341(a)."

In order to demonstrate compliance with the periodic behavioral screening plan in practice in the facility, the PC provided the auditor with samples of completed PREA Periodic Behavioral Screening Follow-Up forms. The forms sufficiently demonstrated to the auditor how the agency ensures all residents in the facility are periodically assessed to reduce the risk of sexual abuse by or upon a resident pursuant to the requirements of this PREA standard.

The proof documentation was found to sufficiently demonstrate the agency's compliance with the deficiencies of this PREA standard and no further corrective action is required at this time.

**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 and no corrective action is required.**



115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.342</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1086 524" style="list-style-type: none"> <li>- Agency PREA Policy (Screening for Risk of Sexual Victimization and Abusiveness).</li> <li>- Intake Behavioral Screening Form and Classification</li> <li>- Random Resident File Selection</li> </ul> <p data-bbox="244 557 363 584"><b>Interviews:</b></p> <ul data-bbox="244 613 1490 1850" style="list-style-type: none"> <li>- The auditor interviewed three intake officers, and each officer advised that the agency's Behavioral Screening includes a question that asks if the resident being assessed identifies as LGBTI, but this information is only used to ensure maximum safety for all residents in the program. The intake officers advised that the facility does not use isolation or have a special housing unit for residents who identify as LGBTI. One intake officer explained that about a year ago, a transgender resident was admitted into the facility. This transgender resident was a biological male who identified as a female and was housed on the female pod because that is where the resident advised she felt the most comfortable. However, after a few days on the female pod, a younger female resident made a report to staff that she was being bullied and harassed by this transgender resident. The administrator staffed the situation, and it was reported that the resident wanted to move to the male pod because the older female residents were harassing her. The resident was subsequently moved to the male pod, and no further issues were reported during the resident's remainder of time at the facility.</li> <li>- The auditor interviewed the Deputy Director of the agency who advised he was aware of the above transgender situation and explained another transgender resident who was a biological female who identified as a male. The Deputy Director explained how this resident wanted to be housed on the female pod and was without any issues. The Deputy Director described how each case in dealing with a transgender/intersex resident is staffed and handled on a case-by-case basis to ensure not only the safety of the transgender resident but also the overall safety and security of the entire facility. The Deputy Director also confirmed that the practice of segregated isolation is not used in the facility, and there is no special housing for residents who identify as LGBTI.</li> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent, and both administrators explained how the agency's Behavioral Screening form is used to determine the most appropriate and safest pod and room assignment, with each housing unit having their own programming. They each explained how there are certain limitations to placing female residents, due to the fact that there is only one female pod, but in placing male residents, they have more flexibility in that there are multiple pods to move residents to. Both administrators explained that a transgender or intersex resident's own views with respect to his/her own safety have been, and will continue to be, given serious consideration and that each case is required to be staffed on a case-by-case basis. The administrators also explained how the agency does not use isolation such as placing a resident in administrative segregation or solitary confinement, as these practices are prohibited in the juvenile field. The only forms of seclusion available for disciplinary or protective purposes are disciplinary seclusions and safety-based seclusion, which are not used as a form of isolating from others. They explained how disciplinary seclusions are when a resident is secured in their assigned room for no longer than 23 hours, and during this time the resident is checked on by staff and allowed to meet with mental and medical staff on an as needed basis. The safety-based seclusion was explained as a type of seclusion in which a resident is placed in his/her room in order to ensure safety of the program or during an internal investigation into the resident being the alleged perpetrator. The administrators indicated that a safety-based is reviewed by a supervisor periodically and typically does not last more than 24 hours.</li> <li>- The auditor interviewed one contracted MHP, one fulltime MHP, and one contracted medical staff; who all explained that they are able to provide mental health and medical services to all residents in the facility, regardless if a resident is secured in their room on a disciplinary seclusion or safety-based seclusion.</li> </ul> <p data-bbox="244 1883 528 1910"><b>Site Review Observations:</b></p> <ul data-bbox="244 1939 1485 2134" style="list-style-type: none"> <li>- During the on-site, the auditor did not observe any resident that appeared to identify as transgender or intersex, and during the interviews with the 16 residents, none of the interviewed residents indicated to the auditor that they identified as transgender or intersex. Although, it is important to add that there were residents that identified as bisexual and pansexual. The auditor asked each of these residents if they felt safe, and all indicated they felt safe while in the facility and that staff were respectful to their situation. Additionally, the auditor asked each of the bisexual and pansexual residents if the facility isolates or has special housing for residents who identify as LGBTI or other, and all the residents advised that no such</li> </ul>

isolation or special housing is available at the facility. The auditor verified during the on-site that no residents were isolated or placed in special housing due to the way they identified. During the time the auditor was on-site, the administrators never advised the auditor that there was a resident in any type of seclusion or protective isolation linked to a PREA related incident or allegation. Additionally, the auditor verified that all residents are able to shower alone, in individual private shower areas, and a shower stall door was observed in each housing unit. This allows for all residents to shower alone, regardless how the resident self-identifies.

**Explanation of determination:**

**115.342 (a-i):**

The auditor was provided the agency's PREA Policy, and upon review the auditor was able to confirm the agency includes all the requirements of this PREA standard on page 8. Additionally, the PC provided the auditor with the agency's Intake Behavioral Screening Form and Classification, and upon assessing for compliance with this form, the auditor was able to determine the information ascertained from the risk screening portion of the form is used when determining the initial housing assignment of a juvenile being admitted into the facility. The goal of using the information from the risk screening section of the Behavioral Screening form is to ensure the housing, bed, program, education, and work assignments for residents is to keep all residents safe and free from sexual abuse, as per the agency's PREA Policy.

Additionally, it is important to note that the PC indicated on the PAQ that the facility does not use isolation as a means of protection, and this prohibition is also found in the agency's PREA Policy on page 8, as verified by the auditor. Therefore, the provision requirements associated with utilizing isolation as a last resort is not applicable, and the PC indicated in the PAQ that no residents at risk of sexual victimization have been placed in isolation in the past 12 months. The only type of seclusion used by the agency are disciplinary seclusions (DS) up to 23 hours and safety-based seclusions (SBS). When a resident is on a DS or SBS, he/she is not completely isolated from the other residents, and these type of seclusions are not used, per the PC, as a means of protection. A DS is used only a disciplinary sanction for committing a major infraction, which requires a formal review process to be conducted before enforcement, and a SBS is only used to seclude a resident in his/her room due to the resident's active or imminent threat to disrupt the program or harm another individual (i.e., used for a perpetrator of the imminent threat). The Superintendents of the agency advised that residents serving a DS are provided large muscle exercise opportunities and any legally required educational programming or special education services, as required by the applicable TAC standard and the agency's disciplinary policy.

The agency's PREA Policy also includes the requirements of provisions (c-g), which ensures resident who identify as transgender or intersex are provided, on a case-by-case basis, the most appropriate and safest housing and programming assignments.

In order to verify the procedures related to this PREA standard are fully institutionalized in practice at the facility, the auditor reviewed fifteen (15) randomly selected resident files from both the facility's pre and post programs. Upon the auditor's analysis of the 15 files, it was determined that 14 included the agency's Behavioral Screening and Classification form completed the same day each resident was admitted into the facility. There was one selected resident file that the agency was unable to provide proof documentation that the Behavioral Screening and Classification was conducted within 72 hours of the resident being admitted into the facility: however, the PC investigated this situation and advised that he talked with the staff who was involved with this resident's intake. The PC explained that the Behavioral Screen was conducted but not printed out and not saved. He described how the Behavioral Screening form and Classification are usually completed on the intake computer and then printed out for the resident's file, but in this case, there was a new intake officer that may have forgotten to print the form. The auditor determined through the resident file review and through interviewing the intake staff, the residents, and the PC that the practice of conducting the Behavioral Screening form is fully institutionalized in the facility. Additionally, it should be noted that the agency's Behavioral Screening/Classification document includes the following statement that the intake officer signs off on: "All items of this behavioral screening have been reviewed and taken into consideration when determined the initial housing assignment of the juvenile." Through interviewing the intake staff and the residents who identified during the interview as bisexual and pansexual, the auditor determined that all residents are screened for risk and assigned pod and room assignments with the goal of keeping all residents safe and free from sexual abuse and 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.**

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.351</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 887 584" style="list-style-type: none"> <li>- Agency PREA Policy (Reporting)</li> <li>- Orientation Acknowledgement Form for Pre and Post programs</li> <li>- PREA Initial Information/Orientation Form</li> <li>- Agency Grievance Form (TAC 343.382)</li> </ul> <p data-bbox="244 613 363 640"><b>Interviews:</b></p> <ul data-bbox="244 669 1493 2051" style="list-style-type: none"> <li>- The auditor interviewed 16 residents, and all the interviewed residents were able to clearly articulate how they are able to freely make a report of sexual abuse or sexual harassment privately to a staff member, counselor, teacher, or another adult they trust; confidentially through the agency's grievance process (placing a grievance or note in the grievance box or giving it to their counselor or parents); anonymously through calling the TJJD hotline or writing a grievance without their name; and through calling a third party such as the TJJD hotline, their parents, JPO, attorney, or counselor. All the residents were well versed in these procedures and understood that the instructions for calling the TJJD hotline were located next to the phone on the pod. One resident advised that he called the TJJD hotline in the past, but it was not to report any type of PREA related incident or allegation. This resident advised that the call went through without any issues and that the issue was resolved quickly upon the administration learning of the call (within 24 hours). Additionally, all the residents interviewed advised that they have access to a pencil, paper, and grievance forms as needed, and there has never been an issue or problem with obtaining these items from staff. All the residents also explained how they believed the agency would still investigate an allegation of sexual abuse or sexual harassment even if the allegation was reported anonymously. One resident described how a younger resident on the pod was talking to him inappropriately and touched him on his upper chest area and leg, but at first he did not want to report it because he did not want to get the resident into trouble. However, he decided to go ahead and report it to staff by sliding a piece of paper under an officer's door that had information on what was going on. The resident said that the allegation was addressed quickly, and the resident was moved to another housing unit and soon released from the program.</li> <li>- The auditor interviewed 12 randomly selected JSOs, and each JSO was able to explain the multiple procedures in place for a resident to make a report of sexual abuse or sexual harassment, as well as at least one method for a staff to privately report a PREA related incident or allegation. Each staff explained how residents can write a grievance, tell an adult they trust in the facility, tell their parents or counselors, call the TJJD hotline, and make an anonymous report by turning in a grievance in the grievance box without their name or calling the TJJD hotline and not giving their name. All the staff interviewed were also aware that they could report directly to the TJJD hotline, just as a resident can, and talk privately and directly to administrative staff. All the staff interviewed advised they felt that supervisors and administrators for the agency maintained an open door policy, which allowed for unrestricted communication with the higher-ups in the agency. Lastly, all the staff advised that if a resident makes a verbal report of sexual abuse or sexual harassment to them, they are required to immediately report this and promptly document the allegation and steps taken after the report was made on an agency document, such as a TJJD Incident Report or an Outcry Report.</li> <li>- The PC was also interviewed and advised that the grievance system is a fully confidential and private method for residents to securely report on a grievance form any PREA related allegation or incident they have witnessed or been a victim to. The PC advised that the grievance boxes are kept locked, and only administrative staff and supervisors have access. Additionally, the PC explained a recent situation involving a resident who made report to an intern that he was sexually abused by a dentist. The PC advised that the resident told this to the intern, and the intern immediately reported this to the on-shift supervisor, who then called the PC to notify him of the situation. The PC explained that upon receiving the call, he drove up to the facility on a Sunday to conduct an internal investigation and ensure the CCSO and TJJD were notified. The result of this allegation was that the allegation was not sexual abuse at all; instead, the resident was confused about a recent physical that was conducted on him by a medical doctor in order for the youth to be transported to a placement facility. The entire situation was fully investigated, and the issue was clarified with the resident. The PC advised that the resident was confused about the procedures involved in a physical examination that is conducted by a medical doctor, and the resident was initially confused and thought the dentist was the person who conducted the exam.</li> </ul> <p data-bbox="244 2080 528 2107"><b>Site Review Observations:</b></p>

- During the facility inspection, the auditor observed PREA signage on each pod, as well as in the intake and front lobby areas. The PREA posters included the agency's zero tolerance policy, different methods of reporting for residents and staff, and ways for residents to stay safe while in the program. There also was a document next to each housing unit's resident phone that provided instructions for how a resident can make a toll-free call to the TJJD hotline. The auditor tested this process on-site, in which was a successful call to a TJJD hotline operator. Additionally, the auditor observed the black grievances boxes mounted on a wall in each of the housing units. The grievances boxes appeared locked, and the boxes allowed for a way for residents to submit a grievance directly to a grievance officer, such as the PC or another designated administrator.

**Explanation of determination:**

**115.351 (a-e):**

The agency's PREA Policy on pages 8-9 include all the requirements of this PREA standard, as verified by the auditor during the pre-onsite phase of the audit. Additionally, the PC provided the auditor with the following documents that help to demonstrate how the agencies complies with the requirements of this standard in practice:

- Orientation Acknowledgement Form for Pre and Post programs (detailing multiple avenues for reporting PREA related allegations);
- PREA Initial Information/Orientation Form (explaining the agency's grievance process); and
- Agency Grievance Form (§TAC 343.382)

Each of the forms listed are reviewed with all residents admitted into both the pre and post adjudication programs, and the Orientation Acknowledgement and PREA Initial Information forms explain multiple methods a resident and staff can make a report of sexual abuse, sexual harassment, retaliation for reporting, or staff neglect internally and to the proper authorities that are responsible for conducting both administrative and, as required, criminal investigations. Per the agency's PREA Policy and as indicated on the two forms listed above, residents in the facility are able to make confidential reports of sexual assault, abuse, or harassment by either:

- Talking to someone: Telling a Juvenile Supervision officer, Juvenile Probation Officer, Counselor, Volunteer, Intern, Shift Supervisor, Teacher, Assistant Superintendent, Superintendent or any other authority figure.
- Using the Grievance Process: A resident may use the facility's grievance process by filling out the form that is in the envelope on the pod wall and by giving the completed form to your Pod Officer or Shift Supervisor.
- Calling the Hotline: The number that is listed on each poster in the pods is 1-(877) STOP-ANE or 1- (877) 786-7263. A resident or staff may make a call to this number at any time day or night.

