

PREA Facility Audit Report: Final

Name of Facility: Tom Green County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/22/2019

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Joel T. Whitt | Date of Signature: 08/22/2019 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------------|
| Auditor name: | Whitt, Joel |
| Address: | |
| Email: | joel.whitt@zajonc-corp.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 2019-07-08 |
| End Date of On-Site Audit: | 2019-07-10 |

FACILITY INFORMATION

| | |
|-----------------------------------|--|
| Facility name: | Tom Green County Juvenile Detention Center |
| Facility physical address: | 1253 W. 19th Street, San Angelo, Texas - 76903 |
| Facility Phone | 325-655-2323 |
| Facility mailing address: | |

Primary Contact

| | |
|--------------------------|--|
| Name: | Scott Hooten |
| Email Address: | michaelscott.hooten@co.tom-green.tx.us |
| Telephone Number: | 325-655-2323 |

Superintendent/Director/Administrator

| | |
|--------------------------|----|
| Name: | NA |
| Email Address: | |
| Telephone Number: | |

Facility PREA Compliance Manager

| | |
|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Facility Health Service Administrator On-Site

| | |
|--------------------------|-------------------|
| Name: | Catherine Barnett |
| Email Address: | |
| Telephone Number: | 325.481.2000 |

Facility Characteristics

| | |
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| Designed facility capacity: | 25 |
| Current population of facility: | 13 |
| Average daily population for the past 12 months: | |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | |
| Age range of population: | 10 to 17 |
| Facility security levels/resident custody levels: | |
| Number of staff currently employed at the facility who may have contact with residents: | 48 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | |

AGENCY INFORMATION

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|--|--|
| Name of agency: | Tom Green County Juvenile Detention Center |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1253 W. 19th Street, San Angelo, Texas - 76903 |
| Mailing Address: | |
| Telephone number: | |

Agency Chief Executive Officer Information:

| | |
|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|--------------|-----------------------|--|
| Name: | Scott Hooten | Email Address: | michaelscott.hooten@co.tom-green.tx.us |
|--------------|--------------|-----------------------|--|

AUDIT FINDINGS

Narrative:

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

The Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo, Texas. This PREA Audit Report is specific to the findings related to the TGCJDC. The pre-audit work began on May 20, 2019 and the onsite portion of the PREA Audit was conducted between July 8, 2019 and July 20, 2019. (NOTE: for the purposes of this PREA Report the term "Agency" at all times represents the TGCJPD and the term "Facility" at all times represents the TGCJDC. Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo, Texas was conducted on July 8, 2019 through July 10, 2019 by Joel Whitt M.A. from San Antonio, Texas, a U.S. Department of Justice Certified PREA Probationary Auditor for Juvenile Facilities. Audit notices were posted throughout the Facility 42 days prior to the on-site review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The Facility was requested and agreed to keep all notices posted until the completion of the audit and approval of the Final Report. As of the date of this report, the Auditor has not received any correspondence or mail at the Post Office Box address included on the Notice of Audit. It was requested of the Agency and Facility to complete the Pre-Audit Questionnaire and it was provided to the Auditor along with electronic copies of the supporting documents in the weeks preceding the on-site review portion of the audit. These Pre-Audit data were also included in the on-line audit system. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the Facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator through electronic mail to which responses were requested. Answers to the questions were submitted by the Agency and Facility management there weeks before the on-site portion of the audit and reviewed by the Auditor prior to the on-site review. During this Correspondence a phone conference was scheduled with the PREA Coordinator (Scott Hooten).

The Auditor conducted an entrance conference with Agency and Facility administration on the morning of July 8, 2019. After introductions and welcoming remarks by the Agency Head (Monica Schniers - Chief Juvenile Probation Officer), PREA Coordinator and supervisory staff, the discussion focused on the audit schedule and an overview of the process. It was determined at the close of this meeting and review of the schedule of the onsite audit that there were 12 residents in the Facility. There were four female residents and eight male residents at the facility. All but one resident would be interviewed. A single resident was out for emergency surgery when the audit began and was not included in the interviews. Of the 12 residents there was one youth who was self-identified as transgender. This youth was interviewed during the on-site audit. A random number generator was utilized to identify 11 staff members who were in the random staff interview pool and verified that of these staff each shift was included and represented

and a sample of both male and female staff were included. After this introductory meeting and the selection of random staff and the schedule review for interviews with specialized staff the Auditor toured the physical plant escorted by the PREA Coordinator. Both the Agency and Facility are housed in one building. The tour included the Agency areas that include office space for probation officers, mental health works and administrative support staff. The public entrance to the building required visitors enter into a public waiting area and pass through a security screening and identification verification. It was observed that in both the public and Agency space of the building notices of zero tolerance, abuse reporting and information on the Concho Valley Rape Crisis Center were posted as well as the notice of the PREA Audit. The detention/Facility area of the building required access through secure doors that enter a visitation area where notices were also observed. The detention Facility included the kitchen, dining area, two resident wings with a single shower and single cells to house up to 25 male or female youth, the office of the PREA Coordinator, Supervisor of Detention, Education Rooms, Intake Room, and exercise areas inside and outside of the Facility. The Auditor spoke informally with staff encountered during the tour and paid particular attention to the video monitoring capabilities in control rooms and administrator offices and camera placement both inside and outside of the Facility. After the physical plant review, the Auditor began interviewing the Agency Head, PREA Coordinator, PREA Incident Review Team Member, available Random Staff and the eleven residents for the remainder of day one and Day Two. On day one, the Auditor, as planned with the PREA Coordinator returned at 10:30 pm to interview random staff who worked the overnight shift (11pm to 7am) and the Facility custodial staff.

Random Staff Interviews were completed with full and part-time random staff who worked all three shifts on day two. Additionally on day two the auditor interviewed a mental health care provider, kitchen staff, and specialized staff. Education staff were unavailable due to summer break. On the second and third day the Auditor completed resident file, staff background checks, staff training records, Facility documents and video review of camera locations, and verification of unannounced rounds as documented over the past 22 days (the number of days video is available on the server) and found that unannounced rounds as documented were completed by the PREA Coordinator and supervisory staff. The exit conference was conducted on the third day. During the three days of the on-site audit, the Auditor was provided use of the PREA Coordinator's Office for confidential interviews, document reviews, and file review. The Auditor conducted all staff interviews, specialized staff interviews, contractor interviews, and resident interviews in this office as it was located in the center of the Facility and near the education room where the residents were at the time of the interviews. Formal personal interviews were conducted with Facility staff, specialized staff, residents and contractors. On the first day of the on-site review, there were 12 residents housed in the Facility (8 males and 4 females). The auditor interviewed 11 of 12 residents or 91.67% of the residents at the Facility. Residents were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment.

Eleven detention officers (Random Staff) were interviewed during the on-site review. Included in the interviews were male and female detention officers. Interviews also included specialty staff including a mental health providers (contract staff), custodial staff, kitchen staff, first responders, administrative investigator, PREA Incident Review Team Members, intake and screening, human resources and training individuals. Also interviewed were the Agency Head and PREA Coordinator. Staff was interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, first responder duties, data collection processes and other pertinent PREA requirements. The auditor reviewed personnel files for fifteen (15) staff members to determine compliance with training

mandates and background check procedures. Case files for the 12 current youth in the Facility and 15 discharged residents were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The Auditor spoke via telephone to staff at the Concho Valley Rape Crisis Center (CVRCC) and verified the web address and hotline numbers posted were correct and that they provided advocacy services as indicated in the MOU between the Agency and CVRCC; each was confirmed. The Auditor also verified the SANE services available at Shannon Medical Center in San Angelo. While there have been no forensic exams provided for residents of the Facility it was verified that a SANE Nurse is always on-call and available for any instance of sexual assault. The Shannon Medical Center is identified in the Coordinated Response Plan as the forensic and medical treatment service provider and services are also specified on the Shannon Medical Center's website. On the on-site review of the physical plant, the Auditor observed, among other things, the Facility configuration, location of cameras, cell doors and windows, lay out of cells for changing and use of toilet free from cross gender viewing, staff supervision of residents, access to camera areas (all were locked), placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The Auditor noted that per Facility design, Policy and Procedures all residents are assigned a single cell, opposite gender staff are prohibited from entering the cell except in a security situation accompanied by staff of the gender of the resident. Notices of the PREA audit were posted throughout the Facility in common areas.

The Auditor conducted an exit conference with the agency officials on July 10, 2019. Agency administration and staff were very open and receptive to areas where PREA compliance needs and recommendations were identified.

During the on-site portion of the audit it was noted that background checks had not been completed on contractors. On August 12th, this auditor returned to the facility and reviewed the completed background checks on contractual staff (10 files reviewed). This review determined compliance with standards and that the facility understood the requirements for contractors who come in contact with youth. As these contractors were part of a local school district and local mental health organization that both complete background checks these background checks had been previously completed but not at the facility. This was corrected and a process put in place to ensure compliance as of August 12, 2019.

AUDIT FINDINGS

Facility Characteristics:

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

The Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo Texas. This PREA Audit Report is specific to the findings related to the TGCJDC. The pre-audit work began on June May 20, 2019 and the onsite portion of the PREA Audit was conducted between July 8th, 2019 and July 10th, 2019. (NOTE: for the purposes of this PREA Report the term "Agency" at all times represents the TGCJPD and the term "Facility" at all times represents the TGCJDC. The Tom Green County Juvenile Probation Department operates the Tom Green County Juvenile Detention Facility located at 1253 West 19th Street, San Angelo Texas. San Angelo is located in the Western part of Central Texas. The Agency and Facility are housed in single free standing building within the City of San Angelo. Both the Agency and Facility are certified by the local Juvenile Board. The Agency and Facility are also regulated by the State of Texas via the Texas Juvenile Justice Department (TJJD). Texas Administrative Code Title 37, Chapter 343 governs secure pre- and post-adjudication facilities and imposes significant rules on the operations and programming. The Facility has 25 single cells and Policy mandates that all residents are housed in a single cell. The Facility can detain youth ages 10 to 17 when brought by the police. TJJD required ratios for detention facilities that operate a single cell design is 1 Detention Security Officer to every 8 youth during waking hours and 1 to 16 during sleeping hours. The Facility meets this standard by policy as it requires compliance with the 1 to 8 ratio and has a required 1 to 16 ratio during sleeping hours; however, per Policy and Staffing Plan there is always 1 staff of each gender at the Facility and the required TJJD ratio is surpassed. The current staffing plan that has been passed and approved by the Governing Body (Juvenile Board) of the Agency has approved the existing staffing plan and the staffing plan that shall go into effect on 01/01/2019.