Additionally, as indicated on the agency's Orientation Acknowledgement Form, all residents have the right to complete a grievance against a juvenile or an officer. The grievance process is an option of reporting available to residents who are victims of sexual abuse or sexual harassment, as well as physical or emotional abuse, neglect, or exploitation. However, as noted in the agency's PREA Policy, all allegations of sexual abuse, regardless if submitted via the agency's grievance process or not, are immediately forwarded to the Administration for assignment and investigation. In other words, a grievance that is received and alleges any type of sexual abuse is not processed through the agency's grievance process; instead, as soon as a grievance alleging sexual abuse is read by the Grievance Officer, the agency's sexual abuse reporting protocols are followed and administration begins the administrative investigative process. Additionally, the agency investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident occurred, and youth are never required to use the youth grievance system or the informal conference request system to report an allegation of sexual abuse. Residents are not required, per agency Policy, to attempt to resolve a sexual abuse allegation with staff. The PC indicated on the PAQ that juveniles in the facility have access to writing utensils, grievance forms, and paper when requested, as long as the juvenile is not an active threat to safety and security. The auditor also reviewed the applicable TAC standard on the required resident grievance process for juvenile facilities in Texas to adhere to, §343.376, which states that staff members shall not deny a resident the opportunity to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility. Additionally, TAC §343.376 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."

Per the agency's PREA Policy, "CCJDC accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Anonymous and third-party reports may be submitted to CCJDC by calling the toll-free hotline maintained by the Texas Office of the Inspector General (OIG). CCJDC publicly distributes information on how to report alleged abuse or sexual harassment on behalf of a youth by posting this information on the agency's website." Furthermore, "CCJDC provides all staff with access to telephones to privately call the OIG hotline immediately if the staff member has reason to believe a youth has been a victim of sexual abuse or harassment."

In order to ensure all residents are able to submit a grievance directly to the PC or another designed administrator, the auditor requested all the grievances submitted that alleged sexual harassment or sexual harassment of a resident in the facility. The PC provided the auditor with a total of fifteen (15) such grievances, and upon the auditor's review, it was determined that each grievance was promptly investigated by the PC, within 24 to 48 hours, and all the proper notifications were made. Additionally, out of the 34 sexual harassment allegations made by residents in the facility in the past 12 months, the auditor randomly selected eight (8) allegations to review. The PC provided the auditor with paperwork that documented the initial allegations that were made (i.e., grievances and email communications), as well as the internal follow-up on each allegation by the PC. These proof documents provide evidence that the facility has systems in place for residents to make a report of sexual abuse or sexual harassment, as well as proves that each report was follow-up by the PC and the required reports to law enforcement and TJJD were made.

**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
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 355 300"><u>115.352</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 984 528" style="list-style-type: none"> <li>- Agency PREA Policy (Administrative Remedies &amp; Disciplinary Sanctions)</li> <li>- Agency's Grievance Form</li> <li>- Agency Policy on Emergency Grievances</li> </ul> <p data-bbox="244 555 528 584"><b>Site Review Observations:</b></p> <ul data-bbox="244 611 1477 707" style="list-style-type: none"> <li>- During the on-site, the auditor observed the locked grievance boxes on each housing unit. The grievance boxes allow for residents to confidentially report an allegation related to a PREA incident directly to designated grievance officers and/or the PC. The designated grievance officers, per the PC are administrators and supervisors.</li> </ul> <p data-bbox="244 734 563 763"><b>Explanation of determination:</b></p> <p data-bbox="244 790 389 819"><b>115.352 (a-g):</b></p> <p data-bbox="244 846 1430 911">The agency's PREA Policy on page 9 includes the following procedures related to a grievance alleging sexual abuse or sexual harassment:</p> <ul data-bbox="284 960 1453 1227" style="list-style-type: none"> <li>• CCJDC investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident.</li> <li>• As established by §380.9331 of this title, youth are not required to use the youth grievance system or the informal conference request system to report an allegation of sexual abuse. Youth are not required to attempt to resolve the allegation with staff.</li> <li>• If a youth uses the grievance system or the conference request system to report an allegation of sexual abuse, the allegation is <b>immediately forwarded to the Administration for assignment and investigation</b>.</li> <li>• CCJDC does not refer allegations of sexual abuse to staff members who are the subject of the allegation.</li> </ul> <p data-bbox="244 1254 1485 1785">Furthermore, as indicated on the agency's Orientation Acknowledgement Form, all residents have the right to complete a grievance against a juvenile or an officer. The grievance process is an option of reporting available to residents who are victims of sexual abuse or sexual harassment, as well as physical or emotional abuse, neglect, or exploitation. However, as noted in the agency's PREA Policy, all allegations of sexual abuse or sexual harassment, regardless if submitted via the agency's grievance process or not, are immediately forwarded to agency administration for assignment and investigation. In other words, a grievance that is received and alleges any type of sexual abuse or sexual harassment is not strictly processed through the agency's grievance process; instead, as soon as a grievance alleging sexual abuse is read by the Grievance Officer, the agency's sexual abuse reporting protocols are followed and administration begins the administrative investigative process. Additionally, the agency investigates all allegations of sexual abuse or sexual harassment regardless of how much time has passed since the alleged incident occurred, and youth are never required to use the youth grievance system or the informal conference request system to report an allegation of sexual abuse or sexual harassment. Residents are not required, per agency Policy, to attempt to resolve a sexual abuse allegation with staff. The PC indicated on the PAQ that juveniles in the facility have access to writing utensils, grievance forms, and paper when requested, as long as the juvenile is not an active threat to safety and security. Residents are able to confidentially submit a grievance directly to a Grievance Officer/Administrator by placing the grievance in the locked box located in each housing area, which allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint.</p> <p data-bbox="244 1812 1441 1877">The auditor was also provided the agency's Grievance Policy, which includes a section describing procedures for how to respond to an emergency grievance, as documented below:</p> <p data-bbox="244 1904 1473 1968">"If a grievance is submitted alleging sexual abuse/harassment, this grievance must be provided to the PREA Coordinator or Administration, with an initial response given within 48 hours. A response to the resident is required within 5 days."</p> <p data-bbox="244 1995 1489 2157">Upon evaluating all the information and applicable documents provided to demonstrate the agency's compliance with standard §115.352, the auditor determined the agency does not handle a grievance alleging sexual abuse or sexual harassment through the normal grievance administrative proceedings; instead, a grievance involving a PREA allegation is processed immediately as an emergency grievance and all the required investigative protocols detailed in subsection §115.321 and §115.322 are implemented. Additionally, the agency's Grievance Form includes the following statement that is</p>

highlighted and printed in red text: "Emergency Grievances alleging sexual abuse/sexual harassment should be provided to the PC or Administration within 48 hours. Response required within 5 days." This practice was confirmed by the auditor in the examination of the 15 sexual harassment grievances provided.

All emergency grievances are submitted to the PC or Administration, regardless of when the grievance was submitted, and immediately reported to the proper authorities and investigated. The agency exceeds the minimum time frame of issuing a final decision of a grievance alleging sexual abuse of 90 days, by providing an initial response to the resident within 48 hours, and a final response required within five (5) days, as noted above. Additionally, the requirements of provision (e) (1-4) are not applicable due to the agency's process of automatically handling all grievances alleging sexual abuse or sexual harassment as an emergency grievance and adhering to the agency's reporting protocols for responding to an allegation to sexual abuse or sexual harassment (no administrative remedies are applicable). However, the PC indicated on the PAQ that a parent can make a report on behalf of their child by calling the reporting hotline or telling any staff member at any time. Additionally, the information on how to make a third-party report on behalf of a resident in the facility is posted on the agency's website, as verified by the auditor.

Lastly, on page 14 of the agency's PREA Policy, it explains that the agency may not discipline a youth if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In order to assess for compliance in the requirements of this PREA standard in facility practice, the auditor was provided all the grievances filed in the past 12 months related to allegations of sexual harassment or sexual abuse. Fifteen such grievances were provided, and with each grievance, the PC provided his follow-up to each allegation. Each follow-up documents demonstrated that the PC acting within one or two days to begin his internal investigation into the allegation made on each grievance. Each grievance was investigated and addressed accordingly, with law enforcement and TJJD notified for one grievance that alleged sexual abuse.

Additionally, out of the 34 sexual harassment allegations made by residents in the facility in the past 12 months, the auditor randomly selected eight (8) allegations to review. The PC provided the auditor with paperwork that documented the initial allegations that was made (i.e., grievances and email communications), as well as the internal follow-up on each allegation by the PC. These proof documents provide evidence that the facility has systems in place for residents to make a report of sexual abuse or sexual harassment, as well as proves that each report was follow-up by the PC and the required reports to law enforcement and TJJD were made. The auditor also reviewed all six of the sexual abuse allegations made in the facility in the past 12 months, and one of the allegations was made through the agency's grievance process. This particular grievance was received within 24 hours after it was initially completed by the resident by the PC, and the PC indicated on the grievance that he immediately began an investigation into the allegation.

**Conclusion:**

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

115.353	Resident access to outside confidential support services and legal representation
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 300"><u>115.353</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1177 696" style="list-style-type: none"> <li>- Agency PREA Policy (Youth Access to Outside Support Services and Legal Representation)</li> <li>- Review of Children's Advocacy Center of Collin County (CACCC) website</li> <li>- Traffick911 Organizational Information</li> <li>- Review of the Turning Point organization website (Rape Crisis Center)</li> <li>- Pending MOU between CCJPD &amp; Traffick911</li> <li>- Email communications between CCJPD &amp; Traffick911</li> </ul> <p data-bbox="244 730 363 759"><b>Interviews:</b></p> <ul data-bbox="244 786 1490 2157" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC during the on-site, who advised that the Children's Advocacy of Center of Collin County (CACCC) is utilized to provide outside victim advocates for emotional support services related to sexual abuse; however, no agreement or MOU has been completed with this agency due to the fact that the CACCC must provide advocacy services to any resident referred by DFPS or law enforcement within Collin County. Furthermore, the PC advised that all residents who experience sexual abuse in the facility or in the community would be transported to the CACCC in order for a forensic interview and forensic medical examination (SANE) to be conducted. Additionally, the PC explained that an advocate would be provided automatically at the juvenile's request when he/she arrives at the CACCC. The PC indicated that the CACCC is obligated by the Texas Family Code to provide these services, and this was also verified by the auditor upon reviewing the TX Family Code Chapter 264.</li> <li>- The auditor interviewed 16 residents while on-site, including two residents who have experienced prior sexual abuse while in the community. Both residents advised they have been involved with the CACCC, and the CACCC provided them with victim services. When the auditor asked the other 14 residents about if they knew how to contact outside support services or if any postings were available in the facility regarding an outside support service, such as CACCC, some residents were unaware of such services being available and did not know how to reach out them if needed. However, each resident did explain that if they needed a counselor or therapist to talk to, they could tell a staff member or wait until a counselor stopped by the housing unit to ask to speak with her. Most residents explained that a counselor and nurse stops by their housing unit at least once a week to check in on residents, including answering counselor and medical requests. Some of the residents interviewed were aware of how the CACCC is available to assist victims of sexual abuse, and this organization has advocates and therapist available to assist and provide emotional support services to a survivor of sexual abuse. Each resident advised they are provided the opportunity to talk with their parents or guardians over the phone every day, and in-person visits are once a week, with a virtual visit also being provided once a week. The resident also described how if they wanted to talk to their attorney, they could tell staff, their parents, or their JPO to arrange for a meeting with their attorney at any time.</li> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent while on-site, and each administrator advised that phone calls are available daily, in-person visits once a week, and virtual visits once a week. Additionally, they explained how if a resident wanted to speak to their attorney, they could let staff know or their JPO, and the facility would facilitate the meeting. The administrators advised that an attorney can speak or see their client at any time. The Superintendents explained how victim advocates are available to any resident through CACCC or Traffick911.</li> <li>- The auditor also interviewed the Voice &amp; Choice Advocate Supervisor at Traffick911, which is an organization that provides youth victims involved in sex trafficking cost free trauma-informed advocates who provide 24/7 crisis response, field advocacy, and case management. The supervisor explained how her organization is able to provide residents from the CCJDC specially trained victim advocates for emotional support services related to sexual abuse. She described how the Voice &amp; Choice Advocacy Program with Traffick911 is able to send advocates to the facility to speak with residents in the facility and provide individualized emotional support advocacy services related to sexual abuse to any resident in the facility on an as requested basis. The supervisor advised that all services provided by Traffick911 are provided at no cost to anyone, and there is a 24/7 crisis hotline number that anyone can contact to make a report or request assistance. Additionally, the supervisor explained that all Traffick911 staff, including the hotline operators, are required by Texas law to report any type of child abuse allegation received, such as sexual abuse, to law enforcement and the Department of Family and Protective Services (DFPS). Lastly, the supervisor clarified to the auditor that the advocates available for emotional</li> </ul>



support services related to sexual abuse are made available to all residents in the facility, with the services not limited to resident victims of sex trafficking only.

**Explanation of determination:**

**115.353 (a-d):**

Per the agency's PREA Policy on page 9, the "CCJDC provides youth with access to outside victim advocates for emotional support services related to sexual abuse by making available mailing addresses and telephone numbers, including toll-free numbers of any local, state, or national victim advocacy or rape crisis organizations. CCJDC also provides youth with on-site access to representatives of such advocacy organizations in accordance with §385.8183 of the Texas Administrative Code. CCJDC enables reasonable communication between youth and these organizations and agencies in as confidential a manner as possible. CCJDC informs youth, 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." Additionally, this policy states, "CCJDC maintains or seeks to enter into agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. CCJDC maintains documentation of such agreements or attempts to enter into such agreements. The CCJDC provides youth with reasonable and confidential access to their attorneys or other legal representatives, in accordance with §380.9311 of Texas Administrative Code; and parents or legal guardians, in accordance with §§380.9312, 380.9313, and 380.9315 of this title."

During the on-site, the auditor did not observe or was provided proof documentation that all residents have access to outside victim advocates for emotional support services related to sexual abuse through making available mailing addresses and phone numbers, including toll-free numbers of any local, state, or national victim advocacy or rape crisis organizations. Additionally, the auditor learned through resident interviews that residents interviewed were not aware of this information being provided or posted inside the facility; however, the residents did explain that such services would be provided if so requested. The auditor concluded after the on-site that the compliance discrepancies noted above would need to be immediately addressed by the facility in order to ensure all residents have access to outside emotional support services related to sexual abuse. Therefore, the auditor advised the PC of the issue soon after the on-site was completed, and the PC took immediate corrective action to ensure such services are made available to all residents, as well as began working on developing a MOU with an advocacy organization that could provide such services. The PC advised that Traffick911 has worked with residents in the facility in the past, and he contacted the Traffick911 organization to begin the initial steps of developing a MOU, as well as to create a form that could be posted on each housing unit that includes the organization's name, address, and phone number. The information provided below explains the process of the PC implementing the corrective action related to the requirements of this PREA standard before the interim report was completed.

PREA standard §115.353 requires the facility provide an address and phone number where residents can reach out for assistance to outside victim advocates for emotional support services in as confidential a manner as possible, and the agency must at least have attempted to establish a memorandum of understanding (MOU) with the outside advocacy organization. The PC provided the auditor with a pending MOU agreement between the CCJPD and Traffick911, which states that the CCJDC and Traffick911 agree to the following:

- CCJDC agrees to:

- 1) Make involvement of certified rape crisis advocates a component of the standard response to a report of sexual abuse and/or a request for help from a survivor of sexual violence.
- 2) Facilitate follow-up, whenever possible, between the juvenile and a TRAFFICK911 advocate by mail or telephone while the juvenile is detained by CCJDC.
- 3) Provide juveniles with confidential, 24-hour access to the TRAFFICK911's crisis response hotline, at no cost, through the facility telephone system.
- 4) Respect the confidential nature of communication between TRAFFICK911 advocates and juveniles detained at CCJDC.
- 5) Ensure that TRAFFICK911 advocates are cleared to enter the detention center for meetings, training sessions, or to meet with juveniles. Provide for other logistical needs, such as a private meeting space for counseling sessions.
- 6) Communicate any questions or concerns to TRAFFICK911
- 7) Facilitate the placement of informational placards with instructions on how to access the TRAFFICK911 crisis response hotline in areas visible to inmates.

- Traffick911 agrees to:

- 1) Respond to requests from CCJDC to provide advocacy when juveniles make an outcry of sexual abuse.
- 2) Respond to calls from CCJDC juveniles received on the TRAFFICK911 hotline.
- 3) Provide follow-up services and crisis intervention contacts to victims of sexual assault at CCJDC as resources allow.
- 4) Work with designated CCJDC officials to obtain clearance and trainings required and follow all facility guidelines for safety and security, as necessary.

5) Maintain confidentiality of communications with juveniles detained at CCJDC.

6) Communicate any questions or concerns about the MOU to CCJDC.

Upon providing the auditor with this MOU, the PC advised that he sent the MOU via email to the Program Supervisor with Traffick911, who explained that the email and MOU will be forwarded to the organization's Vice President for further review. The PC provided the auditor with a copy of this email, and the auditor was able to confirm that CCJPD is attempting to enter into a MOU or other agreement with the Traffick911 organization. Additionally, the PC explained how staff from Traffick911 have talked with residents in the past and provided the agency with assistance in providing services to residents who have been involved in sex trafficking situations. The PC advised that Traffick911 has a 24/7 crisis hotline number, and he recently talked with the organization's supervisor in charge of the Voice & Advocacy unit with Traffick911, who explained that Traffick911 is able to provide any resident in the facility a victim advocate for emotional support services related to sexual abuse. The PC advised that the emotional support services provided by Traffick911 are not limited to juveniles involved solely in sex trafficking but to any resident who requests to speak to advocate about sexual abuse. The PC also provided the auditor with the Traffick911 document that was posted in each housing unit before the interim report was completed. The postings include the name of the advocacy organization; the organization's vision, mission, and values; a statement that Traffick911 serves U.S. children regardless of religion, ethnicity, race, gender, or sexual orientation; the organization's email, phone number, and mailing address; a statement that this organization is a certified 501 (c) (3) non-profit; and the CCJDC's procedures for how a resident can confidentially contact a Traffick911 advocate for emotional support services. The protocols for a resident to contact Traffick911, per this posting, include: telling an officer, writing a letter, or writing a letter or grievance to a supervisor or administrator advising that the resident wants to speak with an advocate. Additionally, the PC advised that if a staff from Traffick911 is in the facility or aware of a juvenile through a specialty court recommendation, a Traffick911 staff member and/or an advocate will meet with the resident in-person in the facility, in a confidential setting.

Upon the auditor reviewing the Traffick911 website and Traffick911 informational documents provided by the agency's PC and the Traffick911 Voice & Advocate Supervisor, the auditor determined that Traffick911 is able to provide victim advocates for emotional support services related to sexual abuse to any resident in the CCJDC. Furthermore, Traffick911's Voice & Choice program responds to not only child sex trafficking victims but also any teen who are high risk of being exploited. The services provided out of this Voice & Choice program include advocates who walk alongside survivors and their families with an experienced trauma-informed lens, empowering them to utilize their voice and their choice, while pointing them toward healthy living. Additionally, the pictures provided by the PC of the postings of the Traffick911 information prove that the requirements of provision (a) of this PREA standard are made available to all residents on each housing unit.

**Conclusion:**

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

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.354</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- PREA Information for Parents, Guardians, or Custodians</li> <li>- Agency Website (<a href="https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx">https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx</a>)</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.354:</b></p> <p>The agency has established a method to receive third-party reports of sexual abuse and sexual harassment and has made public the information on how to report sexual abuse and sexual harassment on behalf of a resident on the agency's website, as verified by the auditor. On the agency's website, under the PREA tab, is their PREA Information for Parents, Guardians, or Custodians form. This form includes a brief overview of PREA and the agency's zero tolerance policy, the process of who residents are provided the required PREA education, how the risk assessment is used to determine the safest housing, program, and educational assignments, the process of making a third party report, the investigative process for any allegations of sexual abuse or sexual harassment, and the contact numbers for the Detention Superintendent, TJJD Hotline, and how to contact the agency's PC via phone, fax, email, or mail.</p> <p>The section on this form regarding how a third party can make a report on behalf of a resident includes the following information:</p> <p>"Third parties (parents, attorneys, counselors, etc.) have the right to report incidents (or suspicions) of sexual abuse and sexual harassment on behalf of residents of the Collin County Juvenile Detention Center and/or the Courage-To-Change Program. Third party reports can be made to CCJPD staff, to the Texas Juvenile Justice Department, or to the Collin County Sheriff's Office."</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.361</b> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Official Responses Following a Report of Alleged Sexual Abuse or Sexual Harassment)</li> <li>- Reporting and Investigative Documentation</li> <li>- Memo from the Superintendent and Assistant Superintendent</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed 12 randomly selected JSOs, and all the staff interviewed advised that they are mandatory reporters and are required to immediately and according to agency policy report 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; 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. Each JSO advised they were trained on this information during JSO Basic training and in their PREA refresher trainings that are provided annually at the facility. All staff were able to clearly articulate the reporting protocols required by agency policy, which included immediately notifying their supervisor, CCSO, TJJD, and the agency's PC for any sexual abuse allegation or incident. It was explained that sexual harassments allegations or incidents may not require notification to CCSO, but such situations still require immediate notification to TJJD, their immediate supervisor, and the PC. Additionally, all the staff understood the restrictions associated with ensuring confidentiality and explained how confidential information is on a need to know basis for staff at the facility.</li> <li>- The auditor interviewed one contracted MHP, one fulltime MHP, and one contracted nursing staff; and all practitioners adequately explained in their own individual interviews how medical and mental health practitioners are required to report sexual abuse and sexual harassment, retaliation, and staff neglect to a facility shift supervisor, the PC, and TJJD and law enforcement (as applicable and as instructed by facility administrators). Each practitioner also advised that upon the initiation of services or treatment, they provide residents with a verbal statement of the limitations of confidentiality, which include having to report to a facility administrator and/or law enforcement (including DFPS as applicable) if they make a report of sexual abuse or sexual harassment, have a plan to harm themselves or someone else, or have a plan to escape the facility.</li> <li>- The agency also interviewed the Assistant Superintendent and Superintendent for the facility, and each administrator advised that the agency's PREA Policy requires the notification of a victim's parents or legal guardians within a 24 hour period for any sexual abuse allegation situation. This is also required to be documented on the TJJD Incident Report form that is provided to TJJD within four hours from the time a report of sexual abuse is made within the facility. Additionally, the administrators explained how if a resident victim of sexual abuse is under the guardianship of the DFPS, it is required that the agency contact the victim's DFPS caseworker as soon as possible to notify the caseworker of the situation. This notification is usually conducted by the resident's Juvenile Probation Officer; however, the administrators interviewed advised that any staff can make this contact on an as needed basis. Additionally, the notification of a parent, guardian, or DFPS caseworker is also required by the Children's Advocacy Center of Collin County (CACCC), with the CACCC being the local children's advocacy center where any resident victim of sexual abuse is transported to for victim services related to being a victim of sexual abuse, regardless where the alleged abuse occurred, as required the Texas Family Code. In addition, the Superintendents advised that additional notifications would be made for a incident of sexual abuse of a resident, such as contacting the resident's attorney and juvenile probation officer within 24 to 48 hours. Lastly, both the administrators advised that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are immediately reported to the facility's designated investigators, who are the PC and facility Superintendents.</li> <li>- The auditor interviewed the agency's PC, and he confirmed that all the required notifications are made as soon as safely possible, usually within 24 but no longer than 48 hours after first learning of the allegation. The PC also provided the auditor with several investigative documents, including TJJD Incident Reports, grievances, TJJD Hotline emails, and Outcry of Abuse forms from the six sexual abuse allegations made in the facility during the past 12 months, as well as several documents related to sexual harassment allegations made by residents during this same time period. The documents provided proof evidence that the parents/guardians of the alleged victims were notified of the allegation within 24 hours. Additionally, these investigative documents proved that the PC promptly began an administrative investigation into each of the sexual harassment and sexual abuse allegations, within 24 to 48 hours. In each case, the PC advised that the resident's juvenile probation officer (JPO) is notified, and the JPO is then required to notify the resident's attorney.</li> </ul>

**Explanation of determination:**

**115.361 (a-f):**

The auditor confirmed that all the requirements of this PREA standard are included on pages 9 and 10 of the agency's PREA Policy, as detailed below:

- All CCJDC staff members must immediately report to TJJD, in accordance with agency policy, any knowledge, suspicion, or information they receive regarding:
  - (i) an incident of sexual abuse;
  - (ii) an incident of sexual harassment;
  - (iii) retaliation against youth or staff who reported such an incident; and
  - (iv) any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.
- The requirement to report applies to incidents occurring in any residential facility, whether or not it is operated by CCJDC.
- The requirement to report includes staff members whose personal communications may otherwise be privileged, such as an attorney, member of the clergy, medical practitioner, social worker, or mental health practitioner. Upon the initiation of services, these staff members must inform the youth of the staff member's duty to report abuse and the limits of confidentiality.
- CCJDC staff must also comply with mandatory child abuse reporting laws in Texas Family Code Chapter 261 and with applicable professional licensure requirements.
- Any CCJDC staff who receives a report of alleged sexual abuse is prohibited from revealing any information to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
- Upon receiving an allegation of sexual abuse, the facility administrator or his/her designee must 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. If the alleged victim is under the conservatorship of DFPS, the report is made to DFPS.
- The agency assigns all reports of alleged sexual abuse and sexual harassment, including third-party and anonymous reports, to the appropriate investigator.

The auditor was also provided TJJD Incident Reports and other relevant supplemental reporting and investigative documents for six sexual abuse and eight sexual harassment allegations made in the facility by residents in the past 12 months, and upon the auditor's review of these documents, the auditor was able to confirm that the agency took the sexual abuse and sexual harassment allegations seriously, immediately reported each allegation to the proper agency staff and investigative agencies (CCSO & TJJD), promptly began an internal investigation, and notified the alleged victim's parent or guardian within 24 of the initial report. Additionally, if DFPS provides guardianship of a resident in the facility, the agency is required to contact the DFPS in lieu of the parent/guardian due to the fact DFPS is the legal guardian of the juvenile in these instances.

Lastly, the PC provided the auditor with an official agency memo that was signed by the agency's Superintendent and Assistant Superintendent, which clarifies the responsibilities of the two Superintendents to notify the attorney or legal representative of resident who has alleged sexual abuse in the CCJDC. Per this memo, the Superintendent and/or Assistant Superintendent is required to notify several parties as standard protocol including the county's Juvenile Judge, the Director of CCJPD, and the attorney/legal representation of the alleged victim. This is accomplished via phone directly and immediate, always within 14 days. This was also verified by the auditor through the interviews with the Superintendent and Assistant Superintendent on-site. The auditor was provided a TJJD Incident Report for an allegation of sexual abuse in which the narrative documented that the county's Juvenile Judge was notified of this allegation, which further confirms that the applicable juvenile court is made aware of serious incidents related to a resident in the facility being involved in alleged sexual abuse.

**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

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

- Agency PREA Policy (Agency Protection Duties)
- TJJD Incident Report
- Agency Incident/Investigative Report
- Sample of PREA related grievances

**Interviews:**

- The auditor interviewed the agency's Deputy Director, who explained the agency's protocols for responding to an incident of imminent sexual abuse. The Deputy Director indicated that when an adult in the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, they are required to take immediate action to protect the resident. The Deputy Director described how the immediate protective actions include moving the threat away from the resident being threatened. This would involve supervisors and/or administration initiating an immediate investigation into the situation, as well as possibly, depending on the situation, re-assigning the resident who is threatening another to a different housing unit. Additionally, a resident who is found to have engaged in threatening or bullying another resident would be held accountable through the use of disciplinary measures as outlined in the agency's disciplinary plan for residents.