The Tom Green County Juvenile Detention Center (Facility) is comprised of two units/wings with a total of 25 single cells between two units/wings. Each cell has a toilet that is not in view of the window of the door and changing area. There are two locked single toilets in the day room area that can only be accessed by staff. There is a single shower per unit that is where residents are required to shower alone behind a closed door. There is a single security room for mental health supervision located in the central control room and two holding cells in the Intake Area for security. Both wings have a control room/staff office with monitoring capabilities both visual and by video of communal areas that are used during resident sleep hours; however the primary wing that is utilized for frequently and houses the mental health observation room is considered the Central Control Room. The Facility includes two educational classrooms, one intake room with two cells, Supervisor's Office, PREA Coordinator Office, Visitation Area, outside secure recreation, two large open day areas, Mental Health Services Office (contractor use). The maximum capacity for this Facility is 25 residents. Juveniles are brought to this Facility when detained by the police. There are a total of 48 staff who have contact with youth in the Facility; a total of 7 of these staff have been hired in the past 12 months. Over the past 12 months a total of 185 youth have been admitted to the Facility who remain at the Facility an average of 13 days. The Facility services as the County Juvenile Detention Center for both male and female youth. Of these 185 youth admitted during the past 12 months; 148 have resided in the Facility for more than 72 hours. The Facility utilizes the local hospital

(Shannon Medical Center) for Forensic Sexual Assault Medical Exams. There is one administrative investigator employed by the Agency and criminal investigations are completed by the Tom Green County Sheriff's Office.

The Facility's design helps ensure the safety of youth as it is single cell, all cells have a toilet and area to change that is out of cross gender view, incidental viewing, and camera viewing. Showers are one youth at a time and are behind a solid door that is closed, entry and exit procedures require the youth to be fully clothed, and these doors are captured on the video surveillance system. Throughout the Facility the video surveillance system is implemented to cover all doors in the Facility ensuring that deviation from the areas staff or residents are permitted to go would be on video for the current storage capacity of 22 days. The Agency Head, PREA Coordinator, and the Supervisor of Detention all have access to review stored data in the system, ability to monitor all cameras at any time from their desks, and the ability to save and record data as needed for investigations.

The Agency and Facility are located in the same building. Only authorized staff may leave the Agency's Probation Department, Administrative or public areas and must be admitted upon verification of identification, security check and under supervision through a locked door. There are two entrances to the Facility. One Entrance is used to access the Agency's Administrative and Probation office area through the public waiting room. This same entrance to the Facility can be accessed through an alternative entrance for Agency staff members; however this building entrance still requires that access to the Facility is through the entrance already noted. The second Facility Entrance is the Intake Entrance which is utilized by law enforcement when youth are brought to the Facility. This entrance leads into a secure room with two single cells. The Intake area does include a shower and toilet however these areas are not in view of the surveillance system or cameras. All entrances and exits are monitored by video surveillance cameras and this video is maintained at least 22 days.

AUDIT FINDINGS

Summary of Audit Findings:

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

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| Number of standards exceeded: | 0 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

There are a total of 43 standards reviewed in this Final PREA Audit Report. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard. Tom Green County Juvenile Detention Center has achieved compliance with all applicable standards. There was no Corrective Action period during this Audit.

The compliance performance is shown for the Final Audit Report issued August 22, 2019.

Number of standards exceeded: 0

Number of standards met: 43

- §115.311; §115.312; §115.313; §115.316; §115.317; §115.318;
- §115.321; §115.322;
- §115.331; §115.332; §115.333; §115.334; §115.335
- §115.341; §115.342
- §115.315; §115.352; §115.353; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.365; §115.367; §115.368;
- §115.371; §115.372; §115.373; §115.376; §115.377; §115.378; and
- §115.381; §115.382; §115.383; §115.386; §115.387; §115.388; §115.389; §115.401; §115.403

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 43

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Page 1 2. Agency and Facility Organizational Chart 3. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head c. Supervisor of Detention d. 11 (91.67%) of the 12 Facility Residents e. Interviews with 12 Security Staff f. Interviews with Specialized Staff (1 First Responder, 1 PREA Incident Review Team Member, 1 Mental Health Contractor, 1 Cook and 1 Custodial Staff Member) <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency has a comprehensive policy on sexual abuse and sexual harassment contained on page 1, 22, 23, 24, and 25 of the Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA. The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy details definitions that are compliant with the PREA definitions on pages 22, 23, 24, and 25. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA also provides detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment.</p> <p>Subsection (b):</p> <p>The Agency has designated the Director of Detention Services, Mr. Scott Hooten as the PREA Coordinator. Mr. Hooten is housed in the Facility and supervises security staff, volunteers, and contractors within the Facility. Mr. Hooten reports to Monica Y. Schniers, Chief Juvenile Probation Officer who is the Agency Head. Both the PREA Coordinator and Agency Head reports that the PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA.</p> <p>Subsection (c):</p> <p>The Agency has a single 25 single cell Facility. The PREA Coordinator is located within the Facility and no PREA Compliance Manager is required or designated.</p> |

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Fiscal Year 2018 Residential Contracts (20) 2. Interview with the following: <ol style="list-style-type: none"> a. Agency's Contract Administrator (Chief Juvenile Probation Officer/Agency Head) <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency currently contracts with twenty (20) providers for the placement of their youth. Each these are with private residential providers that are licensed by the Texas Department of Family and Protective Services (TDFPS). All contracts require the service provider to adhere to federal law which includes PREA; 100% of current contracts further contain explicit and specific clauses that require PREA compliance.</p> <p>Subsection (b):</p> <p>The Agency Head indicated that prior to annual renewal verification of PREA compliance is completed. This process includes review of the Final PREA Audit Report posted on agency websites and verification with the Texas Juvenile Justice Department (TJJD) who requires all contract facilities in the state to maintain PREA Compliance.</p> <p>Corrective Action: None</p> |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Facility Staffing Plan (Approved January 1, 2019 by the Chief Juvenile Probation Officer) 2. Facility schematics and diagrams of physical plant layout 3. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding) 4. Unannounced Rounds – Unannounced Round Log Maintained in Supervisor of Detention's Office used to document unannounced rounds 5. PREA Verification of Monthly Unannounced Rounds based on documentation identified in #4 and of rounds completed verified by past 22 days of video surveillance footage that captured rounds completed in June and July of 2019. 6. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head 7. On-site review of housing areas and program areas of Facility (Intake Area, Resident Day Areas, Resident Cells, Kitchen, Dinning, All Storage Areas, All access to Court or Agency areas, Education and Mental Health Areas, Public Areas, Staff Supervision Areas and Staff Control Room; all doors and areas of the Facility were viewed) 8. Documentation in Memo Form and Report Form of Plan Development with the PREA Coordinator and Supervisor of Detention and Approval by the Juvenile Board <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The agency has developed a staffing plan for the Facility. This staffing plan discusses all 11 required elements in this standard. The Facility submitted schematics of the physical plant, these diagrams identified staff placement and movement. The staff plan for the Facility, inclusion of contingencies of coverage of on-call probation officers, mandatory coverage until relief arrives (staff are held over), approval of ratio and documentation that the staffing plan for 2019 has been developed and is approved to be implemented on 01/01/2019 ensuring the staff to resident ratio is 1/8 during the day time and 1/16 at night. However, documentation indicates that with staff of each gender assigned to each shift and through the use of overtime ration is maintained and is typically no higher than 1/12.5 at night currently.</p> <p>Subsection (b):</p> <p>The staffing plan requires deviations be documented and reviewed. The plan includes a statement that the agency must comply with the staffing plan except during limited and discrete exigent circumstances. Further the agency policy and staffing plan require documentation of deviations. The Shift Log Book and Shift Summary Forms are utilized for this reporting as identified in the Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding). The Facility reports in the PAQ that there have been no deviations from the required ratios and</p> |

staffing plan in the past 12 months.

Subsection (c):

The approved Staffing Plan for 2019 indicates that this ratio is met. Deviation Reports and staff rosters indicate this ratio has been met for more than the past 12 months. This ratio is also mandated by TJJD who monitors the facility annually.

Subsection (d):

The agency's staffing plan was effective in January 1, 2019 Annual Review was completed in August for Juvenile Board Approval that indicates as of January 1, 2019 the ratio of 1/8 and 1/16 is required and has been consistently achieved.

Subsection (e):

In the agency's PAQ, they report that they conduct unannounced rounds on all shifts this is included in Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding); this policy includes the language that prohibits staff from alerting other staff of these rounds. The agency staffing plan requires that unannounced rounds occur once per month on all shifts and be performed by the PREA Coordinator and facility Supervisors. The policy further requires the PREA Coordinator to collect all documentation monthly and review for compliance with the policy. The Auditor reviewed the Unannounced Rounds Documentation (Log) that document the unannounced rounds occurring on all shifts. The Auditor reviewed saved surveillance video that is maintained; unless otherwise determined to be needed and achieved, on the server for 22 days the maximum storage capacity the system currently has. The Auditor and PREA Coordinator identified the documented times of Unannounced Rounds in the Log and went to these times in the saved video surveillance records. Confirmation that upper level supervisory staff recording unannounced rounds were present and completed unannounced rounds occurred as documented were evident. Copies of the Logs and Policies were provided to this Auditor.

Corrective Action: None

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2 <ul style="list-style-type: none"> a. Cross Gender Viewing b. Search Procedure c. Bath and Care Procedures 2. Texas Administrative Code Title 37, Chapter 343 Secure Juvenile Pre-Adjudication Detention (State standards promulgated by oversight agency TJJD) – Stated in Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3 3. Interviews with the following: <ul style="list-style-type: none"> a. Random Staff b. Random Residents <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2; Agency Procedures for Searches, Bathing and Care all address resident searches. Searches are also governed by the Texas Administrative Code Chapter as promulgated by the regulatory agency, the Texas Juvenile Justice Department (TJJD). Cross gender searches (i.e., pat, visual body cavity, strip) are explicitly prohibited by Agency and Facility Search Procedures. There is no exigent circumstances exemption in their policy. In the responses to the PAQ, the agency reports that no crossgender searches of residents have occurred.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3, Agency Procedures for Searches, Bathing and Care do not allow exigent circumstances to justify cross-gender searches of any kind. TJJD standards in prohibit all cross gender supervision during showers, searches, toilet, etc.</p> <p>Subsection (c):</p> <p>TJJD Chapter 343 prohibits cross gender pat down searches in §343.260. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2 and Agency Procedures for Searches prohibit all cross gender pat-down searches and strip searches. This policy also requires that body cavity searches are conducted by a medical practitioner. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. Random Staff and Resident Interviews all confirmed in 100% of all interviews completed that they were prohibited and they have never witnessed this occur.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3; Agency Procedures for Searches, Bathing and Care all provide that staff shall not supervise or visually observe residents of the opposite gender during showers, strip searches, disrobing by residents, performing bodily functions, or when personal hygiene practice</p> |

requires the presence of a staff member of the same gender. This policy complies with Texas Administrative Code requirements as well. These Policies and Procedures further require that staff of the opposite gender shall verbally announce their presence when entering a housing unit populated by residents of the opposite gender. The Auditor interviewed random residents who consistently stated they were not supervised by staff of the opposite gender during shower routine, toileting, or changing clothes. Further, residents consistently indicated that the announcements are always made by staff and that opposite gender staff did not enter cells. Interviews with staff corroborated that residents' privacy from opposite gender staff is protected and that the practice is to always do announcements and at no time are they permitted to enter the single cell of the opposite gender except for security reasons and at this time they were accompanied by a staff member of the same gender as the resident. Due to the physical design any viewing by cross gender staff would be deliberate and captured on video due to the location of the cameras that views the doorway where staff stand but does not show the shower, changing or toilet areas.

Subsection (e):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA; and Agency Procedures for Searches both address resident searches prohibits searches or physical examinations of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Interviews with staff indicate they have been trained and are knowledgeable on this policy and they do not conduct these type searches.

Subsection (f):

Agency Search Procedures and Staff Training and Orientation Requirements requires all juvenile supervision officers and juvenile probation officers to be trained on how to conduct searches of residents including transgender and intersex residents before working with residents. Review of staff files indicated that this training is provided at new employee orientation and at least annually.

Corrective Action: None

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA, page 3 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. Contract Mental Health Staff c. PREA Coordinator d. Random Staff <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Agency and Facility Policy last updated 05/04/2016- page 3 ensures that residents who are deaf/hard of hearing or those that are blind or visually impaired have access to all aspects of the Facility's PREA protections. The Agency has made provisions for youth with learning disabilities there is a Qualified provider on-site and access to the local state mental health authority that is part of the Texas Department of State Health Services. These staff have video conference equipment for access to psychiatrists and other MHMRA Services and training to work with these residents. The Local Independent School District provides a Special Education Teacher to the Facility for the self-paced learning program who is also trained to work with learning disabled youth. Additionally, the Facility has the ability to use large text and and access to interpreters who are trained in sign language.</p> <p>Subsection (b):</p> <p>Agency and Facility Policy last updated 05/04/2016- page 3 ensures that residents who are limited English proficient (LEP) have access to all aspects of the Facility's PREA protections. Both the Agency and Facility Staff indicate that approximately 50% of the staff are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator will be secured if resources are not immediately available.</p> <p>Subsection (c):</p> <p>Agency and Facility Policy last updated 05/04/2016- page 3 prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances as authorized by this standard. Interviews with staff members consistently revealed that resident interpreters are never used and staff could articulate why using resident interpreters is not considered a best practice. Both the Agency and Facility Staff indicate that approximately 50% of the staff are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator will be secured if resources are not immediately available.</p> |

Corrective Action: None

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ul style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 <ul style="list-style-type: none"> a. Hiring and Promotion Decisions [§ 115.317] Policy Pages 3-7 b. Employment Disqualification – Pages 3-4 c. Employment – Page 4 e. Promotions – Page 4 f. Volunteer and Contractor Training § 115.332 – Pages 6-7 g. Failure to Disclose – Page 4 h. Disclosure – Page 5 3. Agency County Employment Application Form (as of date of on-site audit) 4. Professional Reference Check Form 5. Personnel Files for New Hires and Existing Staff and Contractors (15 staff files reviewed onsite and 10 contractor files reviewed onsite) 6. Contractual Agreement for Education and Mental Health Providers having contact with residents 7. Interviews with the following: <ul style="list-style-type: none"> a. Administrative (Human Resources) Staff |
| | <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 provides the disqualifications from employment with the agency and the prohibition tracks this PREA standard. Evidence that this information was viewed onsite in employee files. Only one new hire was identified and all of the required documentation and information was presented in the file. Page 4 of the policy provides the procedures for promotions and requires any candidate for a promotion to submit a completed Internal Application that included the required disclosure questions. Pages 6 and 7 govern contractors and does require the needed background checks; self-disclosure is included in the signed contracts reviewed onsite.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 4 requires the agency to take into consideration any incidents of sexual harassment in determining whether to hire or promote an applicant.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 contains the requirements of state standards for criminal background checks promulgated by TJJD. Subsection A requires criminal history checks from the Texas Crime Information Center (TCIC) and the National Crime Information Center (NCIC). Additionally, applicants must have checks in the Fingerprint Applicant Services of Texas (FAST) and the Fingerprint-based Applicant Clearinghouse of Texas (FACT) through the Texas Department of</p> |

Public Safety. Checks must be received prior to employment. Additionally, policy requires the Agency to consult the local child abuse registry and the child abuse registry of any state where the applicant has resided in the last 10 years. The Auditor reviewed personnel files for new hires and the documentation showed that the required checks are being conducted. The Facility maintains an active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. Institutional background checks are completed per policy. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. At the time of the on-site Audit background check information was incomplete on contractors provided by the local school district and other facilities known to complete background checks. However with no record of these checks completed the facility was instructed to complete background checks on all contractors and volunteers who have contact with residents per policy and standards. On August 12, 2019 a follow-up visit was completed on-site to review that all existing contractors and volunteers have completed background checks. A total of 10 contractor files were reviewed to determine compliance with standard. The facility had developed a plan and implemented to ensure compliance with policy and standards.

Subsection (d):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4 requires criminal background checks for contractors and includes the requirement for the child abuse registry check in any state where the contractor has resided. The Auditor reviewed contracts with the Education Provider and Mental Health Providers. At the time of the on-site Audit background check information was incomplete on contractors provided by the local school district and other facilities known to complete background checks. However with no record of these checks completed the facility was instructed to complete background checks on all contractors and volunteers who have contact with residents per policy and standards. On August 12, 2019 a follow-up visit was completed on-site to review that all existing contractors and volunteers have completed background checks. A total of 10 contractor files were reviewed to determine compliance with standard. The facility had developed a plan and implemented to ensure compliance with policy and standards.

Subsection (e):

Facility maintains an active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4-6 address the requirements of this standard and require that the information required by this standard is to be solicited during the employment interview process and on the application reviewed onsite.

Subsection (g):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 5 provides that failing to disclose the information required under this section or providing false or misleading information will result in disqualification of consideration for employment or in post-hire termination.

Subsection (h):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4-5 indicate compliance based on policy. Onsite employee file review indicated that no employees hired in the past two years had an institutional background however, the Facility maintains an active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. At the time of the on-site Audit background check information was incomplete on contractors provided by the local school district and other facilities known to complete background checks. However with no record of these checks completed the facility was instructed to complete background checks on all contractors and volunteers who have contact with residents per policy and standards. On August 12, 2019 a follow-up visit was completed on-site to review that all existing contractors and volunteers have completed background checks. A total of 10 contractor files were reviewed to determine compliance with standard. The facility had developed a plan and implemented to ensure compliance with policy and standards.

Corrective Action: None

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator 2. Site Review and Tour of Building and Infrastructure (interior and exterior) noting Camera Placements/Coverage 3. Review of recorded material and camera monitoring to verify placement/coverage to ensure no restrooms, toilets or changing areas were viewed by cameras. <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Since 2012 the Facility has upgraded its Video Surveillance System to eliminate blind spots. While this update was not made in the past 12 months, it was designed to increase security and to protect residents from Sexual Abuse. The additional camera and their location determination clearly took into consideration the overall safety of residents as it creates a trail for residents to remain on while being moved by staff throughout the building.</p> <p>Subsection (b):</p> <p>Staff are required to remain on the camera path and deviations would be intentional and would be verified with this system. Video feed is currently maintained on the server for 22 days. This can be removed and stored when needed based on an allegation, investigation or suspected sexual abuse. Cameras were reviewed to ensure that there were none that viewed restrooms, showers, or locations that residents may undress or change their clothes; this check as well as the tour showed that the Facility had clearly considered the safety of both residents and staff and integrated the new cameras to eliminate blind spots and keep an on-camera pattern for staff to remain on during the performance of their duties as Detention Supervision Officers.</p> <p>Corrective Action: None</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 2. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. Investigative Staff c. PREA Coordinator d. Resident Reporting Sexual Abuse 3. Contact and Verification with the Shannon Medical Center in San Angelo that has Sexual Assault Nurse Examiners on call in the event that a sexual assault victim presents at the Emergency Room. 4. Concho Valley Rape Crisis Center notice of local SANE Services website: http://cv-rcc.org/get_help.aspx 5. Memorandum of Understanding between the Agency and the Concho Valley Rape Crisis Center 6. Memorandum of Understanding between the Agency and the County Sheriff's Office 7. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan 8. Email correspondence between PREA Coordinator and the Shannon Medical Center Emergency Room Administration and Sheriff's Office 9. Investigator Training Records <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency conducts administrative investigations on all allegations of sexual abuse. The agency follows a uniform evidence protocol and trains first responders on their Sexual Abuse First Responder's Protocol for juvenile supervision officers. The Agency's protocol is adapted from the national protocol referenced in this standard. As of 8/12/2019 during a follow-up visit it was verified that investigative staff have received training that included practices adapted from the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. In the PAQ, the Agency reports no forensic medical exams have been conducted in the past 12 months.</p> <p>Subsection (b):</p> <p>The protocol used by the Agency is adapted from the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.</p> <p>Subsection (c):</p> <p>According to Agency Policy and the Coordinated Response Plan, a victim of sexual abuse at the facility will receive SAFE/SANE services at the Shannon Medical Center in San Angelo. The Coordinated Response Plan provides that the County Sheriff's Office will arrange the SANE services through the Shannon Medical Center in San Angelo. Documentation was provided that both the Sheriff's Office and the Shannon Medical Center in San Angelo were</p> |

requested to utilize protocols compliant with standard. Contact with the Hospital confirmed that there was always a SANE Nurse on call and in their absence an MD and RN would utilize the standard forensic kit and protocols. SANE services are provided to a victim without financial cost pursuant to Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 5.