- The auditor interviewed 12 randomly selected JSOs, and all the staff members interviewed clearly explained how all staff are required to take immediate action to protect all residents in the facility, especially residents who are found to be in substantial risk of imminent sexual abuse. Examples of the protective measures available for staff to utilize include, but are limited to: removing the alleged perpetrator who is threatening or bullying to another housing unit and/or place this resident on a disciplinary seclusion or safety-based seclusion to ensure full separation, notify facility supervisors and/or administrators, communicating the issue with other staff working in the area and document the problem in the applicable log book, and talking with the residents involved to attempt to gain more insight into the situation.

- The auditor interviewed that agency's Superintendent and Assistant Superintendent, and both administrators explained how immediate protective measures are required to be taken by any staff member who learns that a resident is at a substantial risk of sexual abuse. The administrators advised that the report of imminent sexual abuse would be handled similarly to an allegation of sexual abuse or sexual harassment, for example: the resident at risk would be closely monitored by staff and the separation of the threat would take precedent. They also described how the imminent threat situation would be immediately investigated by an administrator or supervisor to determine the level of threat and the individuals involved, as well as to decide the most appropriate actions to take to ensure maximum safety of all involved and to prevent any future threatening behavior.

**Explanation of determination:**

**115.362:**

According to the agency's PREA Policy on page 10, "upon receipt of a report that alleges a youth is subject to a substantial risk or imminent sexual abuse, CCJDC takes immediate action to protect the youth." The auditor was also provided TJJD Incident Reports and investigative documents that clearly demonstrated how the agency took immediate action to protect residents that are found to be in imminent sexual abuse, as well as actual sexual abuse."

Additionally, the PC provided the auditor with a total of fifteen (15) PREA related grievances, and upon the auditor's review of the documents, it was determined that each situation involving allegations of possible imminent sexual abuse or sexual harassment were promptly addressed by facility supervisors and/or management. It was documented on each grievance that the allegations were each investigated by the PC, within 24 to 48 hours, and all the proper notifications were made.

Additionally, out of the 34 sexual harassment allegations made by residents in the facility in the past 12 months, the auditor randomly selected eight (8) allegations to review. The PC provided the auditor with paperwork that documented the initial allegations that were made (i.e., grievances and email communications), as well as the internal follow-up on each allegation by the PC. These proof documents provide evidence that the facility has systems in place for residents to make a report of sexual abuse or sexual harassment, as well as sufficiently demonstrates the facility's immediate actions taken in response of learning of a PREA related allegation of sexual abuse and sexual harassment, including allegations of immediate risk of sexually abuse or sexually harassed.

**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
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 359 300"><u>115.363</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 901 470" style="list-style-type: none"> <li>- Agency PREA Policy (Reporting to Other Confinement Facilities)</li> <li>- Outcry of Abuse Reports</li> </ul> <p data-bbox="244 499 363 528"><b>Interviews:</b></p> <ul data-bbox="244 555 1481 1070" style="list-style-type: none"> <li>- The auditor interviewed the agency's Deputy Director, who explained the requirement for a CCJDC administrator or designee to immediately notify TJJD, DFPS, and/or law enforcement when the agency learns that a resident reported an allegation of sexual abuse that alleged to have occurred at another facility. The notifications are made as soon as possible, with in most cases being completed the same day as when the report was made to the CCJDC.</li> <li>- The agency's Superintendent and Assistant Superintendent were interviewed during the on-site and confirmed the requirements associated with this PREA standard. The administrators were aware of the requirements of contacting TJJD, law enforcement, and/or DFPS for any allegation of sexual abuse reported by a resident at the facility, regardless where the alleged incident occurred. They advised the auditor that the agency head from the facility in which a report of sexual abuse originates from must be contacted with 72 hours; however, such notification is completed within 24 hours as a normal operating procedure. Each administrator identified the agency's PC as the staff member designated to make contacts to other facilities pursuant to the requirements of this PREA standard.</li> <li>- The agency also interviewed the PC, who confirmed that he is responsible for notifying other facility leadership when a resident in the CCJDC makes an outcry of sexual abuse that allegedly occurred at another facility. The PC indicated that he has made such notifications on two occasions, with providing documentation of these notifications in the PAQ.</li> </ul> <p data-bbox="244 1097 563 1126"><b>Explanation of determination:</b></p> <p data-bbox="244 1153 391 1182"><b>115.363 (a-d):</b></p> <p data-bbox="244 1209 1484 1373">According to the agency's PREA Policy on page 10, "any staff member must immediately notify the TJJD if he/she receives an allegation that a youth was sexually abused while confined at a juvenile facility not operated by CCJDC and not operated under contract with CCJDC. A CCJDC Administrator or designee will notify the head of the facility or the appropriate office of the agency where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation."</p> <p data-bbox="244 1400 1484 1697">The auditor evaluated the level of compliance by reviewing the agency's procedures documented above and through reviewing the supplemental documents provided by the PC in the OAS. The supplemental documents include two Outcry of Abuse reports for two resident allegations related to sexual abuse at another facility and one official memo from the PC explaining the third allegation. The proof documents provided indicate that all the reporting and notification requirements were made pursuant to the requirements of this PREA standard, with the DFPS and law enforcement being notified for two out of the three allegations within 24 hours of the facility learning of the initial allegations. The third allegation was reported by the resident to have occurred at a facility that has since been shut down. Additionally, it was learned by the PC that this allegation had already been reported and investigated years prior, and the facility in which the abuse allegedly occurred is no longer in .</p> <p data-bbox="244 1724 375 1753"><b>Conclusion:</b></p> <p data-bbox="244 1780 1481 1848"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>



115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.364</u> p&gt;</p> <p data-bbox="244 327 940 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 770 468" style="list-style-type: none"> <li>- Agency PREA Policy (Staff First Responder Duties)</li> <li>- Sexual Abuse First Responder Checklist</li> </ul> <p data-bbox="244 499 362 526"><b>Interviews:</b></p> <ul data-bbox="244 555 1485 976" style="list-style-type: none"> <li>- The auditor interviewed 12 randomly selected JSOs while on-site, and it is important to note that all certified JSOs working in the facility are trained as staff first responders. All the staff interviewed understood their first responder duties of immediately separating the victim from the perpetrator, contacting medical and mental health if needed for emergency response, contacting their immediate supervisor, and contacting the CCSO and TJJD as soon as it is safe to make the notifications. The 12 staff explained how it is a requirement to advise any resident involved in a sexual abuse incident to not do anything that could possibly destroy or contaminate usable physical evidence. Staff provided examples of how they would tell the resident victim and perpetrator to not wash up, change their clothes, eat, drink, or go to the restroom. Additionally, the staff interviewed explain how they are not trained investigators and only required to preserve and protect the scene of a crime in the facility. The CCSO was identified as the law enforcement agency that would send officers to collect the evidence and begin the criminal investigation at the facility.</li> <li>- During the on-site, the auditor never was made aware that a resident in the facility was involved in a sexual abuse incident or allegation and, therefore, no such interview could be conducted.</li> </ul> <p data-bbox="244 1005 383 1032"><b>115.361 (a-f):</b></p> <p data-bbox="244 1064 1458 1158">According to the agency's PREA Policy on pages 10 through 11, "Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report must separate the alleged victim and alleged abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and:</p> <ul data-bbox="284 1209 1441 1339" style="list-style-type: none"> <li>• if the alleged abuse occurs within a time period that still allows for the collection of physical evidence:</li> <li>• request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li>• ensure that the alleged abuser does not take any actions that could destroy physical evidence.</li> </ul> <p data-bbox="244 1368 1485 1561">The procedures detailed above were verified as being fully instituted in practice at the facility through the auditor reviewing supplemental documents and conducting interviews with staff related to how agency staff respond to specific sexual abuse and sexual harassment situations. One document that helps the agency ensure all the first responder protocols are adhered to in a sexual abuse situation is the "Sexual Abuse First Responder Checklist." This form aids first responders in responding to a sexual abuse situation by breaking down each step in providing an effective response. The first responder protocols included on this checklist include:</p> <ul data-bbox="284 1612 1474 2143" style="list-style-type: none"> <li>• Notify supervisor and Assistant Superintendent immediately</li> <li>• Separate the alleged victim and abuser pending the outcome of the investigation</li> <li>• secure the scene, if applicable.</li> <li>• secure shift logs, room check sheets, control logs to prevent tampering or the accusation of tampering</li> <li>• make initial law enforcement notifications</li> <li>• complete the TJJD Incident Report form</li> <li>• take photographs of injuries and the scene</li> <li>• do not take any action that could destroy physical evidence: do not not launder clothing, do not allow the residents to shower, wash/brush teeth, change clothes, urinate, defecate, eat, or drink, as well as secure the clothing articles and bedding so that the criminal investigators can collect.</li> <li>• photograph contents of juvenile's room/scene of incident</li> <li>• referral to medical or mental health services</li> <li>• document what happened in a facility Incident Report</li> <li>• obtain written statements from the alleged victim and reporter</li> <li>• isolate witnesses before obtaining statements to keep them from conversing to the extent possible prior to obtaining statements.</li> </ul>

In order to assess for compliance for this PREA standard in practice at the facility, the auditor reviewed the investigative files for all six (6) of the sexual abuse allegations made in the facility in the past 12 months, as well as a random sample of eight (8) sexual harassment investigative files. Upon the auditor's review of the proof documents provided, it was clear that the agency took immediate action to protect residents who reported sexual abuse or sexual harassment through adhering to the agency's first responder protocols. Additionally, in each of the sexual abuse allegation cases, the agency promptly reported the allegation to TJJD and the CCSO, which are two agencies with the legal authority to conduct criminal investigations at the facility. The PC indicated in that PAQ that there were four allegations of sexual abuse during the 12 months prior to the completion of the PAQ, and each incident involved immediately removing the alleged perpetrator away from the alleged victim. The PC explained that in one of the four incidents, the juveniles were already separated upon the agency learning of the allegation. The PC provided the auditor with TJJD Incident Reports and other supplemental investigative documents related to the sexual abuse allegations at the facility, and the documents sufficiently explained how the agency took immediate action and all applicable first responder duties were adhered to. In one of the substantiated sexual abuse cases in the facility, the agency utilized their Sexual Abuse First Responder Checklist form, which clearly indicates the steps the staff involved took related to first responder duties in responding to this sexual abuse allegation.

**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
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 355 300"><u>115.365</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 718 470" style="list-style-type: none"> <li>- Agency PREA Policy (Coordinated Response)</li> <li>- Sexual Abuse First Responder Checklist</li> </ul> <p data-bbox="244 499 363 528"><b>Interviews:</b></p> <ul data-bbox="244 555 1485 853" style="list-style-type: none"> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent who both advised how the agency has a written coordinated response plan that outlines the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident or allegation of sexual abuse. The administrators also described how the coordinated response team works together to ensure a resident victim of sexual abuse is provided the necessary victim services and treatment, as applicable to the situation. They also discussed the critical role the Children's Advocacy Center of Collin County (CACCC) plays in the coordinated response to a resident who has sexually abused in the facility. Per the administrators interviewed, the CACCC is contacted at any time a resident is found to be a victim of sexual abuse at the facility, and this organization specializes in providing victim services to any child or juvenile who is a victim of sexual abuse.</li> </ul> <p data-bbox="244 882 563 911"><b>Explanation of determination:</b></p> <p data-bbox="244 940 335 969"><b>115.365:</b></p> <p data-bbox="244 996 1477 1126">The agency's PREA Policy on page 11 states, "CCJDC maintains a written plan to coordinate the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse." The written plan, as confirmed by the PC, is the agency's Sexual Abuse First Responder Checklist, as well as applicable procedures throughout the agency's PREA Policy related responding to an incident of sexual abuse.</p> <p data-bbox="244 1153 1468 1283">The agency provided the auditor with their Sexual Abuse First Responder Checklist. This document outlines the agency's protocols for a coordinated response to a sexual abuse incident and provides a type of checklist for staff first responders to use to ensure appropriate actions are taken by first responders, medical and mental health practitioners, investigators, and facility leadership. The procedures for responding to a sexual abuse incident are as follows:</p> <ul data-bbox="284 1335 1490 1865" style="list-style-type: none"> <li>• Notify supervisor and Assistant Superintendent immediately</li> <li>• Separate the alleged victim and abuser pending the outcome of the investigation</li> <li>• secure the scene, if applicable.</li> <li>• secure shift logs, room check sheets, control logs to prevent tampering or the accusation of tampering</li> <li>• make initial law enforcement notifications</li> <li>• complete the TJJD Incident Report form</li> <li>• take photographs of injuries and the scene</li> <li>• do not take any action that could destroy physical evidence: do not not launder clothing, do not allow the residents to shower, wash/brush teeth, change clothes, urinate, defecate, eat, or drink, as well as secure the clothing articles and bedding so that the criminal investigators can collect.</li> <li>• photograph contents of juvenile's room/scene of incident</li> <li>• referral to medical or mental health services</li> <li>• document what happened in a facility Incident Report</li> <li>• obtain written statements from the alleged victim and reporter</li> <li>• isolate witnesses before obtaining statements to keep them from conversing to the extent possible prior to obtaining statements.</li> </ul> <p data-bbox="244 1892 1477 2157">Additionally, the agency provided the auditor with investigative documents for each allegation of sexual abuse made by a resident in the facility in the past 12 months, and the documents provide evidence to support that the agency ensured a coordinated response was taken for each of the allegations, as applicable to each situation. The documents described how staff first responders, medical and mental health practitioners, investigators, and facility leadership all worked together to effectively coordinate a response to every incident of sexual abuse in the facility, and the steps taken ensured the alleged victims were protected. The coordinated responses taken in the facility for each allegation helped to ensure the applicable physical evidence was preserved, perpetrators were identified and secured, and a timely investigation was initiated by the PC, CCSO, and TJJD. In the cases that involved the need to utilize the victim services provided by the Children's Advocacy</p>

Center of Collin County (CACCC), the PC provided the auditor with documented proof that the applicable resident victims were provided the necessary victim services from the CACCC (i.e., forensic interview, advocacy services and treatment, etc.).