Subsection (d):

The Agency has a memorandum of understanding with the Concho Valley Rape Crisis Center (CVRCC). CVRCC will provide victim advocacy services to victims of sexual abuse at the Facility. Pursuant to the written Coordinated Response Plan the PREA Coordinator will contact the CVRCC upon notice of an allegation of sexual assault.

Subsection (e):

Pursuant to the terms of the MOU, the CVRCC advocate will accompany and support the victim through the forensic medical exam process and the investigatory interviews, etc. This information is located on the Agency's Website and provided to youth during orientation and education in writing. The Auditor contacted the CVRCC to verify advocacy services and protocols utilized; verification that the hotline was operational was also made.

Subsection (f):

The Agency PREA Coordinator has requested County Sheriff's Office to utilize the national protocol and follow the requirements of this standard. At the time of the onsite audit and this report a response had not been received formally; however the Sheriff's Office has indicated its investigators have been trained on protocols compliant with the standard. The Agency should obtain this response in writing with on-going follow-up.

Corrective Action: None

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6 2. Texas Family Code Chapter 261 (Investigation of Report of Child Abuse or Neglect) 3. Texas Administrative Code Title 37, Part 11, Chapter 358 (Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) - Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6 4. Interviews with the following: a. Agency Head, b. Investigative Staff and c. PREA Coordinator. 5. Tom Green County Juvenile Probation Department's Policy has been published on their Website at http://www.co.tomgreen.tx.us/default.aspx?name=juv.JuvenileHome <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 6 requires staff to administratively investigate promptly, thoroughly and objectively all allegations of sexual abuse, sexual harassment and retaliation. All conduct that may be criminal is referred to the County Sheriff's Office. All sexual abuse and sexual harassment must also be report to TJJD for an administrative investigation pursuant to the Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. Interviews with the Agency Head and Investigative Staff confirm that these investigations and referrals to outside entities would occur. Agency reports in the PAQ that they have had no allegations of sexual abuse in the past 12 months; auditor verified this in interviews with the Agency Head, PREA Coordinator, and Random Staff.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6 requires allegations of sexual abuse or sexual harassment are referred as required by Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. This information is posted on the agency website.</p> <p>Subsection (c):</p> <p>The Tom Green County Sheriff's Office conducts all criminal investigations for conduct occurring in the Facility. This information is posted on the agency website.</p> <p>Corrective Action: None</p> |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA 2. Texas Administrative Code (TAC) 344 requires that all juvenile supervision officers and juvenile probation officers employed by the Department receive training on PREA prior to performing the duties of a certified officer and for certification. 3. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. Supervisor of Detention c. PREA Coordinator 4. Training and Orientation Requirements/Training Records/Employee Personnel Files <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency provided their New and Annual Employee Training Requirements/Curriculum. Both Policy and Training Requirements cover the eleven (11) mandated elements in this standard. In total, the training covers all PREA required training subjects in addition to the 11 mandated elements. This Training is provided by the Supervisory Staff or PREA Coordinator in person. Staff are required to pass an after training quiz/exam upon completion of training. The Facility reports in the PAQ that all detention staff included in the ratio have been trained on the PREA curriculum. Random staff interviews indicated that these trainings were held annually and training records indicated this was accurate and that the new hire had received this training prior to working with residents. Evidence of training with dates was documented in each of the employee files reviewed. In past years this documentation had been completed in the format of a certificate. The training records to reflect each of the required components of training in addition to other training that ensures compliance such as cross gender pat downs, completion of the Intake Screening, Resident Orientation and Education Training. Evidence was provided that all staff had received and the agency has documented this training through employee signature. Interviews with random staff indicate they have received the PREA training and are knowledgeable on the required information.</p> <p>Subsection (b):</p> <p>The Agency's Training Records indicate that gender specific training regarding the unique needs of both genders as well as gender non-conforming adolescents is provided.</p> <p>Subsection (c):</p> <p>The Agency provides annual refresher training on PREA to all staff.</p> <p>Subsection (d):</p> <p>The Auditor reviewed the training sign-in sheets where all employees signed in and indicate they have received the training and understand the material. The Facility has recently updated</p> |

its training records to reflect each of the required components of training in addition to other training that ensures compliance such as cross gender pat downs, completion of the Intake Screening, Resident Orientation and Education Training. Evidence was provided that all staff had received and the agency has documented this training through employee signature by the PREA Coordinator. Follow-up review on-site on 8/12/2019 verified that all training utilizes documentation that collects the employees signature verifying that they had received and understood the training material.

Corrective Action: None

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none">1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 7-82. Training and Orientation Requirements/Training Records/ Volunteer, Intern, Contractual and Personnel Files3. Interviews with the following:<ol style="list-style-type: none">a. Contractors (Mental Health and Education) <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 7-8 requires each volunteer, intern and contractor to complete orientation training on PREA. The Agency/Facility reports in the PAQ that they have trained volunteers and contractors who have contact with residents.</p> <p>Subsection (b): The Agency provides orientation training to volunteers and contractors based on the services they provide and the level of contact. These individuals receive an abbreviated training based upon the general staff training. Specifically, they are training on the PREA zero tolerance policy and PREA reporting procedures.</p> <p>Subsection (c):</p> <p>The Agency maintains documentation confirming that volunteers and contractors understand the training they have received. All volunteers and contractors are required to sign a form indicating they have received and understand the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and that they further understand their reporting responsibilities under PREA.</p> <p>Corrective Action: None</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 2. Resident Intake Form 3. Resident Orientation Handout 4. Resident Education Handbook 5. Resident Orientation and Education Documentation 6. Interviews with the following: <ol style="list-style-type: none"> a. Random Residents b. Intake Staff c. Resident Interviews 7. Review of Resident Files 8. Tour of housing areas and program areas of Facility; specifically observing placement of PREA information (e.g., posters, brochures, audit notices, etc.) <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 9 requires that all juveniles admitted into the Facility shall receive a verbal Facility orientation within twelve (12) hours of admission. This orientation includes PREA information. In the PAQ, it is reported that residents have been trained at orientation per policy and standard. Residents are provided verbal instruction of the Zero Tolerance for Sexual Abuse and Sexual Harassment Policy, What to Report, When to Report and Where to Report and that they have a right to be free from sexual abuse and sexual harassment or from retaliation from reporting in good faith. Residents at intake are provided a handbook and sign that they understand and have received the orientation materials. The handbook has prompts for staff that require them to verbally review specific key sections in the handbook and then get the resident to initial their understanding.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 9 requires comprehensive age appropriate education for all residents as soon as practical but within 10 days of intake. This education currently requires the residents to review material with staff, the Resident Handbook, discuss policy, rights, and reporting. Staff review the Handbook that is comprehensive and inclusive of definitions of sexual abuse and sexual harassment. Policy requires a staff member to oversee this. Residents sign off on the completion of the Education Component and that they have received and understood the handbook and information.</p> <p>Subsection (c):</p> <p>All residents currently in the Facility have had PREA training.</p> |

Subsection (d):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 requires the Facility to ensure the resident education is accessible in formats as needed for LEP, deaf, visually impaired, or otherwise disabled residents. Materials are available in Spanish as needed. For situations that need other languages, the Agency utilizes the means of translation identified in Standard 115.316.

Subsection (e):

Resident files contain documentation of initial orientation completed at Intake and Education completed within 10 days of intake. Documentation is maintained in the Residents File.

Subsection (f):

The Agency and Facility ensures that educational materials are continuously and readily available and visible to residents about PREA. All housing areas and programming areas have PREA informational posters and the Auditor observed these throughout the pre- and post-facilities as well as the education areas. Posters were located throughout all areas of the Facility including day areas, education areas, public areas, visitation areas, and dining areas. Residents have access to their handbooks in their rooms and each unit has a copy of the handbook as well. At the onsite it was determined that while the posters were accessible and posted throughout the Facility.