**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.**

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.366</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Preservation of Ability to Protect Youth from Contact with Abusers)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Deputy Director, who advised that the agency does not and will not agree to any type of collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.366 (a-b):</b></p> <p>Per the agency's PREA Policy on page 11, "CCJDC will not enter into any agreement that limits its ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted."</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 359 297"><u>115.367</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 863 468" style="list-style-type: none"> <li>- Agency PREA Policy (Agency Protection Against Retaliation)</li> <li>- PREA Retaliation Monitoring Sheets</li> </ul> <p data-bbox="244 499 363 526"><b>Interviews:</b></p> <ul data-bbox="244 555 1497 1536" style="list-style-type: none"> <li>- The auditor interviewed the agency's Deputy Director who advised that the agency protects 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 and shall designate which staff members or departments are charged with monitoring retaliation (PC and Superintendents). The Deputy Director described how the facility is able to deploy multiple protective measures to prevent and detect retaliation, such as designating certain administrators and/or supervisors to closely monitor for retaliation and immediately investigate any suspicious behavior or activity, moving residents to housing locations that reduce the likelihood of retaliation from occurring, providing multiple methods for residents and staff to make a report of retaliation, and making available counselors and other types of emotional support services to residents or staff who fear retaliation for making a report.</li> <li>- The auditor also interviewed the agency's Superintendent and Assistant Superintendent, and each administrator explained the process of closely monitoring for retaliation and the action steps taken to prevent and detect such behavior. They described the 90 days required to monitor for retaliation, as well as the administrators who are able to provide direct retaliation monitoring in the facility. The administrators advised that the PC would be designed as the primary retaliation monitoring administrator; however, they explained how all staff in the facility would also be required to monitor and immediately report any suspicious retaliation type behavior or activity directly to the PC, a facility supervisor, or another administrator. Additionally, the administrators explained to the auditor that their facility utilizes a PREA Retaliation Monitoring Sheet, which helps to document the process and steps taken during the 90 day period of retaliation monitoring. They also advised that retaliation monitoring can exceed the 90 day minimum, and this extension would be assessed on a case-by-case basis.</li> <li>- The auditor also interviewed the agency's PC, who is one of the administrators in charge of monitoring for retaliation in the facility after a report of sexual abuse is made. The PC described the steps taken to not only monitor for retaliation, but also what protective measures are implemented to prevent the likelihood of retaliation from occurring in the first place and detect any such behavior. The PC explained how resident room assignments and pod assignments can be modified on an as needed basis, how a situation involving a resident or staff who engages in any form of retaliation would be immediately addressed and disciplinary measures would be assessed accordingly, and how the PC would utilize the agency's PREA Retaliation Monitoring Sheet to ensure the requirements of PREA are adhered to for the minimum 90 days of retaliation monitoring. The PC advised that this form was used for one allegation of sexual abuse, in which the 90 days of retaliation monitoring was documented on three of the sheets- one for each of the 30 days of monitoring.</li> </ul> <p data-bbox="244 1568 563 1594"><b>Explanation of determination:</b></p> <p data-bbox="244 1624 383 1650"><b>115.367 (a-f):</b></p> <p data-bbox="244 1680 1445 1776">Per the agency's PREA Policy on page 11, "Retaliation by a youth or staff member against a youth or staff member who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited. To help prevent retaliation, CCJDC:</p> <ul data-bbox="284 1827 1489 2123" style="list-style-type: none"> <li>• designates certain staff members to monitor the person who reported the allegation and the alleged victim to determine whether retaliation is occurring;</li> <li>• uses multiple measures to protect youth and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation;</li> <li>• for at least 90 days (except when the allegation is determined to be unfounded):</li> <li>• monitors the reporter and the alleged victim for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews; and</li> <li>• conducts periodic status checks on the alleged victim; acts promptly to remedy any retaliation; and takes appropriate measures to protect any other individual who cooperates with the investigation who expresses a fear of retaliation.</li> </ul>

The PC provided the auditor with three completed PREA Retaliation Monitoring Sheets for one incident of sexual abuse in the facility, which sufficiently demonstrates how the agency ensured the monitoring for retaliation requirements were practice in the facility after a resident alleged sexual abuse. The retaliation forms were for one incident involving alleged resident-on-resident sexual abuse in the facility, and the monitoring continued for three months (at least 90 days), as verified upon the auditor's review of the three forms. For the remaining five sexual abuse allegations that were reported in the facility in the past 12 months; three of the allegations were determined to be unfounded, the alleged victim was released within 6 days for another, and for the last allegation- the PC advised that the monitoring continued as required and the alleged victim was separated from the alleged perpetrator and provided counseling three times a week.

\*Note: It is recommended as best practice for the agency to utilize their PREA Retaliation Monitoring Sheet for all sexual abuse situations in order to ensure consistency with adhering to the applicable PREA requirements of monitoring for retaliation.

**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	<b>Post-allegation protective custody</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 355 300"><u>115.367</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 385 834 412" style="list-style-type: none"> <li>- Agency PREA Policy (Post-Allegation Protective Custody)</li> </ul> <p data-bbox="244 443 363 470"><b>Interviews:</b></p> <ul data-bbox="244 501 1493 1142" style="list-style-type: none"> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent, and both administrators explained how the facility does not place alleged victims of sexual abuse in isolation due to the facility able to utilize several housing units to move residents around to ensure safety, security, and protection from abuse, harassment, and retaliation. Per the administrators, the only forms of seclusions available to be used in the facility for disciplinary or protective purposes are disciplinary seclusions (DS) and safety-based seclusion (SBS), which are not used as a form of isolating or secluding a victim of sexual abuse. They explained how DS's are implemented when a resident is secured in their assigned room for no longer than 23 hours for violating a major infraction related to negative behavior, and during this time the resident is checked on by staff and allowed to meet with mental and medical staff on an as needed basis. The SBS option was explained as a type of seclusion in which a resident is placed in his/her room in order to ensure safety of the program or during an internal investigation into the resident being the alleged perpetrator. The administrators indicated that a SBS is reviewed by a supervisor periodically and typically does not last more than 24 hours. The administrators advised that an alleged victim of sexual abuse would never be secured in their room on a DS or SBS, due to these types of seclusions being used only for a resident who engages in some form of disruptive or negative behavior (i.e., a perpetrator of sexual abuse).</li> <li>- The auditor interviewed one contracted MHP, one fulltime MHP, and one contracted medical staff; who all explained that they are able to provide mental health and medical services to all residents in the facility, regardless if a resident is secured in their room or in the program.</li> <li>- The auditor also interviewed 12 randomly selected JSOs, who all confirmed that segregated housing is not used in the facility, and a resident victim of sexual abuse would not be isolated from others, except for the alleged perpetrator.</li> </ul> <p data-bbox="244 1173 528 1200"><b>Site Review Observations:</b></p> <ul data-bbox="244 1232 1461 1357" style="list-style-type: none"> <li>- The auditor verified during the on-site that no residents were isolated or placed in special housing due to the way they identified or due to prior involvement in a sexual abuse or sexual harassment situation while in the facility. During the time the auditor was on-site, the administrators never advised the auditor that there was a resident in any type of seclusion or protective isolation linked to a PREA related incident or allegation.</li> </ul> <p data-bbox="244 1388 563 1415"><b>Explanation of determination:</b></p> <p data-bbox="244 1447 335 1473"><b>115.368:</b></p> <p data-bbox="244 1505 1457 1563">Per the agency's PREA Policy on page 11, "CCJDC does not use segregated housing to protect a youth who is alleged to have suffered sexual abuse."</p> <p data-bbox="244 1594 1445 1653">Additionally, it is important to note that the PC indicated on the PAQ that the facility does not use isolation as a means of protection of a victim, and this prohibition is also found in the agency's PREA Policy on page 8, as verified by the auditor.</p> <p data-bbox="244 1662 1493 1756">Therefore, the provision requirements associated with utilizing isolation as a last resort is not applicable. The only type of seclusion used by the agency are disciplinary seclusions up to 23 hours and safety-based seclusions, which would be utilized <b>only</b> for the alleged perpetrator.</p> <p data-bbox="244 1787 376 1814"><b>Conclusion:</b></p> <p data-bbox="244 1845 1481 1904"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>



115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.371</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1385 734" style="list-style-type: none"> <li>- Agency PREA Policy (Specialized Training: Investigators)</li> <li>- Department of Justice (DOJ) Certification of Completion: Online course on PREA: Investigating Sexual Abuse in Confinement Setting / Presented by the National Institute of Corrections</li> <li>- PREA Training Record</li> <li>- Sexual Abuse Allegation Investigative Files (6)</li> <li>- Sexual Harassment Allegation Investigative Files</li> <li>- TJJD Incident Reports</li> </ul> <p data-bbox="244 763 363 790"><b>Interviews:</b></p> <ul data-bbox="244 819 1492 2139" style="list-style-type: none"> <li>- The auditor interviewed one of the agency's specially trained investigative staff responsible for conducting administrative investigations into sexual abuse or sexual harassment in the facility, the PC, and he advised that he and two other administrators, the Superintendent and Assistant Superintendent, are trained in how to conduct administrative investigations into allegations or incidents of sexual abuse or sexual harassment in the facility. The training was provided by the National Institute of Corrections, and the PC explained how he learned how to conduct a high-quality internal investigation into an allegation or incident of sexual abuse or sexual harassment. He explained the administrative investigative process from the initial notification to the writing of the investigatory report. The PC advised that all sexual abuse allegations are immediately referred to the CCSO and TJJD for each entity to conduct their own either criminal (for CCSO) or administrative and/or criminal (for TJJD) investigation. The PC explained how he conducts the internal investigation in conjunction with the Sheriff's Department's and TJJD's own independent investigations. He advised that he ensures staff followed their first responder duties of separating and ensuring resident and staff safety, providing medical and mental health care if applicable, ensuring the crime scene was secured and all usable evidence was preserved, and confirm that all the required contacts have been made. Additionally, he explained the process of conducting interviews, reviewing cameras, examining relevant documents, and providing all evidence to CCSO investigators and TJJD. He was aware of how to utilize Garrity and Miranda warnings, as well as the preponderance of evidence burden of proof requirement to substantiate an allegation of sexual abuse or sexual harassment. The PC advised that he documents his investigation process on a County Memo, as well as on a TJJD Incident Report, but a formal investigative summary report is not used. However, the PC was in favor of the idea of utilizing a formalized investigative summary report and will look into using the TJJD Internal Investigative Reporting Form or a similar document that allows for a clear method of documenting the entire investigative process, from the initial allegation to the disposition. The PC also advised that the agency cannot terminate an investigation solely because the source of the allegation recants the allegation, and the CCSO and TJJD would also not terminate their own investigations if this occurred. The PC explained that he has received training on how and when to conduct compelled interviews, but he has never conducted compelled interviews and would not conduct due to compelled interviews being up to the prosecutor and criminal investigators to conduct. The PC also advised that polygraph examinations and other truth-telling devices are not within the scope of his investigatory duties and not used for any internal investigation; however, they may be used by a criminal investigator in the process of the criminal investigation. The PC advised that when conducting an internal investigation into an allegation of sexual abuse or sexual harassment in the facility, administrative investigator will determine if staff actions or failures to act contributed to the abuse and this is required to be documented. The PC explained how during a criminal investigation, the CCSO criminal investigator/s are in frequent contact with facility administrators throughout the investigation, but the CCSO and TJJD do not provide the agency with a completed written report. The PC advised that all allegations of sexual abuse are immediately referred to the CCSO, and the CCSO will refer the allegation to the appropriate prosecutor as applicable. Lastly, the PC advised that all PREA related documents are maintained securely in the facility and kept as long as the standard's require.</li> <li>- The auditor also interviewed the agency's Deputy Director, who explained that an administrative and criminal investigation is initiated for all sexual abuse and sexual harassment allegations. He confirmed that the CCSO and TJJD conducts their own independent investigations into a report of a resident being either sexually abuse in the facility, with the agency also having their own specially trained internal investigators who are able to conduct an internal investigation into any such incident or allegation. The Deputy Director advised that the CCJPD has a great professional relationship with the CCSD, and the Sheriff's Department is right next to the juvenile facility.</li> </ul>

- The auditor also interviewed the agency's Superintendent and Assistant Superintendent, who both advised that the all allegations of sexual abuse and sexual harassment are immediately reported to internal investigators, the CCSO (\*for sexual abuse/assault allegations/incidents only), and TJJD. The administrators explained how an internal investigation is promptly initiated upon notification of the allegation, and they provided examples of how the PC has been called in on his days off to began investigations into allegations of sexual abuse in the facility. The superintendents described how the CCJPD has a great working relationship with both TJJD and CCSO investigators, with specific investigator names provided during the interviews. They also advised that an investigation into sexual abuse will continue regardless if the source of the allegation recants the allegation or the departure of the alleged abuser or victim from the employment or control of the facility or agency occurs.

- At the time of the on-site, there were no residents that the auditor was aware of or notified of who alleged to have been sexually abused at the facility.

**Explanation of determination:**

**115.371 (a-m):**

**(a):**

The agency's PREA Policy on pages 11 and 12 includes the requirements of this PREA provision, as verified by the auditor.

**(b):**

Upon the auditors review of the DOJ Certificates of Completion for PREA training in investigating sexual abuse in a confinement setting, the auditor determined that the agency employs at least two administrative staff members who have received the required PREA training to be a specialized PREA investigator for administrative investigations in the facility, with one being the agency's PC. Furthermore, the agency's PREA Policy on page 7 outlines the requirements of this PREA standard, as verified by the auditor.