Corrective Action: None

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 2. Interviews with the following: <ol style="list-style-type: none"> a. Investigative Staff 4. Personnel Records for Investigative Staff (showing training records) <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 requires all investigative staff to have specialized training in conducting sexual abuse investigations in confinement settings. The Agency and Facility investigators conduct administrative investigations. Documentation that all investigators had completed TJJD provided Specialized Training for Administrative Investigations in the past 24 months was provided. Follow-up review indicated that as of 8/12/2019 investigative staff members had completed the required training pursuant to the standard.</p> <p>Subsection (b):</p> <p>The specialized investigator training provided by TJJD covers all the required components in this subsection including the use of Garrity warnings for compelled staff interviews.</p> <p>Subsection (c):</p> <p>The Agency maintains documentation in personnel files of all training received by staff members. Sign-in sheets are maintained for all training.</p> <p>Corrective Action: None</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Mental Health Staff 3. Review of Mental Health Staff Training Records <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 States “all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Currently there are three mental health providers. Interviews and Training Records indicate that this training is provided to medical and mental health care staff. There are no medical services provided on site. All medical services are provided away from the Facility at a physician’s office or at the emergency room.</p> <p>Subsection (b):</p> <p>The medical contractors do not conduct forensic examinations of victims.</p> <p>Subsection (c):</p> <p>The Agency/Facility has documentation that this training has been provided. Both mental health contractors interviewed were knowledgeable of this training and the materials included.</p> <p>Subsection (d):</p> <p>There are currently no contract medical service providers at the Facility; however policy dictates they will be trained in accordance with PREA Standards and documentation of training was verified for mental health providers.</p> <p>Corrective Action: None</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 2. Behavioral Screening Form 3. Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) 4. Random Resident Files 5. Interviews with the following: <ol style="list-style-type: none"> a. Residents b. Staff Responsible for Risk Screening c. PREA Coordinator d. Supervisor of Detention <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 requires screening within 72 hours of the resident's admission into the Facility. Policy requires the screening must be completed prior to assigning the juvenile to a housing unit. Interviews with staff who conduct the screening indicate that the screening is typically done within the first hour that a resident arrives at the Facility. Policy requires that at least every 30 days this screening is reviewed and administered again. Additionally at intake all residents complete the MAYSI-2. Consideration is given at intake as required by standard; additionally the Detention Supervisors and Mental Health Staff review this information within 72 hours to determine if additional steps for resident safety are required. A review of resident files indicates the initial screening at intake is done timely and that the MAYSI is completed within 72 hours. Interviews with random residents indicate the screening occurs and the required inquiries are being made of residents. Resident file review also noted that all residents who had a history of abuse were seen by mental health staff in less than 10 days; or provided the opportunity. Additionally Policy states on page 10 that the TAC 343.414 and 343.608 (Behavior Screening) require the residents be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior and housing assignments made accordingly.</p> <p>Subsection (b):</p> <p>The Facility uses an objective behavioral screening instrument. At the time of the on-site, the Behavioral Screening Form indicated that questions regarding sexual orientation were only asked if the youth indicated they were sexually active. The form included no space for additional information regarding staff observations. The current form could overlook gender non-conforming information. The Facility revised this form to address this information regardless of the youth's response to sexual activity. The new form was reviewed on 8/12/2019 during a follow-up review and it was verified to be in use and compliant with policy and standards. The screening instrument considers the youth's own perceptions of safety and other risk factors including gender non-conforming appearance, mannerisms or identification</p> |

and space for staff to include youth comments and observations.

Subsection (c):

The behavioral screening instrument attempts to ascertain information about all eleven (11) enumerated items in this subsection. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 requires the behavioral screening to contain all the required elements of this subsection.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 required information to be ascertained through conversations with the resident at the intake process as well as from court records, case files, medical or mental health information available and any other relevant information in the resident's file.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 provides that all information from the screening is kept confidential and only accessible by limited individuals. Interviews with staff who conduct behavioral screenings of residents indicate that there are appropriate controls on the dissemination within the facility of the responses to questions in the screening. Files are kept securely. Only medical or mental health care staff in addition to supervisors has access. If any other staff request access, there must be a business need and supervisor approval.

Corrective Action: None

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 10 2. TAC 343.290 (Protective Isolation) 3. Interviews with the following: <ol style="list-style-type: none"> a. Random Residents b. Staff Responsible for Risk Screening c. PREA Coordinator 4. On-Site Review of Housing Units (2 wings), Individual Cells, Intake Area, Isolation Room, Toilet and Shower Facilities <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires that the information obtained in the screening/intake process be used to make housing and other assignments. Interviews with staff indicate the information is used to make decisions on resident housing and programming.</p> <p>Subsection (b):</p> <p>The Agency/Facility reports in the PAQ that there have been no residents identified at risk of sexual victimization who were held in isolation during the past 12 months. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires that isolation is used only as a last resort when other less restrictive measures are inadequate. Policy requires that residents in isolation receive educational programming and recreation and exercise programming. It was indicated that if protective isolation was utilized it would be documented and maintained in the resident's record; however, protective isolation was reported to have never been utilized at the Facility. Interviews with residents and staff supported this claim. The Policy also indicates it complies with TAC 343.290 (Protective Isolation) states that protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. Based on the Policy on page 10 compliance with standard is evident.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 provides that lesbian, gay, bisexual, transgender or intersex (LGBTI) residents are not to be assigned specific housing units based solely on such identification. Interviews with staff corroborate this is the practice of the Facility. At the time of the audit visit, there was one gender non-conforming youth at the facility who identified himself as trans male to female and identified as female. Based on the needs of the youth this resident was placed with the female</p> |

residents.

Subsection (d):

Interviews with staff indicate that the placement of any LGBTI residents would be made on a case-by-case basis; but are not frequent. Staff interviews indicated that isolation would not occur and that other protective measures such as keeping the resident near staff in the classroom or program parts of the day would be those primarily utilized and that residents are never allowed in other residents cells; all residents have a private individual cell/room.

Subsection (e):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 provides that housing and programming assignments for a transgender or intersex resident shall be reassessed at least once every other month to review any threats to safety experienced by the resident.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires that transgender and intersex resident's own views regarding their safety shall be given serious consideration. The practice of the policy was evident during the on-site visit as there was one self-identified transgender resident who was placed with the gender he self-identified as.

Subsection (g):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 ensures transgender and intersex residents can shower separately from other residents. The shower area only allows one resident to shower at a time and staff ensures that residents have privacy. Facility Bathing Procedures indicate that all residents shower separately and at no time are undressed in front of staff or other residents. Review of the Facility found that

there was only a single shower in the resident area and it had a solid locking door.

Subsection (h):

The Agency/Facility has had no residents in the past 12 months at risk of sexual victimization who were placed in isolation.

Subsection (i):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 only authorizes isolation for up to 72 hours. TJJD standards in Chapter 343 and TAC 343.290 contain this same protective requirement.

Corrective Action: None

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 2. Resident Hand Book 3. On-site review of housing areas and program areas of the Facility; specifically reviewing PREA information visible and grievance box locations 4. Grievance Form 5. Interviews with the following: <ol style="list-style-type: none"> a. Random Residents b. Random Staff c. PREA Coordinator 6. Posting on Website: http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires multiple internal ways for residents to privately report PREA related incidents. These include verbal reporting to staff, written reports (i.e., grievance; “Request to Official” form or any written statement is accepted), anonymous reports and reports from third parties. The Resident Handbook contains a discussion of these internal reporting methods as well. Interviews with random staff and residents also indicate that these internal reporting mechanisms are available and utilized.</p> <p>Subsection (b):</p> <p>State standards from TJJD require that all residents have unimpeded access to TJJD for reporting child abuse, neglect and exploitation. TJJD is legally mandated to investigate all abuse, neglect and exploitation in county-operated facilities. TAC 358.440 (Reporting of Allegations by Juveniles) requires that juveniles in a Facility shall have the right to report to the Texas Juvenile Justice Department alleged abuse, neglect, and exploitation, including death. Juveniles shall be advised in writing during orientation into the Facility of their right to report allegations and of TJJD’s toll-free number (877-786-7263) available for reporting allegations. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides that all residents shall have free, confidential, and unimpeded access to contact TJJD via the telephone number listed on posters throughout the Facility for the purposes of reporting sexual abuse and sexual harassment.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports received. Interviews with staff indicate this is the practice of the Facility. There has been no allegations in the past three years. Residents interviews indicated that staff are responsive and they believe they would act immediately.</p> |

Subsection (d):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 requires Facility staff to provide writing materials for residents who wish to make a written complaint of sexual abuse or sexual harassment. Interviews with residents and staff indicate this is the practice of the Facility.

Subsection (e):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides employees multiple ways to privately report sexual abuse and sexual harassment of residents. All staff indicated they would report immediately, they would report to the Chief Probation Officer and contact Law Enforcement, Child Protective Services and TJJD. They identified multiple ways reporting can be anonymous including TJJD, Hotlines and written.

Corrective Action: None

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12</p> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 sexual abuse states “Any allegations regarding sexual abuse would not be treated as a grievance by the Department. Rather, it would be reported to the appropriate oversight agency and law enforcement”. There have been no allegations of sexual abuse in the past 3 years. Based on this Policy on Page 12 it is evident that the Facility is exempt from 115.352 as allegations of sexual abuse are not treated as a grievance by the Tom Green County Juvenile Probation Department. The Agency and Facility are required to comply with TAC 343.356 (Access to Attorney) requires that residents shall be permitted reasonable confidential contact with the resident’s attorney and their designated representatives through telephone, uncensored letters, and personal visits. Additionally, TAC 343.352(a)-(b) (Visitation) and 343.358 (Telephone) provide for the residents’ rights to receive visits by their parents or legal guardians as well as to complete telephone calls. Interviews with the Agency Head and PREA Coordinator supported compliance with standard.</p> <p>Corrective Action: None</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11</p> <p>2. Resident Handbook</p> <p>3. Memorandum of Understanding between Agency and the Concho Valley Rape Crisis Center</p> <p>4. Interviews with the following:</p> <p>a. Random Residents</p> <p>b. PREA Coordinator</p> <p>5. On-site review of housing areas and program areas of Facility; specifically looking for information about outside support services for residents</p> <p>6. Review of website post onsite review as PREA Coordinator informed the Orientation</p> |

Materials had been added to the site <http://www.co.tomgreen.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a):

The Agency has a MOU with the CVRCC. This MOU covers victim advocacy services during forensic exams. It also includes crisis intervention counseling and referrals to services for victims. During the on-site review of the physical plant, the Auditor saw brochures, posters or information on the CVRCC in both the Resident areas with other postings and in the public waiting room where parents or visitors enter. The Resident Handbooks contained information on the CVRCC and advocacy services. During interviews with random residents, the majority understood the orientation material and education materials but only 6 of 11 indicated that they recalled victim services but were not sure what these were as they had not needed to inquire further. All CVRCC phone numbers as well as the Child Protective Services and TJJD Hotline numbers were checked on 7/08/2019 and verified to be working. The Agency does provide residents with the right to communicate and correspond with persons outside the agency subject only to limitations necessary to maintain Facility security so providing residents access to these services will be relatively easy to do. All residents indicated in the interviews that they had family they could contact by phone, many did not know who their attorney was at this time as they had not been to court yet and had not been assigned an attorney yet, and residents indicated they could contact their Juvenile Probation Officer if they wished to discuss anything with them. The Agency does not detain persons solely for civil immigration purposes.

Subsection (b):

The Resident Handbook indicates that resident communication with the CVRCC is not monitored and is confidential.

Subsection (c):

The Agency has an executed Memorandum of Understanding between Agency and the Concho Valley Rape Crisis Center (CVRCC).

Subsection (d):

The Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11, the Texas Administrative Code 356 and 358 all indicate that residents are required to have reasonable and confidential access to their attorneys or other legal representation and reasonable to parents or legal guardians. Resident interviews confirmed this practice with parents; resident indicated they did not know who their attorney was or that they never asked to speak with them.

Corrective Action: None

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 2. Third-Party Reporting Information Posters 3. Posting on Website: http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides for the receipt of third-party reports of sexual abuse and sexual harassment. In the public waiting area for parents, guardians and visitors the Facility has notices in English and Spanish indicating the Zero Tolerance of sexual abuse and sexual harassment and provides CVRCC, TJJD, and Child Protective hotline numbers to report suspected sexual abuse or sexual harassment of residents. The Agency has provided a link on their county website that provides parents and all third parties with information about PREA and how to report sexual abuse and sexual harassment on behalf of residents. The link on the website provides information for parents or guardians on sexual abuse and sexual harassment and how to report to the Agency, Law Enforcement, TJJD, CVRCC and Child Protective Services.</p> <p>Corrective Action: None</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 2. Coordinated Response Plan 3. Texas Family Code Chapter 261 4. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. Supervisor of Detention c. Mental Health Staff d. PREA Coordinator 5. Mental Health Service Contracts <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires staff to report immediately all the information delineated in this subsection (i.e., sexual abuse, sexual harassment, retaliation, staff neglect, and violations of staff responsibilities). Interviews with random staff, Supervisor of Detention, Mental Health Staff and the PREA Coordinator indicate they understand their reporting obligations. The Coordinated Response Plan clearly outlines responsibilities to report and the responsibilities of the first responders to report.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires Facility staff to comply with mandatory child abuse reporting laws under Texas Family Code Chapter 261. Interviews with staff indicate that staff have received training on this topic and understand their role as a mandatory reporter. Staff interviews indicated that all staff would report to Child Protective Services, TJJD and Law Enforcement.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 prohibits staff from revealing confidential information related to a report of sexual abuse except to the extent necessary to make treatment, investigation, and/or other security management decisions. Interviews with staff indicate their understanding of this confidentiality provision.</p> <p>Subsection (d):</p> <p>Interviews with mental health staff indicate they comply with this subsection regarding mandatory reporting laws and disclosing the limitations of their confidentiality. Mental Health Service Contracts include the requirement of the provider to disclose the limitations of their confidentiality upon initiation of services.</p> <p>Subsection (e):</p> |

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires parental notification of abuse of a resident; as well as specifically addresses the requirements of this subsection regarding notification to parents, legal guardians, Child Protective Services, and the resident's attorney. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and the Coordinated Response Plan requires the PREA Coordinator to contact the parents or legal guardians and attorney of the victim if applicable of alleged abuse. Additional training is recommended to clarify and solidify this procedural point. The written Coordinated Response Plan clearly demonstrates the role and positions responsible for reporting alleged abuse.

Subsection (f):

All allegations of sexual abuse and sexual harassment are reported to the Facility investigator(s) by the PREA Coordinator. The staff member or supervisor who completes the Incident Report Form forwards it to the Supervisor of Detention, Agency Head and PREA Coordinator who are all members of the PREA Incident Review Team. The PREA Coordinator is the lead on all administrative investigations unless there is a conflict of interest as determined by the Agency Head.

Corrective Action: None

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 2. Coordinated Response Plan 3. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. Supervisor of Detention c. Agency Head d. PREA Coordinator e. Residents <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency reports in their PAQ that they have had no determinations made that a resident was subject to substantial risk of imminent sexual abuse. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 addresses the agency policy when learning a resident is subject to a substantial risk of imminent sexual. The Staff First Responder Duties on page 13 of the policy indicates the actions to be taken. Additionally, the written Coordinated Response Plan of the Facility also indicates immediate action, what actions are to be take and by each position. Staff Interviews, including Random Staff, Supervisor of Detention, Agency Head and PREA Coordinator all indicated that staff would take immediate response and defined immediate that indicated that all interviewed understood the urgency of the protection of a resident from imminent threat. While no residents had made an allegation of abuse or imminent threat of sexual abuse they constantly indicated that staff react to things immediately based on verbal and they are highly supervised. Residents stated they believe staff would take immediate action to protect them based on their responses to non-PREA related incidents such as physical altercations or threats.</p> <p>Corrective Action: None</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 2. Interviews with the following: <ol style="list-style-type: none"> a. Supervisor of Detention b. Agency Head c. PREA Coordinator e. Residents <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency and Facility reports in the PAQ that in the past 12 months they have received no allegations that a resident was abused while confined at another Facility; this was confirmed in the interviews with the Supervisor of Detention, Agency Head and the PREA Coordinator. Additionally, they have received no allegations of sexual abuse from other facilities. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA requires the Agency Head provide the required notifications under this section regarding a resident's abuse while confined at other facilities. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that this notification would occur when any allegations are received.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires notification within 72 hours as required by this standard. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this mandatory timeframe.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires the Facility to document when all such notifications are provided and to whom. Interviews with Agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would comply with this requirement should they receive any allegations.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires all allegations are investigated in accordance with this standard. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this investigation requirement for any allegations that may be received.</p> <p>Corrective Action: None</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13 2. Coordinated Response Plan 3. Interviews with the following: <ol style="list-style-type: none"> a. Security Staff and Non-Security Staff First Responders b. Random Staff c. PREA Coordinator and d. Agency Head <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 details the first responder duties for a security staff member or a non-security staff member (i.e., not a certified officer such as kitchen, janitorial, mental health) in accordance with this subsection. Interviews onsite with the Agency Head and PREA Coordinator indicated as did all Pre-Audit materials that there have been no allegations of sexual abuse in the past 12 months and all interviews indicated that it has been more than 36 months since any allegation had been made at the Facility. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13 and the Coordinated Response Plan documents is clear that first responders are to only preserve and protect the scene along with the duties regarding protection of evidence on the victim and abuser.</p> <p>Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13 and the Coordinated Response Plan are clear on the response of non-security staff. Interviews with non-security staff showed consistent responses of ensuring safety, separation of the two and maintaining physical evidence. All were able to describe their role and actions to preserve evidence on the victim and alleged perpetrator.</p> <p>Corrective Action: None</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 2. Coordinated Response Plan 3. Interviews with the following: <ol style="list-style-type: none"> a. Random Staff b. PREA Coordinator c. Agency Head 4. Contact and Verification with the Shannon Medical Center in San Angelo that has Sexual Assault Nurse Examiners on call in the event that a sexual assault victim presents at the Emergency Room. 5. Concho Valley Rape Crisis Center notice of local SANE Services website: http://cv-rcc.org/get_help.aspx 6. Memorandum of Understanding between the Agency and the Concho Valley Rape Crisis Center 7. Memorandum of Understanding between the Agency and the County Sheriff's Office 8. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan 9. Email correspondence between PREA Coordinator and the Shannon Medical Center Emergency Room Administration and Sheriff's Office <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency submitted Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 states the policy that requires a written Coordinated Response Plan. The Coordinated Response Plan indicated that it followed the structural design from first response including First Responders, Notifications, Investigations, Medical and Mental Health Services, Forensics Exams (SANE), Coordination with Law Enforcement, Advocacy, Protection and Retaliation Monitoring and PREA Incident Review Team meeting within 30 days. The Coordinated Response Plan provided included the details of the subsection and responsibilities of each party. The plan detailed when, who, and how notifications occur and the roles of each party involved. Review of the MOU's with the County Sheriff's Office, the CVRCC and verification SANE Services at the Hospital were completed. Email Correspondence from the Agency and the Hospital and Sheriff's Office were confirmed. Interviews with the staff confirmed the policy and awareness of the plan.</p> <p>Corrective Action: None</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head 3. Texas Administrative Code <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 prohibits protective bargaining by the Agency. An interview with the Tom Green County Agency Head designee noted that the agency/state does not have, nor has it had, any collective bargaining agreements that were completed since August of 2012. TAC indicates that County Juvenile Probation Departments may not enter into any collective bargaining agreements.</p> <p>Corrective Action: None</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. Supervisor of Detention c. PREA Coordinator d. Designated Staff Member Charged with Monitoring Retaliation <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Agency reports in the PAQ that no incidents of retaliation have occurred in the past 12 months. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 protects residents and staff from retaliation as required by this subsection. Interviews with the Agency Head, Supervisor of Detention, PREA Coordinator and Staff Charged with Monitoring Against Retaliation verified there have been no allegations made in the past 12 months that would initiate the protocols of monitoring for retaliation.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 provides multiple measures to protect residents from retaliation including housing changes, reassessments and reassignment of alleged perpetrators.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 requires the monitoring of residents or staff who report sexual abuse to see if there is any retaliation occurring. Policy requires an assigned member of the PREA Incident Review Committee to formally conduct monitoring every 7 days and to document monitoring for a minimum of 90 days. Additionally, the PREA Coordinator and Supervisor of Detention have been designated to also monitor retaliation and will work cooperatively with these other individuals.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 requires the monitoring of retaliation for the required 90 days following a report of sexual abuse. The policy further requires periodic status checks every 7 days throughout a resident's confinement.</p> <p>Subsection (e):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 ensures residents and staff are protected against retaliation. Interviews with the Agency Head, Supervisor of Detention, PREA Coordinator and Staff Charged with Monitoring Against Retaliation indicated protective action would be taken to ensure the safety of the</p> |

resident from all parties regarding retaliation for reporting sexual abuse.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 provides that the agency's obligation to monitor terminates if the agency determines the allegation is unfounded.