**(c):**

The agency's PREA Policy on pages 11 and 12 includes the requirements of this PREA provision, as verified by the auditor.

**(d):**

The agency's PREA Policy on pages 12 outlines this PREA provision, with prohibiting the termination of an investigation solely because the source of the allegation recants the allegation.

**(e):**

The agency's PREA Policy on page 12 includes the requirements of this PREA provision, as verified by the auditor.

**(f):**

The agency's PREA Policy on page 12 includes the requirements of this PREA provision, as verified by the auditor.

**(g):**

The agency's PREA Policy on page 12 includes the requirements of this PREA provision (including elements (1) and (2)), as verified by the auditor.

**(h):**

The agency's PREA Policy on page 12 includes the requirement of this PREA provision, as verified by the auditor.

**(i):**

The agency's PREA Policy on page 12 includes the requirement of this PREA provision, as verified by the auditor, which requires substantiated allegations of conduct that appear to be criminal to be referred for prosecution. Any such allegations would be reported to the Collin County Sheriff's Department and TJJD for criminal investigation.

**(j):**

The agency's PREA Policy on page 12 includes the requirement of this PREA provision, as verified by the auditor, with the agency maintaining all criminal and administrative investigation reports for as long as the alleged abuser is detained by CCJDC or employed by CCJDC, plus at least five years.

**(k):**

The agency's PREA Policy on page 12 includes the requirement of this PREA provision, as verified by the auditor, and states, "CCJDC does not terminate investigations solely on the basis that the alleged abuser or victim is no longer in the custody of CCJDC or employed by CCJDC."

(l):

N/A

(m):

The agency's PREA Policy on page 12 includes the requirements of this PREA provision, as verified by the auditor, and states, "if an outside agency conducts an investigation into an allegation of sexual abuse, CCJDC staff must cooperate with the outside investigators. CCJDC management will attempt to remain informed about the progress of the investigation."

**Summary of compliance in practice for all provisions (a-m):**

As the auditor noted in subsection 115.322 of this report, the CCJPD is only responsible for conducting administrative investigations into allegations of sexual harassment or sexual abuse, with the Texas Juvenile Justice Department (TJJD) responsible for also conducting their own independent administrative and/or criminal investigation into any allegations of sexual abuse or sexual harassment in the facility. The law enforcement agency with criminal jurisdiction at the facility is the Collin County Sheriff's Office (CCSO), who is responsible for conducting any criminal investigations at the Collin County juvenile facility, including allegations of sexual abuse or sexual assault. This information can be found on the agency's website, as confirmed by the auditor, at: [https://www.collincountytx.gov/juvenile\\_probation/Pages/PREA-Compliance.aspx](https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx). The agency's PREA page includes the reporting and investigatory responsibilities of the agency, as well as that of CCSO and TJJD.

In order to assess for compliance in practice at the facility, the auditor reviewed the investigative files for all six (6) of the sexual abuse allegations made in the facility in the past 12 months, as well as a random sample of eight (8) sexual harassment investigative files. Upon the auditor's review, it was clear that the agency promptly initiated an internal administrative investigation for all the allegations of sexual abuse and sexual harassment. Additionally, in each of the sexual abuse allegation cases, the agency immediately reported the allegations to TJJD and the CCSO, which are two agencies with the legal authority to conduct criminal investigations at the facility. All parties received the report of each allegation on the same day the allegation was first reported to CCJDC, as proven through a case number or response from each agency. Additionally, TJJD and CCSO either conducted their own full investigation into the allegations of sexual abuse or advised the CCJDC to continue with their own internal administrative investigation, depending on the severity of the allegation and whether criminal charges were pursued.

**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.**

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.372</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Evidentiary Standard for Administrative Investigations)</li> <li>- PREA Sexual Abuse Investigation Completion Notification</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one of the agency's administrative internal investigators, the PC, who advised that the standard of proof to substantiate an allegation of sexual abuse or sexual harassment is the preponderance of evidence requirement. The PC elaborated further and explained how a preponderance of evidence is the equivalent of 51% likely to have occurred.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.372:</b></p> <p>The agency's PREA Policy on page 12 includes the requirements of this PREA standard, with stating: "In administrative investigations into allegations of sexual abuse or sexual harassment, the investigator's findings must be based on a preponderance of the evidence."</p> <p>Upon the auditor reviewing the investigative documents for each of the sexual abuse and sexual harassment allegations, the auditor determined the agency does not have a form that clearly finalizes the entirety of each investigation; however, the PC advised that the agency will begin either using the TJJD Internal Investigation Report or another similar reporting form to ensure the entirety of each internal investigation is clearly documented. The investigative reports for the sexual harassment and sexual abuse allegations reviewed by the auditor adequately provided details on how the PC used the evidence collected (video surveillance, interviews, grievances, witness statements, etc.) to determine whether there was a preponderance of evidence to support the allegation. However, for the sexual abuse allegations that the CCSO opened a criminal investigation on, these investigations were turned over to the criminal investigators, and the PC noted the outcome of each of these investigations on the agency's PREA Sexual Abuse Completion Notification form.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

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

**115.373 p>**

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

- Agency PREA Policy (Reporting to Youth)
- PREA Sexual Abuse Investigation Completion Notification Form

**Interviews:**

- The auditor interviewed the agency's PC, who is one of the designated administrative investigators for the agency, and he advised that all the notifications required by PREA are conducted by the PC or another administrator. The PC advised that the notifications are documented on the agency's PREA Sexual Abuse Investigation Completion Notification form, which was provided to the auditor. During this interview with the PC, the auditor advised, as a method of best practice, that it would benefit the agency if they developed a form that can be used when notifying a resident of the outcome of an investigation. The auditor provided the PC with an example notification form, and the PC advised that they will most likely use this form as a template to develop their own unique notification form to use going forth.
- The agency's Superintendent and Assistant Superintendent also advised during their interview that either the PC or Assistant Superintendent are responsible for making the required notifications verbally to each applicable resident.
- At the time of the on-site, there were no residents that the auditor was aware of or notified of who alleged to have been sexually abused at the facility.

**Explanation of determination:**

**115.373 (a-f):**

**(a):**

The agency's PREA Policy on page 12 includes the requirements of this provision, with the notification requirements applying until the youth is discharged from CCJDC. Per this Policy, the agency documents all notifications and attempted notifications.

**(b):**

Per the PC response on the PAQ, "Administration is in close contact with the investigator that heads up the criminal investigations for our facility. They inform us that they are either moving forward with criminal charges or that they can not move forward with criminal charges."

**(c-f):**

The auditor verified that the agency's PREA policy on pages 11 through 12 include the requirements associated with provisions (c) - (f) of this PREA standard.

**Summary of compliance in practice for all provisions (a-f):**

In order to assess for compliance with this PREA standard in practice, the auditor reviewed the agency's form used to document each notification made for allegations of sexual abuse in the facility. The form is titled, "PREA Investigations (SA) Completion Notification," and documents the date notified, name of resident victim, outcome, and staff notifying. Upon review of this form, the auditor determined that in each of the sexual abuse allegations that were investigated since 2020, the residents who alleged sexual abuse were notified of the outcome of the investigation as being unsubstantiated, unfounded, or substantiated. Furthermore, none of the sexual abuse allegations reported since 2020 involved a substantiated or unsubstantiated allegation of staff sexual abuse upon a resident and, therefore, the elements associated with provision (c) were not applicable. In one of the resident-on-resident allegations of sexual abuse, however, the case remains to be open and is pending review by the Grand Jury. In this case, the PC advised, and it is documented on the agency's notification form, that the victim in this case was advised of the status of the case at the time of the notification. Additionally, the PC advised during his interview that the alleged perpetrator was transported out of the facility and to the county jail upon criminal charges being formalized by the CCSO.

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

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.376</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Disciplinary Sanctions for Staff)</li> <li>- Staff Written Reprimand</li> <li>- Thirteen Personnel Files (JSOs)</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.376 (a-d):</b></p> <p>Upon reviewing the agency's PREA Policy, the auditor was able to determine that provisions (a) - (d) are included on page 13. Additionally, the PC indicated on the PAQ that one staff member received disciplinary action in the past 12 months related an inappropriate sexual joke the staff made to a resident. The PC provided the auditor with the Written Reprimand form used for this incident, which sufficiently demonstrates that any sexual misconduct will not be tolerated by the agency and staff are held accountable for their actions. Additionally, during the auditor's employee personnel file review of 13 JSO's files, the auditor did not observe any documentation indicating that a staff member was involved in any form of disciplinary action related to sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.377</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Corrective Action for Contractors &amp; Volunteers)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Superintendent and Assistant Superintendent while on-site, and each administrator advised that any contractor or volunteer who engages in sexual abuse or sexual harassment will be immediately prohibited from contact with residents and this will be immediately reported to the CCSO and TJJD, unless the activity was clearly not criminal (and to DFPS as applicable to the situation). The administrators explained how if any volunteer, intern, or contractor is reported to have sexually abused or sexual harassed a resident in the facility, the alleged perpetrator will be prohibited from entering the facility until the investigation is complete, with the outcome of the investigation being the determining factor if the individual can return to the facility.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.377 (a-b):</b></p> <p>Upon reviewing the agency's PREA Policy, the auditor was able to determine that provisions (a) - (b) are included on page 13.</p> <p>The PC indicated in the PAQ that there have been zero allegations that a volunteer or contractor has sexual abused or sexually harassed a resident in the facility and, therefore, no supplemental documents were provided.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>



115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<div data-bbox="240 203 453 232">Auditor Discussion</div>

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

- Agency PREA Policy (Interventions and Discipline Sanctions for Youth)
- Safety-Based Seclusion (SBS) Report
- Review of Texas Administrative Code 343.285 & 343.288 (Disciplinary Seclusion- (DS) and SBS standards)

**Interviews:**

- The auditor interviewed the agency's PC, and the PC advised that the agency does not completely isolate residents as a disciplinary measure for resident-on-resident sexual abuse allegations or incidents, and the only methods of securing a resident in their assigned room for a major disciplinary infraction, such as resident-on-resident sexual abuse, is through the use of a disciplinary seclusion (DS). The PC explained further that Texas Administrative Code allows for a DS to be imposed only for a major rule violation proved in a formal disciplinary review. The auditor asked the PC about the possibility of placing a resident on a Safety-Based Seclusion (SBS) for engaging in sexual abuse; however, the PC clarified that the use of a SBS is not a form of disciplinary sanction, as confirmed by the TAC, and if a SBS is used, it is required to end as soon as the resident is no longer an imminent threat to the program or others. The PC advised that a DS not a form of administrative segregation or complete isolation from all other individuals in the facility, and a DS can only be imposed for up to 23 hours. When a resident is secured in their room on a DS, they are still able to, and required by agency Policy and TAC, to participate in large muscle exercise and legally required educational programming, as well as visits by medical and mental health practitioners as needed. Additionally, the PC advised that the facility provides resident perpetrators of sexual abuse therapy and counseling, which is provided by either the contracted MHP or a fulltime MHP. The PC also explained that he has never been made aware of a situation involving a resident sexually abusing a staff member. Lastly, the PC explained how a resident who has been diagnosed with a serious mental illness or has severe or profound intellectual disabilities is unable to be placed in his/her room on a DS, and the resident's mental disability or mental illness that may have contributed to his/her behavior is always evaluated to determine the best course of action to take.
- The auditor interviewed the agency's Superintendent and Assistant Superintendent, and both administrators advised that the level of disciplinary action enforced upon a resident-on-resident abuser of sexual abuse is 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. However, the administrators advised that they are limited by the applicable Texas Administrative Codes (TAC) to how long a resident can be secured in their room on a DS, with TAC allowing for up to 48 hours but the facility setting the maximum time at 23 hours. Additionally, all residents on a DS are required to have daily large-muscle exercise and educational programming per the applicable TAC standard and agency policy. The administrators clarified how a SBS is not utilized as a form of disciplinary sanction, and the only form of seclusion that the facility can utilize for a disciplinary sanction is a DS.
- The auditor interviewed one of contracted medical professional, one contracted mental health professional, and one fulltime mental health professional, and during each of the professionals advised during each of their individual interviews that all residents in the facility are provided mental and medical healthcare needs on an as needed basis, regardless if a resident is secured in his/her room or in the program.

**Explanation of determination:**

**115.378 (a-g):**

Upon reviewing the agency's PREA Policy, the auditor was able to determine that provisions (a) - (g) are included on pages 13 and 14. Additionally, the auditor reviewed each of the investigative documents for the six sexual abuse allegations reported by residents in the facility in the past 12 months, and upon the auditor's review, it was discovered that one of the alleged resident perpetrators was placed on a SBS in order to ensure there was no interference with the investigation. The PC provided the auditor with this SBS report, and upon the auditor's review, it was determined that this form of seclusion was not used as a form of disciplinary sanction; instead, it was used as a form of safety based seclusion to ensure an objective and thorough investigation. Through studying the applicable TAC and TJJD provided information, the auditor determined that a SBS, if used in accordance with the applicable TAC standard, is not a form of disciplinary sanction and, therefore, is not applicable to the disciplinary sanction guidelines set forth in this PREA standard due to the language used in the standard- "disciplinary sanction..."