Corrective Action: None

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 2. Interviews with the following: <ol style="list-style-type: none"> a. Supervisor of Detention b. Staff Who Supervise Residents if in Isolation c. Mental Health Staff 3. On-site review of housing areas specifically looking at isolation rooms and observing any residents in isolation <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency reports in the PAQ that in the past 12 months, they have had no residents alleged to have suffered sexual abuse who were placed in isolation. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 allows residents who are determined to be at risk for abuse or sexual victimization to be protectively isolated as a last resort when less restrictive measures are inadequate to ensure safety. During the on-site review, the Auditor observed no use of seclusion. Interviews with Facility leadership and staff that supervise residents in isolation indicate that “isolation” is not utilized. There is an observation room and it was indicated it would be utilized for protective isolation but has never been utilized other than for mental health supervision. Mental health staff also sees kids in isolation daily to monitor status. Interviews with the Supervisor of Detention indicated that he was unaware of a time it had ever been utilized for up to 24 hours and that unless in danger of suicide isolation would not be used because each resident has an individual cell and extra supervision would be provided to ensure a residents safety rather than utilize isolation for protection. The use of isolation is also tightly regulated by TJJD Chapter 343.</p> <p>Corrective Action: None</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 2. Training records for Investigative Staff 3. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Investigative Staff 4. Coordinated Response Plan <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency conducts administrative investigations but all criminal investigations are conducted by County Sheriff's Office. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires that in administrative investigations, staff will investigate promptly, thoroughly, and objectively all allegations of sexual abuse, sexual harassment, and retaliation.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires all investigative staff shall be trained in conducting sexual abuse investigations in confinement settings. All agency investigators have received special training in sexual abuse investigations involving juvenile victims as required by §115.334. At the time of the on-site this training was not completed; although investigative staff had completed state training. A Follow-Up on-site visit was completed on 8/12/2019 and training records and interviews with investigative staff confirm they have had this special training.</p> <p>Subsection (c):</p> <p>Agency investigative staff does not collect any physical DNA evidence; the County Sheriff's Department is responsible for all forensic evidence collection. The Agency follows their Coordinated Response Plan related to protecting and preserving the crime scene and any potential forensic evidence. Agency investigators do the administrative investigation and gather relevant witness statements, etc. in cooperation with both the County Sheriff's Office criminal investigation and the TJJD administrative investigation. All three investigations typically are occurring simultaneously.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 prohibits an investigation from being terminated solely because the source of the allegation recants. The interview with the lead Facility Investigator corroborated this policy is followed in practice.</p> <p>Subsection (e):</p> |

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 and the Coordinated Response Plan requires that the investigator must consult with the local prosecutor prior to conducting compelled interviews. The interview with the Agency Head and PREA Coordinator supported this.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 track the requirements of this subsection regarding determining the credibility of an alleged victim and the prohibition on utilizing a polygraph test or other truth detecting device. The interview with the Agency Head, PREA Coordinator and Investigator corroborated this policy is followed in practice.

Subsection (g):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 tracks the requirements of this section related to determining whether staff actions or failures to act contributed to the abuse and the documentation that must be maintained. All Agency internal investigations must be forwarded to TJJD upon completion per Texas Administrative Code Chapter 358 standards as well as Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16.

Subsection (h):

The County Sheriff's Office conducts all criminal investigations for allegations of criminal activity in the Facility. There have been no investigations to review; however, interviews with the Agency Head, PREA Coordinator and Investigative staff indicate compliance with this standard.

Subsection (i):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 tracks the requirements of this section related to referring all cases of conduct that appears to be criminal to the prosecutor. The Agency is required by policy, TJJD rules, and Title 3 of the Texas Family Code to refer all criminal conduct to law enforcement. Law enforcement is responsible for sending all criminal cases to the criminal prosecutor for the county.

Interviews with the Agency Head and PREA Coordinator confirm that in the past 12 months there have been no criminal cases referred for prosecution.

Subsection (j):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 the requirement of this section related to records retention and complies with this subsection.

Subsection (k):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 provides that the departure of the alleged abuser or victim shall not provide a basis for terminating an investigation. The Auditor interviewed the lead investigator who indicated that the investigation would continue despite these circumstances.

Subsection (l):

Both the Agency and TJJD conducts state administrative investigations in juvenile facilities and follows the requirements of this standard.

Subsection (m):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires the agency to cooperate with all outside investigators which in their case are normally the County Sheriff's Office and the Texas Juvenile Justice Department.

Corrective Action: None

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <p>1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16</p> <p>2. Interviews with the following:</p> <ul style="list-style-type: none">a. Agency Headb. PREA Coordinator <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 prohibits the Agency from imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment have occurred. The Auditor interviewed the Agency Head and PREA Coordinator who indicated that the standard used is preponderance of the evidence.</p> <p>Corrective Action: None</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Supervisor of Detention <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 requires resident notification following an investigation into an allegation of sexual abuse. Interviews completed with the Agency Head, PREA Coordinator and Supervisor of Detention who are all members of the PREA Incident Review Team all indicated this was policy but there have been no allegations in more than 36 months.</p> <p>Subsection (b):</p> <p>Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no investigations of alleged resident sexual abuse in the Facility in more than 36 months; therefore, there have been no notifications to residents.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17 details the required notifications pursuant to this subsection of the PREA standards.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17 details the required notifications pursuant to this subsection of the PREA standards.</p> <p>Subsection (e):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 requires that all notifications be documented and a copy placed in the resident's file.</p> <p>Corrective Action: None</p> |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator 3. TAC 345.310(F) (Code of Ethics) and TAC 345.310. <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment and retaliation policies. This Policy also includes TAC 345.310 which indicates no limitation on disciplinary action for sexual abuse up to including termination. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention supported that this policy would be implemented and termination was the presumptive action.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that if an allegation of sexual abuse of a resident by an employee is substantiated, that employee shall be terminated. Interviews with the Agency Head and PREA Coordinator indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 Provides that discipline is given based upon the requirements of this subsection and is commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. Interviews with the Agency Head and PREA Coordinator indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.</p> <p>Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that all conduct that could be criminal is reported to local law enforcement and the state (TJJD) for investigation. Interviews with the Agency Head and PREA Coordinator indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.</p> |

Corrective Action: None

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Supervisor of Detention <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents. Potentially criminal conduct must be reported to County Sheriff's Office and TJJD. Interviews with the Agency Head and PREA Coordinator indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 requires the agency to take appropriate remedial measures and to consider whether to prohibit further contact with residents based on the conduct as required by this subsection. Interviews with the Agency Head and PREA Coordinator indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.</p> <p>Corrective Action: None</p> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 2. Resident Handbook 3. TAC 358, 343 4. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Random Staff d. Mental Health Staff <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process when there is an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual abuse. Interviews with the Agency Head, PREA Coordinator, Random Staff and Mental Health Staff all indicated that there have been no allegations of resident on resident sexual abuse or sexual harassment in the past 12 months. There have been no criminal findings.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. The Resident Handbook details the disciplinary process and categorize conduct into major rule violations and minor rule infractions and specify the consequences of these violations. Disciplinary sanctions are regulated by TJJD's administrative rules contained in Chapter 343. Agency Policy states that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive regular visits from a medical or mental health care worker. Residents shall also have access to other programs and work opportunities.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. . Interviews with the Agency Head, PREA Coordinator, and Mental Health Staff all indicated this policy would be followed.</p> |

Subsection (d):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 addresses the requirements of this subsection regarding offering residents therapy, counseling or other interventions as part of discipline. Policy prohibits the agency from requiring participation as a condition of access to general programming but it may be required as a condition of access to any reward-based behavior management system or other behavior-based incentives. Interviews with mental health staff indicate the practice is compliant with this subsection.

Subsection (e):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 permits a resident to be disciplined for sexual contact with a staff member if the staff member did not consent to such contact.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that a report of sexual abuse made in good faith shall not constitute a false report even if the investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 prohibits all sexual activity between residents in the Facility and allows the Facility to discipline violators in accordance with the resident discipline plan.

Corrective Action: None

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 2. Interviews with the following: <ol style="list-style-type: none"> a. Staff Responsible for Risk Screening b. Mental Health Staff c. Agency Head d. Supervisor of Detention e. PREA Coordinator 3. Resident Intake Form 4. On-site review of housing areas in pre and post programs specifically looking at intake area and where resident files are stored to determine security of records <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses prior sexual victimization at the intake screening process. Resident Files and Intake Forms are filed securely; upon review two current residents had reported prior abuse. Their referral to mental health services for follow-up within 14 days was verified with Mental Health Staff who indicated that every youth was offered individual counseling once per week and that 4 days per week there were mental health staff on site for services as needed or requested. Interviews with Staff responsible for risk screening, Agency Head, Supervisor of Detention and the PREA Coordinator indicated that if a resident enters the Facility are reports abuse occurred outside of any Facility they report following the state guidelines for mandatory reporting, determine if forensic evidence may still be available, schedule medical services immediately, and mental health services. This was verified based on the Policy, records and interviews. The Facility utilizes a referral form for medical and mental health referrals for youth that documents to whom the resident is referred and the reasons for the referral, including whether it is a PREA related incident. Policy, Interviews, Intake Forms, Risk Screenings and Referrals all indicate that no youth had reported any PREA related incidents or prior abuse; however, those who had reported any sexual abuse history were seen by mental health services and if the incident was previously not reported the Facility reported and followed protocols established by the Agency's Policy page 19. At the time of the on-site audit the behavioral screening was not accurately utilized for initiating the referral for mental health for residents reporting abuse or abusive behaviors. This form was updated by the facility and follow-up review on 8/12/2019 found that the form was in use and these data fully captured for intakes; this also ensured that youth reporting victimization or abusive behaviors were seen by the counselor within 14 days for follow-up.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA</p> |

page 19 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses at the intake screening process that the resident has previously perpetrated sexual abuse.