**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	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.381</u> p&gt;</p> <p data-bbox="244 327 940 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1474 707" style="list-style-type: none"> <li>- Agency PREA Policy (Medical &amp; Mental Care)</li> <li>- Intake Behavior Screening Follow-up Questionnaire (blank copy)</li> <li>- Memo from the PC on the residents who requested to speak to a counselor via the Intake Behavioral Screening Follow-up Form, which includes both residents who have experienced prior victimization and abusiveness. Total of 20 residents.</li> <li>- The completed Intake Behavioral Screening Follow-up Questionnaires for all 20 residents (above).</li> <li>- Juvenile Case Management System (JCMS) chronological notes that document the date and time the MHP follow-up was provided.</li> </ul> <p data-bbox="244 736 363 763"><b>Interviews:</b></p> <ul data-bbox="244 792 1485 1608" style="list-style-type: none"> <li>- The auditor interviewed three staff members who conduct risk screenings (i.e., Behavioral Screenings) in the facility upon each resident's admission into the facility. Each of the staff interviewed advised that the agency's Behavioral Screening is conducted within one to two hours after a youth is admitted into the facility. This screening tool is used to assess for vulnerabilities associated with being at risk of being sexually abused, as well as to objectively assess the risk that a resident may perpetrate sexual abuse within the facility. The intake staff indicated that they ask the newly admitted residents questions on the risk screening directly and in a confidential setting in order to ensure the residents understand the questions being asked, as well as feel comfortable in providing honest responses. The intake officers described how if a resident indicates that he/she is a victim or abuser of sexual abuse, this resident is then offered an opportunity to meet with a mental health professional within 14 days. The intake officers indicated there is a form that is used for residents who are found to be either a victim or perpetrator of sexual abuse, the "Intake Behavioral Screening Follow-up Questionnaire." This form ensures the applicable residents are offered the required mental health follow-up within 14 days, and if the resident indicates he/she would like to speak with a mental health professional, the intake officer is required to provide this form to their immediate supervisor so that a mental health meeting can be scheduled as soon as possible. The intake officers also explained how they either contact the counselor immediately, over the phone, or email if after hours to ensure the referral information has been submitted to the proper mental health professional.</li> <li>- The auditor also interviewed two residents who were targeted as residents who disclose prior sexual abusiveness on their Behavioral Screening forms. Both residents advised that the prior sexual abuse occurred years prior and in the community, and each resident met with a counselor and nurse within a few days after being admitted into the facility.</li> <li>- The auditor also interviewed a contracted MHP and fulltime MHP, and each MHP advised that they are referred residents to meet with on a regular basis. They were aware of the agency's Intake Behavioral Screening Follow-up Questionnaire that triggers the mental health follow-up when a resident indicates on this form that they want to meet with a counselor. The MHP's advised that they usually meet with residents upon a day or two after receiving a referral, but they are able to meet with a resident either in-person or over the phone if it is a crisis situation that requires immediate attention.</li> </ul> <p data-bbox="244 1637 563 1664"><b>Explanation of determination:</b></p> <p data-bbox="244 1693 389 1720"><b>115.381 (a-d):</b></p> <p data-bbox="244 1749 303 1776"><b>(a-b):</b></p> <p data-bbox="244 1805 1485 1904">Per agency Policy on page 14, regardless of the results of the agency's risk screening (Behavioral Screening Form and Classification) , CCJDC offers all youth an appointment with a medical and mental health practitioner within 14 days after the intake screening.</p> <p data-bbox="244 1933 1437 1960">In order to assess for compliance with provisions (a) and (b) in practice at the facility, the agency reviewed the following:</p> <ul data-bbox="284 2011 1485 2139" style="list-style-type: none"> <li>• Intake Behavioral Screening Follow-up Questionnaire (blank copy)</li> <li>• Memo from the PC on the residents who requested to speak to a counselor via the Intake Behavioral Screening Follow-up Form, which includes both residents who have experienced prior victimization and abusiveness. Total of 20 residents.</li> </ul>

- The completed Intake Behavioral Screening Follow-up Questionnaires for all 20 residents (above).
- Juvenile Case Management System (JCMS) chronological notes that document the date and time the MHP follow-up was provided.

The PC indicated on the PAQ that 10 residents disclosed prior victimization during screening in the past 12 months, with five receiving a mental health professional follow-up and the other five being released prior to the 14 days. Additionally, the PC reported there were 10 juveniles that previously perpetrated sexual abuse, with 8 of the juveniles proven to have met with a mental health professional within the 14 days, one met with a mental health professional on the 18th day, and the other was released on the 15th day. The auditor considered the one sample that exceeds the 14 day requirement as an outlier, and it was confirmed through the triangulation of evidence provided that the agency has institutionalized the required practices pursuant to the requirements of this PREA standard, as explained in this explanation of determination section of the report. Additionally, upon a more comprehensive review of all the information provided by the PC and the supplementary documents uploaded in the OAS (as detailed below), the auditor determined the agency is able to identify the residents who have experienced prior victimization and/or abusiveness, offer these residents a mental health follow-up with 14 days, and document that the follow-ups occurred.

The auditor also randomly selected fifteen resident files to review for compliance in practice with this PREA standard, and upon review of each file, the auditor determined that one file included a Behavioral Screening that indicated the resident as a victim of sexual abuse and three files indicated the residents were perpetrators of sexual abuse. The PC provided the auditor with corresponding chronological mental health reports for each of the four residents, and each chronological report indicated that a mental health follow-up was provided to each resident within 14 days of the resident's admission into the facility.

**(c-d):**

The agency verified that the agency's PREA Policy on page 14 includes the requirements linked to provisions (c) and (d). Additionally, the agency does not admit anyone 18 or older; therefore, the informed consent requirement of provision (d) is not applicable.

**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.**

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 355 300"><u>115.382</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1050 412" style="list-style-type: none"> <li>- Agency PREA Policy (Access to Emergency Medical &amp; Mental Health Services)</li> </ul> <p data-bbox="244 439 363 468"><b>Interviews:</b></p> <ul data-bbox="244 495 1493 2159" style="list-style-type: none"> <li>- The auditor interviewed twelve (12) randomly selected JSOs, who are all trained first responders. Each of the staff interviewed advised that resident victims of sexual abuse are required to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, which would be either through in-person facility medical and/or mental health staff, the Children's Advocacy Center of Collin County (CACCC), or the local hospital. Additionally, the JSOs advised that on-duty medical and mental health professionals are available to assist on an as needed basis for emergency type situations and can help coordinate medical and mental health crisis and related treatment services.</li> <li>- The auditor interviewed the PC during the on-site, and he explained how the CACCC is required to provide forensic examinations, advocacy support service, and information on access to emergency contraception and sexually transmitted infections prophylaxis to any child referred from the county. The PC also advised that the local hospitals (e.g., Baylor Scott and White) are required to provide sexual abuse victims access to forensic medical examinations and information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, at no cost to the victim or victim's family. He indicted that certified SAFEs/SANEs are available 24/7 at the hospital, and a resident victim of sexual abuse, regardless if the alleged sexual abuse occurred in the facility or in the community, would be transported to the hospital for victim services as soon as possible. Additionally, the PC provided information on how another child centered organization, Traffick911, works with the facility to provide advocacy services related to sexual abuse, as well as specializes in providing field-based 24/7 crisis response and relational advocacy to child sex trafficking victims in the North Texas area.</li> <li>- The auditor also interviewed one contracted MHP, one fulltime MHP, and one contracted medical staff; who all advised the auditor during their individual interviews that resident victims of sexual abuse are required to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, which would be provided through CACCC, the local hospital, or if medically or mentally appropriate while on-site, by the medical and mental health professionals interviewed. The professionals advised that any medical or mental health services provided would be at no cost, and they are able to assist with any emergency medical treatment required, as well as work with the CACCC or local hospital to ensure a treatment plan is provided when the survivor returns to the facility.</li> <li>- The auditor talked with the Chief Operating Officer of the CACCC, and he explained the process of how his organization provides victim and investigative services to any child referred to the CACCC in Collin County. The Chief advised that Children Advocacy Centers are required by the Texas Family Code to provide victim services and collaborate with a multi-disciplinary team of law enforcement and protective service (DFPS) agencies in response to a report of a child or juvenile being sexual abuse, regardless where the abuse allegedly occurred. The services provided include, but are limited to: forensic interviews with specially trained law enforcement investigators, advocacy services for life, therapy and counseling services for life, emotional support and crisis medical and mental health services, and, as applicable, a forensic medical examination by a licensed medical physician at the Children's Health Pediatrics in McKinney, TX. The Chief explained that the medical professionals his organization works with ensures all the PREA required victim services are provided as timely as possible and as medically appropriate to each situation.</li> <li>- The auditor reached out to a SANE/SAFE nurse with Baylor Scott and White Hospital, and was able to talk with a nursing supervisor who is also a contracted SANE/SAFE for the Turning Point organization in Plano, TX. She explained how all the contracted SANEs are forensic nurses who are highly experienced Registered Nurses, or Advanced Practice Nurses, and they are all educated in the care of patients whose healthcare needs intersect with the legal system. She also described how the Forensic Nurses with Turning Point provide comprehensive medical care to survivors of sexual assault including head to toe assessment, injury recognition, evidence collection, testing for drug facilitated sexual assault, medication administration, information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, and aftercare referrals. Additionally, all forensic nursing team members are certified sexual assault nurse examiners (SANE) by The Texas Office of the Attorney General and/or The International Association of Forensic Nursing, and her team of forensic nurses meet rigorous initial certification and participate in ongoing continuing education and peer review. She also explained how a SANE is available 24/7 for any child referred to the Turning Point organization or to one of the 15 contracted hospitals in the area. She described how the Turning Point organization also provides for advocacy services to a survivor of sexual abuse throughout the child's lifetime. These advocates are available 24/7 to provide comfort to the survivor by offering support and ensuring the survivor has next steps and referrals and accompany and provide support to survivors of sexual</li> </ul>

assault during the forensic examination process. The SANE advised that all services provided to a victim of sexual abuse is without financial cost to the victim or the victim's family.

**Explanation of determination:**

**115.382 (a-d):**

Upon reviewing the agency's PREA Policy, the auditor was able to determine that provisions (a) - (d) are explicitly stated on pages 14 and 15 of this Policy. Additionally, in the sexual abuse allegations that were reported in the facility, the auditor was able to confirm that emergency medical treatment and crisis intervention services were made available through the CACCC, as applicable to each of the situations. Furthermore, the situations for these allegations did not involve the need to provide the alleged victims access to emergency contraception and sexually transmitted infections prophylaxis. In the incidents that involved protecting the victim and keeping the victim separate from the alleged perpetrator, the appropriate first responder protocols were taken and the victim was separated from the perpetrator as soon as the facility became aware of each allegation.

**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	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 297"><u>115.383</u> p&gt;</p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1251 409" style="list-style-type: none"> <li>- Agency PREA Policy (Ongoing Medical &amp; Mental Health Care for Sexual Abuse Victims &amp; Abusers).</li> </ul> <p data-bbox="244 441 362 468"><b>Interviews:</b></p> <ul data-bbox="244 499 1493 1879" style="list-style-type: none"> <li>- The auditor also interviewed one contracted MHP, one fulltime MHP, and one contracted medical staff; who all advised the auditor during their individual interviews that the facility is required to provide resident victims of sexual abuse medical and mental health evaluation and treatment, as medically and mentally appropriate. The professionals advised that they are able to provide evaluations and treatment services, but in most cases involving a resident victim of sexual abuse, the CACCC or local hospital would provide the initial evaluation and treatment. The facility medical and mental health services would be able to then follow-up with care and treatment as recommended by the discharge paperwork from the hospital or CACCC. Each of the professionals interviewed advised that the medical and mental health services residents receive while in the facility are better than the community level of care the residents were receiving when they were in the community. They also advised that all the PREA requirements associated with medical care and treatment would be provided as applicable to each situation, such as pregnancy tests, information about and timely access to all lawful pregnancy-related medical services, and tests for sexually transmitted infections. All of which would be provided by either a professional with the CACCC or a local hospital, and all services would be free of cost.</li> <li>- The auditor reached out to a SANE/SAFE nurse with Baylor Scott and White Hospital, and was able to talk with a nursing supervisor who is also a contracted SANE/SAFE for the Turning Point organization in Plano, TX. She explained how all the contracted SANEs are forensic nurses who are highly experienced Registered Nurses, or Advanced Practice Nurses, and they are all educated in the care of patients whose healthcare needs intersect with the legal system. She also described how the Forensic Nurses with Turning Point provide comprehensive medical care to survivors of sexual assault including head to toe assessment, injury recognition, evidence collection, testing for drug facilitated sexual assault, medication administration, information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, pregnancy tests (as applicable), information about and timely access to all lawful pregnancy-related medical services (as applicable), and tests for sexually transmitted infections, and aftercare referrals. Additionally, all forensic nursing team members are certified sexual assault nurse examiners (SANE) by The Texas Office of the Attorney General and/or The International Association of Forensic Nursing, and her team of forensic nurses meet rigorous initial certification and participate in ongoing continuing education and peer review. She also explained how a SANE is available 24/7 for any child referred to the Turning Point organization or to one of the 15 contracted hospitals in the area. She described how the Turning Point organization also provides for advocacy services to a survivor of sexual abuse throughout the child's lifetime. These advocates are available 24/7 to provide comfort to the survivor by offering support and ensuring the survivor has next steps and referrals and accompany and provide support to survivors of sexual assault during the forensic examination process. The SANE advised that all services provided to a victim of sexual abuse is without financial cost to the victim or the victim's family.</li> <li>- The auditor talked with the Chief Operating Officer of the CACCC, and he explained the process of how his organization provides victim and investigative services to any child referred to the CACCC in Collin County. The Chief advised that Children Advocacy Centers are required by the Texas Family Code to provide victim services and collaborate with a multi-disciplinary team of law enforcement and protective service (DFPS) agencies in response to a report of a child or juvenile being sexual abuse, regardless where the abuse allegedly occurred. The services provided include, but are limited to: forensic interviews with specially trained law enforcement investigators, advocacy services for life, therapy and counseling services for life, emotional support and crisis medical and mental health services, and, as applicable, a forensic medical examination by a licensed medical physician at the Children's Health Pediatrics in McKinney, TX. The Chief was adamant on the great relationship the CACCC has with the CCJPD and the CCSO, and he expressed how he can reach the Chief of the CCJPD at any time if needed. The Chief also explained that the medical professionals his organization works with ensures all the PREA required victim services are provided as timely as possible and as medically appropriate to each situation.</li> </ul> <p data-bbox="244 1910 563 1937"><b>Explanation of determination:</b></p> <p data-bbox="244 1968 389 1995"><b>115.383 (a-h):</b></p> <p data-bbox="244 2027 1485 2150">Upon reviewing the agency's PREA Policy, the auditor was able to determine that provisions (a) - (h) are included on page 15. Additionally, before the on-site the auditor asked the PC to provide follow-up information regarding how victim services related to this PREA standard were provided to each of the two substantiated cases of sexual abuse in the facility. The PC provided the auditor with how one of the resident victims received one-on-one counseling services three times a week during</p>

the resident's stay in the facility, and the other resident victim was provided access to a LSOTP during the resident's stay (\*this particular resident was released six days after the initial report was made). Additionally, the CACCC was also contacted and provided the required victim services as applicable to each situation.