Subsection (c):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 provides that information gained at the intake screening is confidential and strictly limited to medical and mental health practitioners and other staff as required by their job function and responsibilities. During the on-site review of the physical plant, the Auditor was shown where resident files are securely located, requiring supervisory approval for access and only if for a legitimate business/Agency/Facility purpose.

Subsection (d):

Interviews with medical and mental health personnel indicate that these contract providers disclose the limits of confidentiality to residents and obtain informed consent. Interviews with the Agency Head and PREA Coordinator verified this and indicated that this is stated in their contracts for service which was viewed by the auditor.

Corrective Action: None

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 2. Interviews with the following: <ol style="list-style-type: none"> a. First Responders b. Mental Health Staff c. Agency Head d. PREA Coordinator 3. Coordinated Response Plan <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 and the Coordinated Response Plan demonstrates compliance with this subsection. Interviews with two mental health providers, First Responders, Agency Head, and PREA Coordinator indicate a victim would receive the medical and mental health care services required by this subsection.</p> <p>Subsection (b):</p> <p>Interviews with first responders, Supervisor of Detention, and PREA Coordinator indicate the practice of the Facility is compliant with this subsection. The victim will be protected as will the crime scene until the police and necessary medical personnel arrive on site or until the victim is transported. This is also stated in the Coordinated Response Plan.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 provides that a victim will be offered timely access to medical treatment and testing in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception. The policy does not mention sexually transmitted infections prophylaxis; interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator supported that this policy would be followed.</p> <p>Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>Corrective Action: None</p> |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 2. Interviews with the following: <ol style="list-style-type: none"> a. Mental Health Staff b. Agency Head c. PREA Coordinator 3. Resident File Review <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 to provide specialized medical and mental health services to any resident who has been the victim and/or the perpetrator of sexual abuse whether in the Facility or prior to his or her confinement. Resident File Review has had no incidents of sexual abuse in the past 12 months; therefore, the Auditor had no medical records to review related to the provision of services as required by this standard. Interviews with the Agency Head and PREA Coordinator indicated that the Facility would implement the Policy as stated.</p> <p>Subsection (b):</p> <p>Interviews with the Supervisor of Detention and mental health staff indicate victims would be provided with appropriate levels of services as required by this subsection.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that victims will be provided medical and mental health services that are determined by medical and mental health practitioners to be necessary according to their professional judgement; Shannon Medical Center in San Angelo is the predominant care Facility in the community and policy states victims would be taken here for services. Mental Health services including tele-med communication with a psychiatrist were available onsite. Interviews and Resident File Review indicated that mental health professionals were onsite and available to youth four days per week and on-call. Policy, Interviews and Resident File Review indicated that ongoing medical and mental health services were provided regularly.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that female victims that have been sexually abused while incarcerated will be offered pregnancy testing.</p> <p>Subsection (e):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that if a victim of sexual abuse while incarcerated becomes pregnant, the victim shall receive timely and comprehensive information and access to all lawful pregnancy</p> |

services.

Subsection (f):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that victims of sexual abuse while incarcerated shall be provided testing for sexually transmitted infections as medically appropriate.

Subsection (g):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20) provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.

Subsection (h): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that facility shall attempt to conduct a mental health evaluation of a resident-on-resident abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. Interviews with mental health staff indicate this would be the practice if this situation occurred.

Corrective Action: None

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 2. Interviews with the following: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator 3. Coordinated Response Plan <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to 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. The Agency reported and interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator confirmed that there had been no allegations of sexual abuse or sexual harassment in the past 12 months. There was documentation in the form of Meeting Notes that indicated that the Incident Review Team had been formed and met in preparation for the Audit but had not reviewed any incidents to date. The Incident Review Team is also included in the Coordinated Response Plan.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the review to ordinarily occur within 30 days of the conclusion of the investigation. Interviews with Facility administrators indicate that this is the practice of the Facility to adhere to the 30 day time requirement.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details the composition of the review team which includes the Facility Administrator, Assistant Facility Administrator, and the Facility Compliance Manager with input from Facility shift supervisors, assigned investigator(s), and medical or mental health practitioners. Review of meeting minutes/agenda corroborates the participation in the SARB.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details all the items that the review team must consider when conducting the review. Policy is compliant with the standard requirements. Interviews with Agency Head, Supervisor of Detention, and PREA Coordinator indicate that this is the practice of the Facility to consider and analyze the factors listed in this subsection and to prepare a report of the findings and any needed recommendations. Policy and practice require the report to be submitted to the Agency Head and PREA Coordinator. The Coordinated Response indicates compliance and supports the Policy.</p> |

Subsection (e):

Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to implement the recommendations for improvement or document why they did not do so. Interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator indicate this policy would be followed; however there have been no PREA related incidents to review in the past 12 months.

Corrective Action: None

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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 2. Bureau of Justice Statistics Survey of Sexual Victimization, 2015 (completed report) 3. Aggregate Data Presented on the Agency Website http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the facility to collect accurate and uniform data for every allegation of sexual abuse that occurs in the Agency. These data were verified on the Agency's Website during the onsite review.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Agency to aggregate annually all sexual abuse incident data. These data were verified on the Agency's Website during the onsite review.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details the types of data to be collected and it is, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice and the Bureau of Justice Statistics. These data were verified on the Agency's Website during the onsite review.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to maintain, review and collect data as required by this subsection. These data were verified on the Agency's Website during the onsite review.</p> <p>Subsection (e):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the agency to collect incident-based aggregate data from all private facilities to which the department contracts for the placement of juveniles. This data was viewed on the Agency's Website.</p> <p>Subsection (f):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Agency to provide all data from the previous calendar year to the Department of Justice no later than June 30th of each year upon request. The Agency presented the 2018 SSV and posted these same data with 2016 and 2017 data on the Agency's website. This was verified at the time of the onsite review.</p> |

Corrective Action: None

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| 115.388 | <p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22</p> <p>2. Bureau of Justice Statistics Survey of Sexual Victimization, 2018 (completed report)</p> <p>3. Aggregate Data Presented on the Agency Website http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome</p> <p>4. Interviews with:</p> <ol style="list-style-type: none">a. Agency Headb. PREA Coordinator <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the agency to review data collected and aggregated as detailed in this subsection. Policy is compliant with the standard; however as there were no incidents to review in the past 36 months there is not corrective action included in the data reported.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the annual report include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. Data for the past 36 months is available on the agency's website; however there have been no allegations at the Facility in 36 months for sexual abuse or sexual harassment for comparison.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the annual report to be approved by the Agency Head and made available to the public on the department's website. These data were confirmed to be available on the Agency's website.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 authorizes the agency to redact certain information as authorized by the standard.</p> <p>Corrective Action: None</p> |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 2. Bureau of Justice Statistics Survey of Sexual Victimization, 2015 (completed report) 3. Aggregate Data Presented on the Agency Website http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome 4. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires all sexual abuse and sexual harassment data collected shall be securely retained by the Agency. Data is securely retained in practice.</p> <p>Subsection (b):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the Agency to annually make all aggregated sexual abuse data from the Facility and private contracted facilities readily available to the public through the department's website. These data were present on the website.</p> <p>Subsection (c):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the Facility to remove all personal identifiers on the data before making the aggregated sexual abuse data publicly available. These data were present on the website.</p> <p>Subsection (d):</p> <p>Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the agency to maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection. Interviews with the Agency Head and PREA Coordinator indicated these records were stored in compliance with the policy.</p> <p>Corrective Action: None</p> |

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|---------|---|
| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA 2. Agency and Facility Organizational Chart 3. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head c. 11 (91.67%) of the 12 Facility Residents d. Interviews with 12 Security Staff 4. Interviews with Specialized Staff (1 First Responder, 1 PREA Incident Review Team Member, 1 Mental Health Contractor, 1 Cook and 1 Custodial Staff Member) 4. PAQ <p>Findings by Subsection:</p> <p>Subsection A.</p> <p>The Agency and Facility completed their last Audit in September 2016. It has been 35 months since their last audit and are currently in the first year of the new audit cycle.</p> <p>Subsection B.</p> <p>The Agency and Facility completed their last Audit in September 2016. It has been 35 months since their last audit and are currently in the first year of the new audit cycle.</p> <p>Subsection H.</p> <p>During the on-site audit this auditor was provided access and ability to observe all areas of the facility.</p> <p>Subsection I.</p> <p>During the Pre-Audit, On-Site Audit, and Post-Audit periods this auditor was provided access to all requested materials and completed a follow-up site visit on August 12, 2019.</p> <p>Subsection M.</p> <p>During the On-Site Audit this auditor was permitted to interview all residents at the facility. Only one of the 12 residents at the facility was not interviewed at her request. This was due to an emergency surgery completed on the first day of the On-Site.</p> <p>Subsection N.</p> <p>Interviews with the PREA Coordinator and Agency Head verified that residents would be able to send confidential information or correspondence to the auditor in the same manner as if they were communicating to legal counsel. Postings informing of this right were posted through out the facility.</p> |

Corrective Action: None

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence of Compliance: Evidence of Compliance was determined by review of the 2016 audit posted on the Agency Website http://www.co.tom-green.tx.us/default.aspxname=juv.JuvenileHome Publication dates on the report indicate compliance with standard. |
| | Corrective Action: None |

Appendix: Provision Findings

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

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

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

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

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

| | | |
|--------------------|--|-----|
| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |

| | | |
|--|--|-----|
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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

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

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

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

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

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

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

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

| 115.315 (e) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

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

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

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|--------------------|--|-----|
| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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|--------------------|---|-----|
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.365 (a) | Coordinated response | |
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| | 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 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.403 (f) | Audit contents and findings | |
|--------------------|---|-----|
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) | yes |