\*Note: The requirements associated with provisions (d), (e), and (f) are not applicable to each of the two substantiated sexual abuse incidents, as verified by the auditor.

**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	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 300"><u>115.386</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 836 528" style="list-style-type: none"> <li>- Agency PREA Policy (Sexual Abuse Incident Review)</li> <li>- Sexual Assault Response Team (SART) Incident Reviews</li> <li>- TJJD Incident Reports</li> </ul> <p data-bbox="244 555 363 584"><b>Interviews:</b></p> <ul data-bbox="244 611 1490 1368" style="list-style-type: none"> <li>- The auditor interviewed one of the agency's incident review team members, the PC, who advised that the agency is required to conduct an incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PC advised that in each of the applicable sexual abuse investigations conducted in the facility, a sexual abuse incident review had been conducted but not fully documented for every case. The PC advised that the reviews that were not documented were staffed and reviewed by administration and counselors; however, the agency's formal Incident Review Form was not completed. The PC was able to clearly articulate the elements to assess when conducting a sexual abuse incident review, as well as the requirement to include administrators, supervisors, investigators, and medical/mental health staff on the incident review team. The PC advised that the agency's incident review team would assess the motivation behind the incident or allegation, examine the area where the incident allegedly occurred, assess the adequacy of staffing levels at the time of the incident, assess whether monitoring technology should be enhanced or augmented to increase sexual safety, and type up a report of the team's findings. Additionally, the PC explained how the facility recently added the shower doors in front of each shower stall, which was as a result of a TJJD facility audit and increases privacy for residents when showering or changing out in this area.</li> <li>- The auditor also interviewed the agency's Superintendent and Assistant Superintendent who explained the process of conducting a sexual abuse incident review for any allegation or incident of sexual abuse in the facility. The steps described include meeting with administrators, supervisors, and medical/mental health staff to assess the situation and determine if improvements need to be implemented to increase sexual safety. Additionally, it was explained that the area in which the incident allegedly occurred would be closely examined, video surveillance reviewed, staffing dynamics evaluated, and related policies and procedures assessed to determine if changes need to be made to operational practices to increase sexual safety of residents in the facility. The Superintendents advised that they have been involved in these incident reviews in the past, including the incident review that was provided to the auditor by the PC.</li> </ul> <p data-bbox="244 1395 563 1424"><b>Explanation of determination:</b></p> <p data-bbox="244 1451 389 1480"><b>115.386 (a-e):</b></p> <p data-bbox="244 1507 1474 1574">The auditor verified that the agency's PREA Policy, on pages 15-16, include the requirements of this PREA standard, which state:</p> <ol data-bbox="244 1601 1474 2157" style="list-style-type: none"> <li>(1) CCJDC conducts an incident review at the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded.</li> <li>(2) Managers, supervisors, investigators, and medical or mental health practitioners participate in the review.</li> <li>(3) The review team: <ol style="list-style-type: none"> <li>(A) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>(B) considers whether the incident or allegation was motivated by race; ethnicity; gender identity; status or perceived status as lesbian, gay, bisexual, transgender, or intersex; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li>(C) examines the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>(D) assesses the adequacy of staffing levels in that area during different shifts;</li> <li>(E) assesses whether monitoring technology should be used or enhanced to supplement supervision by staff; and</li> <li>(F) submits a report of its findings and recommendations to the facility administrator, the local PREA compliance manager, and other appropriate staff members.</li> </ol> </li> <li>(4) The facility where the incident allegedly occurred must implement the review team's recommendations or document its</li> </ol>

reasons for not doing so.

Additionally, the PC provided the auditor with a sexual abuse incident review packet for one sexual abuse investigation that included the following documents:

- TJJD Incident Review
- Sexual Abuse First Responder Checklist
- PREA Retaliation Monitoring Sheet (x3)
- Sexual Abuse Assault Team (SART) Incident Review (6 page report)

Upon the review of the documents provided, the auditor determined that the agency conducted the incident review pursuant to the requirements of this PREA standard for one of the substantiated allegations of sexual abuse. This SART Incident Review report provides a comprehensive and thorough explanation of how the Superintendent, Assistant Superintendent, PC, and fulltime MHP collaborated to assess the situation and evaluate whether there was a need to change policy or practice to better prevent, detect, or respond to sexual abuse. This assessment of the incident also considered the motivation behind the alleged sexual abuse; assessed if physical barriers may have enabled the abuse; examined staffing levels, placement, and scheduling; and assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff.

However, this is the only evidence provided to confirm the required SART incident review was conducted for all substantiated and unsubstantiated sexual abuse allegations in the facility. It is indicated on the agency's PREA Investigation (SA) Completion Notification form that there were seven investigations into allegations of sexual abuse since 2020, and out of the seven, two were unfounded. The remaining five required the agency to conduct the incident review due to be substantiated or unsubstantiated, and out of the five, the auditor was provided only one completed SART Incident Review. Due to the fact that agency was unable to provide proof documents that an sexual abuse incident review was completed pursuant to all the elements of PREA standard §115.386 for each of the applicable sexual abuse investigations, the agency was found to not be in full compliance with this PREA standard.

**Corrective Action:**

On 08/09/2022, the PC provided the auditor with the agency's corrective action plan and corresponding proof documentation related to the deficiencies addressed as non-compliance for this PREA standard. The PC advised in the corrective action plan that the facility has created new documentation in aiding to make sure that each investigation is brought to a full conclusion. A personal checklist has been made and distributed to investigators in the facility to refresh the investigators of every step of the investigative process. More importantly, an Investigation Disposition Report has been created. Contained within this report, is a spot to identify when the SA Incident Review was completed. This will be completed for every case of sexual abuse investigated in the facility. An example of this form was emailed to the auditor for his review.

Upon the auditor's review of the corrective action plan provided for this PREA standard, as well as examining the the agency's newly created "Investigative Disposition Report," the auditor determined that the agency is in full compliance with all elements of this PREA standard. The disposition report includes all the information required for documenting a full internal administrative investigation and will help the agency to comply with the applicable PREA investigative requirements included in the PREA juvenile facility standards. The auditor confirmed through this review documentation review that no further corrective action is required at this time.

**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.**

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>115.387</u> p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Data Collection and Storage)</li> <li>- PREA Investigative Log</li> <li>- Annual Data Report, Findings and Action Plan (2021 and 2022)</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.387 (a-f):</b></p> <p>According to the agency's PREA Policy on page 16, "CCJDC collects data for every allegation of sexual abuse at CCJDC-operated facilities using a standardized instrument and set of definitions and aggregates the data at least once each year. CCJDC also maintains, reviews, and collects data as needed from all available incident-based documents, such as reports, investigation files, and sexual abuse incident reviews. CCJDC developed its data collection instrument to include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice. CCJDC obtains incident-based and aggregate data from each residential facility operating under a contract with CCJDC. CCJDC securely retains all sexual abuse data it collects."</p> <p>The auditor verified that all the elements of this PREA standard are included in the agency PREA Policy, as indicated above, as well as reviewed the agency's Annual Data Report, Findings and Action Plan (2021 and 2022) and PREA Investigative Log to assess for compliance in practice with the requirements of this standard. Upon the auditor's review of the documents listed, it is clear that the agency collects, maintains, reviews, and assesses the required PREA data on an annually basis and securely retains this data. Furthermore, the sexual abuse and sexual harassment data included on the annual reports match the investigative documents that were provided to the auditor.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.388	<b>Data review for corrective action</b>
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 357 300"><u>115.388</u> p&gt;</p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1158 616" style="list-style-type: none"> <li>- Agency PREA Policy (Publication of Sexual Abuse Data)</li> <li>- PREA Investigative Log</li> <li>- Annual Data Report, Findings and Action Plan (for 2021 and 2022)</li> <li>- Agency website (<a href="https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx">https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx</a>)</li> </ul> <p data-bbox="244 647 363 676"><b>Interviews:</b></p> <ul data-bbox="244 703 1485 1160" style="list-style-type: none"> <li>- The auditor interviewed the agency's Deputy Director who advised that the agency conducts an annual review of PREA related aggregate facility data in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> <li>- The auditor also interviewed the agency's PC, and the PC explained how he collects and maintains annual PREA related data in order to complete the agency's PREA Investigations Log and Annual Data Report. The data collected is used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PC explained the practice of conducting agency administration meetings at least once a year to review the annual data and compare with previous years, identify problem areas, document and implement corrective action as needed, and document all this in the Annual Data Report, Findings, and Action Plan Report. Lastly, the PC advised that he ensures the removal of all personal identifiers before making aggregated sexual abuse data publicly available, as verified by the auditor upon review of the agency's PREA documents on their website.</li> </ul> <p data-bbox="244 1187 563 1216"><b>Explanation of determination:</b></p> <p data-bbox="244 1243 389 1272"><b>115.388 (a-d):</b></p> <p data-bbox="244 1299 1490 1431">According to the agency's PREA Policy on page 16, "CCJDC reviews aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, CCJDC prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The report will be posted on the agency's website. Annually, CCJDC posts on its website all aggregated sexual abuse data from CCJDC-operated and contracted facilities."</p> <p data-bbox="244 1458 1473 1657">This procedure was verified in practice by the auditor reviewing the agency's Annual Data Report, Findings and Action Plan (for 2021 and 2022) and PREA Investigative Log. The 2021 and 2021 Annual Data Report, Findings and Action Plan includes a documented review of past and current aggregate sexual abuse data that is used to assess and improve the effectiveness of the agency's policies, practices, and training. Additionally, the auditor verified that this document is accessible on the agency's website, at <a href="https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx">https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx</a>.</p> <p data-bbox="244 1684 1468 1747">Upon the auditor's review of the posted report, there are no identifiers in the report that could potentially violate a resident's right to confidentiality.</p> <p data-bbox="244 1774 1442 1836">*Note: As noted in subsection 115.312 of this report, the agency does not contract with any entity for the confinement of residents in the CCJDC.</p> <p data-bbox="244 1863 376 1892"><b>Conclusion:</b></p> <p data-bbox="244 1919 1481 1982"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.389:</b> &lt;/p&gt;</p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy (Publication of Sexual Abuse Data)</li> <li>- PREA Investigative Log</li> <li>- Annual Data Report, Findings and Action Plan (for 2021 and 2022)</li> <li>- Agency website (<a href="https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx">https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx</a>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who explained how he collects and maintains annual PREA related data in order to complete the agency's PREA Investigations Log and Annual Data Report. The data collected is used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PC explained the practice of agency administration meetings occurring at least once a year to review the annual data and compare with previous years, identify problem areas, document and implement corrective action as needed, and document all this in the Annual Data Report, Findings, and Action Plan Report. Lastly, the PC advised that he ensures the removal of all personal identifiers before making aggregated sexual abuse data publicly available, and the data is maintained as long as required by PREA and TAC.</li> </ul> <p><b>Explanation of determination:</b></p> <p>115.389 (a-d):</p> <p>According to the agency's PREA Policy on page 16, "CCJDC reviews aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, CCJDC prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The report will be posted on the agency's website. Annually, CCJDC posts on its website all aggregated sexual abuse data from CCJDC-operated and contracted facilities."</p> <p>This procedure was verified in practice by the auditor reviewing the agency's Annual Data Report, Findings and Action Plan (for 2021 and 2022) and PREA Investigative Log. The 2021 and 2021 Annual Data Report, Findings and Action Plan includes a documented review of past and current aggregate sexual abuse data that is used to assess and improve the effectiveness of the agency's policies, practices, and training. Additionally, the auditor verified that this document is accessible on the agency's website, at <a href="https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx">https://www.collincountytx.gov/juvenile_probation/Pages/PREA-Compliance.aspx</a>.</p> <p>Upon the auditor's review of the posted report, there are no identifiers in the report that could potentially violate a resident's right to confidentiality.</p> <p>*Note: As noted in subsection 115.312 of this report, the agency does not contract with any entity for the confinement of residents in the CCJDC.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.401</u></b></p> <p><b>Explanation of determination:</b></p> <p><b>115.401 (a-n):</b></p> <p>The auditor verified that the agency's last PREA audit was completed in June of 2019, which falls within the time frame of the 2nd audit cycle, and this current audit will be completed in last year of the 3rd audit cycle.</p> <p>Additionally, during the on-site the auditor was provided access to all areas of the facility's complex, including each housing unit, administration building, cafeteria, classrooms, staff breakroom, intake area, visitation area, public lobby, outside recreation areas, inside recreation areas, each of the facility's control rooms (total of 4), counseling offices, etc. The PC provided the auditor with copies of all relevant documents requested, as well as answered all the questions asked throughout the entirety of the audit process. The auditor was not mailed any correspondence from either residents or staff during the audit process, and the auditor was able conduct private interviews on-site with staff and residents without any issues. Lastly, the auditor was able to observe how residents are able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with their legal counsel, which is either through the United States Postal Service directly or by placing a letter in the locked grievance boxes that are located in each housing unit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.403</u></b></p> <p><b>Explanation of determination:</b></p> <p><b>115.403 (a-f):</b></p> <p>The auditor confirmed that the agency's last Final PREA Audit Report is available on the agency's website, at:  <a href="https://www.collincountytx.gov/juvenile_probation/Documents/PREA%20Compliance%20Report.pdf">https://www.collincountytx.gov/juvenile_probation/Documents/PREA%20Compliance%20Report.pdf</a></p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

Appendix: Provision Findings		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na



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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	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.)	no
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	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.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	no
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	no
	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes



<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate 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
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	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?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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



<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of 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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes



<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes