

PREA Facility Audit Report: Final

Name of Facility: Bill Logue Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: 04/16/2020

Date Final Report Submitted: 04/30/2020

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: derek craig henderson | Date of Signature: 04/30/2020 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------------|
| Auditor name: | Henderson, Derek |
| Address: | |
| Email: | derekc.henderson@outlook.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 02/27/2020 |
| End Date of On-Site Audit: | 02/28/2020 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Bill Logue Juvenile Justice Center |
| Facility physical address: | 2601 Gholson Road, Waco, Texas - 76705 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|------------------------------|
| Name: | Carol Arps |
| Email Address: | carol.arps@co.mclennan.tx.us |
| Telephone Number: | 2547575163 |

| Superintendent/Director/Administrator | |
|---------------------------------------|--------------------------------|
| Name: | Collin Coker |
| Email Address: | collin.coker@co.mclennan.tx.us |
| Telephone Number: | 2547575659 |

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

| Facility Health Service Administrator On-Site | |
|--|-------------------------------|
| Name: | Leann Brown |
| Email Address: | leann.brown@co.mclennan.tx.us |
| Telephone Number: | 2547575634 |

| Facility Characteristics | |
|--|--------------------------------|
| Designed facility capacity: | 108 |
| Current population of facility: | 28 |
| Average daily population for the past 12 months: | 12 |
| 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: | Behavioral Level s 1 through 3 |
| Number of staff currently employed at the facility who may have contact with residents: | 108 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 6 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 2 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | McLennan County Juvenile Probation Department |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 2601 Gholson Road , Waco, Texas - 76704 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|------------|-----------------------|------------------------------|
| Name: | Carol Arps | Email Address: | carol.arps@co.mclennan.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 PREA onsite audit of the Bill Logue Juvenile Justice Center (BLJJC) in Waco, Texas was conducted February 27th through the 28th, 2019 by Derek Henderson. Derek Henderson is certified by the U.S. Department of Justice to conduct PREA audits for juvenile facilities. The purpose of the audit was to determine the degree of compliance with the Federal Prison Rape Elimination Act (PREA) standards.

Pre-Onsite Phase (12/04/2019 – 02/26/2020):

This auditor received notice in the summer of 2019 that the McLennan County Juvenile Probation Department (MCJPD) was seeking a PREA auditor to conduct their first ever PREA audit. After receiving this notice, I, the auditor, contacted the agency's PREA Coordinator (PC) on 5/20/2019 in order to discuss the possibility of being hired to conduct the agency's PREA audit for the third audit cycle. The PC was emailed a proposal for auditing services on 5/20/2019, and after the proposal was reviewed by the agency and confirmed as satisfactory, the auditor and MCJPD agreed to and signed into an auditor contract on 7/15/2019, with the understanding that the pre-onsite phase will not begin until early December 2019.

The PC for the agency was established as the primary point of contact throughout the entire audit process, and the auditor communicated periodically throughout the pre-onsite phase of the audit with the agency's PC via telephone conversations and emailed communications. The auditor explained the entire auditing process, including: the three phases (pre-onsite, onsite, and post onsite), the Online Audit System (OAS) and Pre-Audit Questionnaire (PAQ), the interim and final report, and corrective action (if required). The resources available on the PREA Resource Center (PRC) website were explained, and the auditor described how to access the PRC website to download the paper version of the PAQ, instructions for the facility inspection, interview question protocols, process map, and a checklist for documents that will be needed to be provided to the auditor.

The auditor also notified the PC how the PREA audit is not only a review of applicable policies and forms, but also a comprehensive review and analysis of how the PREA Standards are practiced in the facility and an assessment of the overall sexual safety of the facility. Additionally, the auditor discussed the following: the planning and logistics of the onsite (02/27/2020-02/28/2020), instructions and timelines for posting of the Auditor Notice (confirmation received of the postings on 1/08/2020), the PAQ that is available through the OAS, the contacts that will be made prior to the onsite (advocate groups and SANE/SAFE), and the approximate number of security staff (Juvenile Supervisor Officers- JSOs) and residents will be interviewed- including the interview locations. The auditor provided the PC with timelines of when the PAQ is due to the auditor (by 1/27/2020), when the interim and/or

final report is due (4/13/2020), and, if applicable, the deadline for full implementation of any corrective action and completion of final report (10/10/2020). The auditor also discussed how one Issue Log (IL) will be created for any questions or follow-up information needed during the pre-onsite phase, and how this IL will be emailed to the agency before the onsite (sent on 2/11/2020 and response from agency provided on 2/20/2020). Timelines for each step of the audit process was also provided to the PC, with no major issues arising related to the deadlines set.

It is important to note that the auditor sent the PC the Auditor Notice form on 12/01/2019, with instructions on where, when, and for how long to post. The auditor explained that it is strongly recommended that the Auditor Notice is posted in areas throughout the facility that are visible to all residents and staff (i.e., visiting areas, housing units, intake areas, dining locations, and recreational spaces). The PC provided the auditor with proof of the postings on 1/08/2020, with 29 pictures provided that were properly labeled and identified for the following locations: A1 & A2 sally port, PREA Coordinator Office, B POD, Booking, Breakroom, Classroom 1-5, Client Dining room, Client Shower, Control, Each Housing Unit (individually identified), Drug test for client, Gym, Howe Officer, Lobby Office, Lobby 2, NON Contact Visitation Hall, Supervisor Office, Visitation (2), Visitation Noncontact, and Visitation.

The Auditor Notices were posted in Spanish and English and on bright yellow-orange paper, with the notice also posted on the agency's website, as verified by the auditor. The Notice provided a private and confidential method for staff, residents, and the public to contact the auditor via a P.O. Box mailing address. Agency leadership explained to the auditor that residents are able to send mail to the auditor's P.O. Box through their internal mail process, and at no time did the auditor receive such a correspondence.

During the pre-onsite phase of the PREA audit, from when the PAQ was submitted by the agency in the OAS (1/27/2020) to the date of the onsite (02/27/2020), the auditor analyzed and reviewed all the answers provided by the PC in the PAQ and all the secondary documentation uploaded in the OAS. As noted above, the auditor documented the issues that arose on one Issue Log, which included a total of 35 line items. Examples of the documents uploaded by the agency in the OAS are as follows:

- Policies & Procedures
- Logs
- Memo's
- Email communications
- PowerPoint presentations
- Mental Health & Medical forms
- Unannounced Rounds Logs
- Assessments
- Victim Advocate information
- PREA Training Verification forms
- PREA Training Sign-In sheets
- Statistical information
- Reports
- Memorandums of Understanding (MOUs)
- Contracts
- Employment documents

- Advocacy Information
- Investigative Information and forms
- Departmental forms
- Organizational Chart
- Facility Schematics
- Staffing Plan and Aggregate Data Documents
- Training certificates
- Detention orientation material
- Department of Justice Survey of Sexual Victimization

A call with the PC was scheduled and completed on 02/24/2020. This call was to follow-up on the status of the audit and discuss the on-site phase that was scheduled for 02/27/2020 – 02/28/2020. The following information was discussed:

- a detailed schedule for each day of the onsite;
- the locations for the interviews and basecamp for the auditor when onsite;
- the tentative schedule for each day of the onsite;
- the requirements related to interviewing at least five (5) targeted and five (5) random residents that are available during the onsite (total of at least 10), observing an intake (specifically related to PREA orientation and risk screening processes), randomly selecting at least twelve (12) security staff from each shift, and the specialized staff interviews;
- the requirement of interviewing a targeted population of residents, if applicable: residents with disabilities or limited English proficient (LEP); residents who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); residents in segregated housing or isolation; residents who reported sexual abuse; and residents who reported sexual victimization or abusiveness during risk screening;
- the full list of specialized staff that would need to be interviewed while onsite, to include, but limited to: agency contracts administrator, intermediate or higher level staff who conduct unannounced rounds, educational staff, medical and mental health staff, human resource staff (HR), SANE/SAFE nurse (via phone call), volunteers and contractors who may have contact with residents, staff who perform risk screenings (intake staff), staff who supervise residents in isolation (security staff), staff on the sexual abuse incident review team, designated staff member in charge of retaliation, and first responders;
- the requirement of reviewing employee personnel and training files and resident detention files;
- the possibility of discussing any unresolved or new issues discovered by the auditor; and
- the exit interview.

Additionally, during this call the auditor explained the overall purpose of corrective action (if applicable), which included explaining how corrective action should be expected and not uncommon due to the over 300 PREA provisions included in the 41 applicable juvenile standards. The auditor described how corrective action should not be viewed as a negative or a complete failure; instead it should be interpreted as an opportunity to enhance best practices and ensure safety and security for all persons involved with the Department. The auditor advised that he will email the PC a document which includes the previously discussed daily schedule of the onsite and a list of documents the auditor will need the first day of the onsite (detention resident and staff rosters and a staff schedule for the week of the onsite).

Additionally, the auditor explained that he will need to review grievances, incident reports, disciplinary and grievance logs, TJJJ Hotline reports/logs, and all allegations of sexual abuse

and sexual harassment reported for investigation in the past 3 years.

The agency submitted the completed PAQ in the OAS on 01/27/2020, and the auditor received an email notification on the same date explaining that the associated PAQ has been submitted for Bill Logue Juvenile Justice Center (BLJJC) and is ready for the auditor's review. At this time, the auditor began reviewing the documents and answers provided by the agency in the OAS. After the auditor completed the review of the PAQ information provided, an Issue Log (IL) was submitted to the PC on 02/11/2020, with the agency providing a response to each item listed on the IL on 02/20/2020 and 02/24/2020.

Periodically throughout the entire audit process, the auditor checked the P.O. Box used for the Auditor Notice forms for any correspondence related to the PREA audit for the GCJJD, and at no time was such a correspondence mailed to the auditor.

Onsite Audit Phase:

The onsite portion of the audit was conducted by the auditor from February 27th, 2020, through February 28th, 2020. During this time, the auditor inspected the entire BLJJC, otherwise known as the McLennan County Juvenile Probation Department (MCJPD), conducted a total of 12 randomly selected security staff interviews (Juvenile Supervision Officers- JSOs), 35 specialized staff interviews, and 10 resident interviews (*to include 8 randomly selected residents and 2 targeted- one whose risk screening indicated the resident was a victim of sexual abuse outside the facility and another resident who was limited English proficient- LEP); conducted an entry and exit meeting; observed an intake; observed surveillance video of unannounced rounds conducted by upper-level supervisors; and reviewed personnel and training files, resident detention files, grievances, risk assessments, HR documents, training material and verifications, mental health referrals, disciplinary reports, TJJD Hotline Log, etc. The auditor utilized the PREA Audit for Juvenile Facilities Documentation Review forms for all file reviews, and this PREA template documented the PREA Standard requirements of Standards §115.317, §115.331, §115.332, §115.334, §115.335, §115.333, §115.341, and §115.381.

The onsite phase began with an initial entrance briefing on 02/27/2020, at approximately 8:30am, with the following administrators in attendance: PREA Auditor, Assistant Director of the Agency, PREA Coordinator (PC), Detention Manager over the Post-Adjudication Program, Superintendent (Facility Administrator), and Assistant Superintendent.

After this initial meeting, the PC provided the auditor with the facility's Detention Resident Roster for both the pre-adjudication detention and post-adjudication programs, and it is important to note that the documents included the following information: names, demographics, housing assignments, room numbers, admitted date and time, date of birth, current charges, length of stay, and a personal identification number for each resident. In addition, the agency's Staff Schedule for the days of the onsite was also provided at this time. The PC advised the auditor that the facility had a total of 18 residents in facility the first day of the onsite {8 in the pre-adjudication program (6 males & 2 females) and 10 in the post-adjudication program (10 males)}. Additionally, the PC advised the auditor during the on-site that staff of the same gender as the residents are always assigned to work the housing units, and this was verified by the auditor through reviewing the agency's Staff Schedule form and

through observations of staff supervising same gender residents during the facility inspection on 02/27/2020.

It was arranged that all random staff interviews and all resident interviews were conducted in a private room inside the secure facility, in the intake area. The auditor advised the administrative team that if he learns of or observes any PREA Standard violations or issues while onsite, he will address the problem with the PC or another administrative staff member as soon as possible.

After the conclusion of the initial meeting, the PC and Detention Manager escorted the auditor throughout the secure facility for the facility-wide inspection. The PC advised the auditor that the facility currently has 98 operating cameras, and each camera was identified throughout the inspection. Furthermore, a diagram of the facility with each camera highlighted was also provided to the auditor.>>>>

During the facility inspection, the auditor inspected all areas of the secure facility to include, but not limited, to the following areas:

- The Control Room: This secure control room had one JSO staff assigned and included seven large monitors with 16 camera views per screen, and a surveillance camera in the control room that provided for continuous monitoring of the activity in the control room. While the auditor was in the control room, he was able to clearly observe into each housing unit through the control room's camera monitors and verified that the cameras in each Pod (housing unit) were NOT positioned in such a way to provide video surveillance of the shower or toilet areas (curtains and partitions were used to allow for privacy in the shower areas, as verified by the auditor). It is also important to note that access in and out of the control room and in and out of the secure facility is controlled by the control room staff- through electronically unlocking these doors. This room also has windows all around the front side to provide the control room staff with clear visual of the hallway in front, the facility's entry/exit door, the intake and visitation hallway, and the facility's medical unit.
- Classroom 2: included 3 male residents and 3 male JSO staff members (a 1:1 staff to resident ratio), restroom, a "No Means No" sign (zero tolerance statement), one surveillance camera, Auditor Notice sign, and an "Abuse, Neglect, and Exploitation" sign (how to report);
- Classroom 1: included 3 male residents and 3 male JSO staff members (a 1:1 staff to resident ratio), restroom, a "No Means No" sign (zero tolerance statement), one surveillance camera, Auditor Notice sign, and an "Abuse, Neglect, and Exploitation" sign (how to report);
- Kitchen: door was locked and on camera view and a camera was inside the kitchen (no residents allowed access);
- Cafeteria: 5 tables, one camera providing coverage of the only door in and out, Auditor Notice sign, and a "No Means No" sign;
- Housing Unit (Delta Delta I): 16 individual sleeping rooms, 6 residents assigned to this unit at the time of the inspection (3 in one classroom and the other 3 in another classroom), "Stop" sign outside the door (reminds staff to make the required opposite gender staff announcement), "No Means No" sign, "End the Silence" sign (in English and Spanish), "Abuse, Neglect, and Exploitation" sign, "Break the Silence" sign, Traffick 911 signage, Unbound (victim advocate), Auditor Notice sign, and SANE/SAFE signage, 2

phones, 3 cameras, laundry room, two individual shower stalls (curtains and partitions used to ensure privacy- demonstration provided), and the opposite gender announcement procedures were explained (not required because the housing unit was vacant at the time of the inspection).

- Housing Unit (Delta 18): Same as Delta Delta I, as described above; however, the auditor also was provided the residents' orientation book that was in the office on the Pod (note- a camera was in this office)

- Drug Test Room: "No Means No" sign and "Never be Alone" sign (reminding staff of always having a staff to assist);

- Housing Unit (G1- Low): 8 individual rooms, was not in use but could be if needed, only one shower staff, and same signage confirmed to be in all housing units (described in detail above for housing units Delta).

- Housing Unit (G- High): Same information as detailed above for G1-Low.

- Classroom 4: Same signage as detailed Classrooms 2 and 1 above, but this classroom was not in use.

- Gymnasium: Full size basketball gym, 3 cameras, same signage as what is on the housing units, and it was explained that staff position themselves on either side of the gym to ensure adequate supervision.

- Classroom 3: one JSO (female) and one resident (female)- ratio of 1:1, same signage as described in the other classrooms, restroom, and one camera.

- S Pod (female housing unit): empty at the time of the inspection, 2 female residents assigned, mesh door used for the laundry room (can see through), same signage as the other housing units, reviewed resident folders (included all the PREA required information), and one private shower area used (a demonstration of how the large curtains and partitions are used was provided).

- P Pod (empty housing unit): 16 rooms split 8 and 8, counselors use this area as a safe and comfortable place to conduct counseling visits with residents, no showers are conducted, and when we exited this area, a female counselor was escorting a female resident in the room for a counseling session.

- B (housing unit for the post-adjudication program): same set up as described for the other 16 room housing units and 10 post adjudicated residents assigned but not currently in the housing unit.

- Classroom #5: 8 post-adjudicated male residents in the classroom with 4 males JSO staff members and one teacher supervising (1:2 staff to resident ratio) and same set up and signage as described in the other Classrooms.

- 2 Grievance Boxes: one located in the hallway outside the kitchen and one near the Gym. The auditor verified that each box was locked and a "No Means No" sign was next to the boxes. The PC explained to the auditor at this time that a resident can drop off a grievance at any time, and then the box is checked by a facility supervisor at the first of every shift and at the end.

- Medical Unit: The auditor introduced himself to the facility's full-time nurse (Bachelor of Science in Nursing- BSN) and no residents were in the medical unit at this time.

- Visitation area: Same signage as what is in the housing units posted in visitation and ten individual visitation areas are available (no contact- phone is used in front of plexiglass).

- Intake area (Booking): same signage as what is located in each housing unit is posted, one shower room (with a sign ("Never Alone") outside this room advising staff to not conduct the shower procedures alone- practice is for one staff of the same gender to be in the room with the resident and one resident outside in the hallway- on camera view), and 9 holding rooms available. It is important to add that the auditor conducted a successful test call to the Texas Juvenile Justice Department- TJJD (third party reporting Hotline number) in this intake area, and it was advised that all residents are provided unimpeded access to this Hotline number, as required by agency policy and TJJD.

It is important to reiterate that during the facility inspection the auditor observed security staff (Juvenile Supervision Officers- JSOs) substantially exceeding the PREA required security staff to resident supervision ratio of 1:8 during programming time (waking hours), with the auditor verifying staff to resident supervision ratios not exceeding more than 1:2.

The next phase of the onsite was interviewing residents and staff. The population at the time of the onsite was 18 residents (2 females and 6 males in the pre-adjudication program and 10 males in the post adjudication program), and the auditor interviewed a total of 10 residents while onsite (55% of the total population- 2 females (100%) and 8 males- 5 residents from pre-adjudication and 5 from post adjudication). Out of the 10 residents interviewed, all were asked the PREA Random Resident Interview Protocols, and 2 of the 10 residents were also asked applicable PREA Targeted Resident Interview questions (LEP and Risk Screening). To clarify, a total of twelve (12) interview protocols were used on a total of 10 residents, with 8 residents being selected completely at random by the auditor and the remaining 2 being selected because of meeting the targeted resident requirements.

- Follow-up for Targeted Resident Requirements:

The auditor interviewed a resident in the facility whose risk screening, pursuant to PREA standard 115.341, indicated the resident was a victim of sexual abuse that allegedly occurred outside the facility (in the community). The resident disclosed to the auditor how a counselor was provided within two days of being admitted into the facility, and the child's Child Protective Service (CPS) caseworker was also advised of the outcry and talked with the resident to follow-up on the case. Additionally, the resident notified the auditor that a victim advocate was made available and this advocate has visited with the child periodically throughout the resident's stay in the facility. The resident also explained how a criminal detective has been assigned to the case and the investigation remains open at this time.

The auditor also interviewed a targeted resident whose primary language is Spanish, and one of the agency's Juvenile Probation Officers (JPO) was used to interpret for this interview. The resident explained that he understands how to report sexual abuse and sexual harassment and advised that PREA was provided during the intake process. The resident advised that the facility provided PREA information in intake, such as: residents' right to be free from sexual abuse and sexual harassment, how to report, residents' rights to be free from retaliation, and the facility's rules against sexual abuse and sexual harassment. The resident remembered

being asked risk screening questions during the intake process, such as: have you ever been sexually abused, do you identify as gay/bisexual/transgender, do you have any disabilities, and do you fear for your safety. The resident was familiar with PREA and was provided staff (JPOs and JSOs) to assist with translating.

Furthermore, the auditor also observed for any targeted residents throughout the onsite phase of the audit, and at NO time did the auditor believe there to be more targeted residents in the facility than the two already listed. Ultimately, the auditor made the following determinations:

- No resident available with a known mental health disability.
- No resident available who identified as transgender, intersex, gay, lesbian, or bisexual.
- No resident available who was in Protective Isolation (in isolation as a result of being a victim or at risk of sexual abuse or sexual harassment).
- No resident available who reported being sexually abused or sexually harassed while in the detention center.
- No resident available with a physical disability.
- No resident available who was blind, deaf, or hard of hearing.

{NOTE: Targeted residents are selected in order to provide the auditor with an appropriate and representative cross-section of residents who are the most vulnerable to sexual abuse and sexual harassment.}

The auditor interviewed all residents in a private intake room, with a JSO standing outside the room to assist with transporting residents and provide security. The auditor provided the PC a list of the randomly selected residents and the two targeted residents that the auditor requested to interview, and the PC and other agency staff helped to ensure that each resident was escorted to and from the auditor's location. Each interview began with an introduction and the auditor first explaining that the resident was not in any type of trouble in order to ensure the resident was at ease and comfortable. The auditor communicated to each resident how their participation in the interview was strictly voluntary and that they could refuse to participate or refuse to answer at any time. It was also explained to each resident that the information from each interview would remain confidential unless the resident says anything about hurting themselves, hurting others, or escaping; in which the auditor advised he would have to report this to an administrator with the Department. The auditor also explained that if the child made any sort of outcry of sexual abuse or sexual harassment, that this information would have to be reported to the proper authorities. Additionally, the auditor described that he will be taking notes throughout the interview, and the notes are only to assist the auditor with remembering the answers provided and would not be shared with the agency. The auditor explained if any of the questions during the interview made them feel upset or uncomfortable, a Mental Health Provider would be provided after the interview. Lastly, it was explained that the information in the auditor's final report will not include any type of identifiers, and if the resident experiences any negative consequences for talking to the auditor, such as retaliation or threatened retaliation, to contact the auditor and/or call the TJJD Hotline. Throughout each interview, the auditor documented his notes in a notebook, and after each interview, he thanked each resident for their participation and observed the same gender JSO staff conduct a pat-search on each resident. The pat-searches were conducted outside the interview room and in the open intake area, with the same gender JSO conducting the search and another JSO observing. The pat-searches conducted were done in a respectful and professional manner, with the auditor observing no issues with the searches observed.

After the resident interviews were completed, the auditor began the specialized staff and random staff interviews. It should be noted that the facility utilizes security staff that are certified as Juvenile Supervision Officers (JSOs) through the Texas Juvenile Justice Department (TJJD), and all JSOs are

required to provide continuous, uninterrupted supervision of residents in the program and conduct room observations not to exceed 15 minutes of all residents secured in a room.

Out of the 71 certified security staff (JSOs) that work in the facility, 12 (or 17%) were randomly selected by the auditor to be interviewed using the PREA Random Staff Questions (17%), and a total of 35 specialized staff interviews were conducted using the corresponding PREA questions. The 12 randomly selected security staff were selected as a representative sample of all the security staff who work on all 3 shifts (7-3, 3-11, and 11-7) and in all locations- with taking into account selecting staff who were assigned to different housing units, the control room, intake unit, the two different programs (pre and post), and new and veteran staff. Each staff member was selected from the staff schedule provided by the PC.

47 total staff interviews were conducted by the auditor to measure PREA Standard compliance in practice and operation for the applicable standards, and below is a breakdown of all the staff interviews completed:

- 12 Random Staff out of 71 (17%)
- 35 Specialized Staff Interviews*
- 47 Total Staff Interviewed

Breakdown of Specialized Staff Interviews:

- Agency Head Designee (Assistant Director): 1
- Detention Superintendent (Facility Administrator): 1
- PREA Coordinator (PC): 1
- Human Resource Staff: 2 (Director and Director's Administrative Secretary)
- Contract Administrator: 1
- Volunteers: 2
- Contractors: 1
- Intermediate or Higher-Level Staff: 2
- Medical Staff: 1
- Mental Health Staff: 1
- SANE/SAFE Nurse: 1>>

- ER Nurse from Hillcrest: 1

- Executive Director of the Advocacy Center for Crime Victims and Children: 1

- Investigative Staff: 1
- Sexual Abuse Incident Review Team: 1
- Staff Charged with Monitoring Retaliation: 1
- Staff who perform screening for risk of victimization and abusiveness: 1
- First Responder Staff (all certified JSOs): 12
- First Responders, non-security staff: 2 (MHP and Medical)
- Intake Staff: 1
- Non-medical staff involved in cross-gender strip or visual searches: 0 (n/a- per agency policy, only medical staff are able to conduct such a search).

- TOTAL SPECIALIZED: 35

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

The onsite also included a thorough documentation review by the auditor of randomly selected staff personnel and training files, resident files, and facility logs. The first files reviewed were the resident files, which included a sample of 10 out of the 18 current residents in detention at the time of the audit (a representative sample of 55% of the total population / 5 from pre-adjudication & 5 from the post-adjudication programs). The auditor utilized the "PREA Audit- Juvenile Facilities Documentation Review- Resident Files/Records" template in order to document the requirements of PREA Standards: §115.333, §115.341, and §115.381. The information ascertained from each file included, but was not limited to:

- Resident's date of birth & date of admission;
- PREA Intake Screening within 72 hours of admission;
- PREA information during the intake process;
- PREA comprehensive education within 10 days of intake; and
- The date and time of each time sensitive PREA requirements.

Upon review of the resident files, the auditor determined that the agency was not conducting periodic risk screenings as required by PREA standard 115.341 (a). Furthermore, the auditor interviewed the agency's full-time facility nurse, and the nurse described how she conducts random reassessments on residents but not consistently. The auditor determined that the periodic reassessments were not being conducted using an objective screening tool nor consistently conducted periodically with each resident. The auditor advised the nurse that the periodic reassessments are required per PREA standard 115.341 (a), and also provided the nurse and the PC an example of a compliant PREA periodic reassessment screening tool that the agency could modify and incorporate in practice to gain compliance with this provision. The PC and nurse appreciated this information and advised they will immediately use this reassessment form to create their own periodic risk screening tool and implement as soon as possible, with each resident being reassessed every 30 days going forth. Due to the non-compliance issue addressed above with the periodic risk screenings not being consistently practiced in the facility, the agency is required to provide the auditor with future samples of periodic Behavioral Screens (risk screening reassessments) that will be used going forth in order to gain compliance with this PREA standard. n>

Staff personnel and training files were also reviewed by the auditor while onsite, with the assistance of the agency's Director and HR specialist. The auditor randomly selected 13 personnel and 14 training files to review for PREA compliance as related to the following PREA Standards: §115.317, §115.331, §115.332, §115.334, and §115.335. A breakdown of the files selected are as follows: 10 security staff (JSOs) personnel files, 14 JSO training files, and 2 volunteers and one contractor training and personnel files. This document review and analysis was documented on the "PREA Audit-Juvenile Facilities Documentation Review- Employee Files/Records" template. The forms includes the following information:

- Staff Name and Title;
- Date of Birth and Date of Hire;
- Either a new hire, promotion, current employee, or part-time employee;
- Either a volunteer, intern, or contractor;
- Military DD-214 Honorable Discharge, if applicable;
- Administrative Adjudication Checks;
- Criminal History Check;

- Child Abuse Registry Check;
- Institutional Reference Check;
- 5 Year Criminal History Check or FBI Rap Back Electronic Notice System or Similar;
- PREA Training Documentation;
- PREA Acknowledgement Form Signed;
- Specialized PREA Training, as applicable;
- PREA Refresher Training Every 2 Years;
- Refresher Info Every Other Year Provided; and
- The date and times of all applicable information as listed above.

Furthermore, the auditor was provided access onsite to the agency's grievances, disciplinary reports, and TJJJ Hotline Reports for calendar year 2019. The auditor analyzed the agency's 2019 TJJJ Hotline Report and reviewed 10 randomly selected grievances, 3 randomly selected safety-based seclusions, and 8 randomly selected disciplinary seclusions (all from calendar year 2019). After a comprehensive review of all documents listed above, the auditor determined that the agency did not have a sexual abuse or sexual harassment incident or allegation in calendar year 2019.

During the onsite, the PC provided the auditor with administrative investigation documents for three incidents (one for 2017 and two for 2018) that the auditor determined did NOT reach the level of sexual harassment or sexual abuse, but these incidents are worth adding to this report due to the agency's response to the allegations exceeding the requirements set forth in the applicable PREA Standards. More information on the three administrative investigations is available in subsection 115.322 of this report.

While onsite, the auditor also reviewed surveillance video of unannounced rounds that were completed by upper-level management in the facility. The PC allowed the auditor to review an unannounced round conducted by the Detention Manager, and what was provided sufficiently demonstrated how upper-level supervisors conducted the rounds and inspects the entirety of the facility at random times on random days. The auditor paid close attention and verified the video clearly demonstrated the process of supervisors performing the required rounds where residents were housed, in which the video clearly displayed such action.

Lastly, the auditor conducted an exit briefing on 02/28/2020 with the Director of the Agency, PC, Assistant Director, and Superintendent. The auditor began the meeting with providing the group of administrators an overview of the onsite audit- explaining his analysis and assessment of the level of sexual safety in the facility, as related to the 41 PREA Juvenile Standards. The auditor expressed his appreciation for the agency having him onsite and the assistance everyone provided during the pre-onsite and onsite phases of the audit. Additionally, the next steps of the audit process were explained by the auditor, to include:

- a final review of all information from the pre-onsite and onsite to determine compliance with each provision of each PREA Standard; and
- the date the interim and/or final report is due to the facility (by 04/13/2020); and the corrective action process (if applicable, Final Report due by 10/10/2020).

Post-Onsite Audit Phase:

After the onsite, the auditor began triangulating and analyzing all the data provided to measure the facility's compliance with each element of each PREA standard. All applicable policies, documents, memos, forms, issue log responses, interview notes, website data, PAQ provided information and

documentation, training records, personnel records, resident files, MOU's, contracts, email communications, phone interviews, Detention Orientation, investigation documents, logs, post assignments, resident rosters, staff schedules, Staffing Plans and Reviews, and facility schematics were extensively examined and reviewed to assist the auditor with his final determination of if the agency is exceeding, meeting, or in non-compliance with each PREA standard. During this phase, the auditor communicated with the agency's PC by email and phone in regards to seeking further clarification and follow-up documentation related to the auditors determination of compliance. The PC was extremely accommodating and provided the auditor with additional documentation and explanations of practice as needed through this process.

Additionally, after the onsite, the auditor contacted Baylor Scott and White Medical Center- Hillcrest, and one of the ER nurses advised they have a number they call if a SANE/SAFE exam is needed.

The auditor interviewed the Program Coordinator for the Advocacy Center for Crime Victims and Children, and she explained how she is responsible for overseeing all efforts related to SANE/SAFE exams conducted on all victims of sexual abuse in the region {more information on this interview can be found in subsection 115.321 (b) of this report}. The Program Coordinator advised she is a State and Nationally certified SANE/SAFE nurse, and all her SANE/SAFE nurses are licensed through the Texas Attorney General.

The auditor interviewed the Executive Director of the Advocacy Center for Crime Victims and Children over the phone after the onsite. The Director confirmed to the auditor that her organization has an active MOU with the BLJJC (last signed into effect in 2016), and the Advocacy Center works collaborately with the SANE nurses, law enforcement, and the victim and his/her family to ensure all the appropriate victim services are provided. She also elaborated further that any child referred to her agency, regardless of the situation, would be provided victim services, with strict confidentiality being maintained at all times throughout the process. Further, the auditor reviewed the Advocacy Center Crime Victims and Children's website, which included detailed information related to the services provided to a victim of sexual abuse {for more detailed information, please review subsection 115.321 (c-d) of this report}.

Lastly, the auditor conducted a search on the internet of the Agency/Facility to review for information or news related to sexual abuse or sexual harassment incidents or allegations, and it should be noted that the auditor was unable to locate any relevant information to support that an incident of sexual abuse or sexual harassment has occurred in the facility.

Final Conclusion (41 applicable standards):

Number of Standards Exceeded: **3**

115.322, 115.333, and 115.381

Number of Standards Met: **36**

115.311; 115.312; 115.313; 115.315; 115.316; 115.317; 115.318; 115.321; 115.331; 115.332; 115.334; 115.335; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.382; 115.383; 115.386; 115.387, and 115.389

Number of Standards Not Met: **2**

Summary of Corrective Action and Final Conclusion:an>

115.341 (Not in Compliance):

Upon review of the resident files, the auditor determined that the agency was not conducting periodic risk screenings as required by PREA standard 115.341 (a). Furthermore, the auditor interviewed the agency's full-time facility nurse, and the nurse described how she conducts periodic reassessments on residents; however, these periodic reassessments were not being conducted using an objective screening tool nor consistently conducted periodically with each applicable resident. The auditor advised the nurse that the periodic reassessments are required per PREA standard 115.341 (a). and the auditor provided the and the PC an example of a compliant PREA periodic reassessment screening tool that the agency could modify and incorporate in practice to gain compliance with this provision. The PC and nurse appreciated this information and advised they will immediately use this reassessment form to create their own periodic risk screening tool and implement as soon as possible, with each resident being reassessed every 30 days going forth.

The auditor ultimately determined that the agency is **not** in compliance with the periodic risk screening element of PREA provision {115.341 (a)}, and it should be noted that the agency provided the auditor the corrective action steps taken in order to gain compliance with this standard, as described below:

Soon after the onsite, the PC provided the auditor with their newly created Periodic Reassessment Risk Screening Tool ("BLJJC Behavioral Screening Reassessment"), with each resident in the facility being reassessed every 30 days going forth. This Periodic Reassessment Tool was reviewed by the auditor, and the auditor determined that the screening tool is in compliance with the requirements of this PREA standard. Furthermore, after the onsite, the PC provided the auditor a sample of 14 completed Behavioral Screening Reassessments for residents in the facility as of 4/01/2020. This sample demonstrated how the agency has implemented the new reassessment tool in practice, and the auditor is requesting that the agency provide him with another sample of all the screenings conducted in the month of April in order to verify the new practice is fully institutionalized in the facility and satisfy the corrective action requirements.

Corrective action taken by the facility:

On 4/30/2020, the auditor was provided the Periodic Reassessment Risk Screenings conducted for the month of April, in which the entire population of facility residents' (total of 8) were screened by the facility nurse. With the March and April risk screening reassessments that were provided, the auditor determined that the agency sufficiently demonstrated how the corrective action was implemented and fully institutionalized in practice. Furthermore, the PC advised that the facility nurse conducts the periodic reassessments on a monthly basis on all residents in the facility, with the 1st of the month being the set date for conducting the reassessments.

115.388 (Not in Compliance):

The auditor interviewed the agency's Assistant Director, who advised that if a weakness or issue is identified in the facility, agency leadership will take immediate action to correct the problem. The Assistant Director explained how incident-based sexual abuse data is used to evaluate and improve measures related to sexual abuse prevention, detection, response, practices, and training. Examples provided included using any data or information relevant to PREA and sexual safety to improve policy and procedures, add additional cameras to

vulnerable areas, improve training, and take continued corrective action to prevent an incident from occurring again. The Assistant Director advised that agency leadership routinely conducts a review of all the sexual abuse and sexual harassment aggregate data, daily operational procedures, and other dynamics related to the requirements of this PREA standard; but a formalized report is not consistently completed on an annual basis.

The auditor also interviewed the agency's PC, and she explained that the agency prepared an annual report of its findings from a data review and applicable corrective action, pursuant to the requirements of PREA standards 115.388 and 115.389, in December of 2019 for calendar year 2018. However, formalized reports were not completed for any years prior to 2018, and at the time of the interview with the PC, the annual review for calendar year 2019 had yet to be completed.

The agency only provided the auditor with one annual report of the sexual harassment and sexual abuse incident review (review conducted in December of 2019 for calendar year 2018). Additionally, the auditor determined the report done in 2019 does not include the following requirements of this PREA standard:

- an assessment of how to improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, and training;
- identify possible problem areas;
- address any applicable corrective action on an ongoing basis;
- a comparison of the current year's data and applicable corrective actions with those from prior years; and
- provide for an assessment of the agency's progress in addressing sexual abuse.

The auditor requested an annual report for calendar years 2017 and 2019, and it was determined that a formal report was not completed for 2017 and a 2019 review has not been conducted as of the time of this report (is scheduled for December of 2020). Due to the issues addressed above, the auditor determined that the agency is not in compliance with all the elements of this PREA standard. Furthermore, it is highly recommended by the auditor that the agency conducts the required annual sexual abuse and sexual harassment reviews at the beginning of each year for the previous year, instead of waiting until the end of the year.

In order to gain compliance with this PREA standard, the agency must conduct an annual review pursuant to all the requirements of this PREA standard for calendar year 2019, provide this report to the auditor for his review, post the report on the agency's website, and continue this practice going forth.

Corrective action taken by the facility:

On 4/30/2020, the PC for the agency provided the auditor with the 2019 Annual Review of Sexual Abuse and Sexual Harassment Incidents for the Bill Logue Juvenile Justice Center, Contract Residential Treatment Programs, and agency contractor vendors. This review was conducted on 4/29/2020, and, as indicated on the document provided, the following administrators were present for the review: Assistant Director, Facility Administrator, Assistant Facility Administrator, and the PREA Coordinator. The auditor confirmed that the 2019 Annual Review was reviewed and approved by the Director for the agency and posted on the agency's website (at the following address:

<http://www.co.mclennan.tx.us/DocumentCenter/View/10256/PREA-Review-CY2019-PDF>).

Furthermore, the auditor ultimately determined that the agency is now in full compliance with the requirements of this PREA standard and has institutionalized a plan for ensuring all the requirements

for this PREA standard are fulfilled going forth.

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.

Facility Characteristics:

The Bill Logue Juvenile Justice Center (BLJJC), also known as the McLennan County Juvenile Probation Department (MCJPD), is located at 2601 Gholson Road, Waco, TX 76704. The agency began operations at this current address in 2004. This agency operates a secure juvenile detention facility that includes 98 single occupancy rooms, with two programs operating inside the facility: the Pre-adjudication Program (with 80 single occupancy rooms) and the Progressive Re-Sanctioning Post-Adjudication Program (with 18 single occupancy rooms). The year-round educational component is provided by the Waco Independent School District (WISD), and the onsite medical staff consists of a full-time R.N., 2 full-time L.V.N.s, and an on-call medical doctor. Mental health services are provided by a licensed professional counselor and provided onsite, as well as outpatient services available for psychiatric or psychological services. The Post-Adjudication Program is a short-term residential program that is designed to focus on early intervention/prevention/aftercare practices for youth referred to the department. The program provides services that will address the youths' criminogenic needs that will equip them to be successful on probation and decrease further involvement with the department. The goal of the program is to provide more intense focused intervention services to younger at-risk youth. By providing these earlier services, the agency strives to keep juveniles from further involvement within the juvenile justice system. The measurable outcome of the program will be the overall program successful completion plus the recidivism rates.

The overall mission of the Bill Logue Juvenile Justice Center is to provide services that will protect the community from delinquency, to enforce sanctions and offer rehabilitative opportunities that are in the best interest of the juvenile.

The resident population at the time of the onsite visit on 2/27/2020 was 18 residents, 8 were assigned to the pre-adjudication program and 10 assigned to the post-adjudication program (2 female residents and 6 male residents in the pre-adjudication program and 10 male residents in the post program). The demographics of the 18 residents consisted of white/non-Hispanic, black/non-Hispanic, white/Hispanic, and black/Hispanic; with the ages ranging from 10-16. The average daily population of residents in 2018 was 13 residents in the pre-adjudication program and 5 in the post-adjudication program, with total referrals being 624 and 39 respectfully.

The agency employed 71 security staff at the time of the onsite visit, with 6 contractors and 2 volunteers that have contact with residents. Security staff are titled as Juvenile Supervision Officers (JSOs), and these officers provide for direct supervision of all residents in the facility. JSOs are trained to work all areas of the facility, including intake (booking), control room, housing units, etc. The agency currently utilizes Cameras DW Spectrum IPVMS, with all old analog model cameras were recently replaced with the upgraded digital cameras, and 18 surveillance cameras were added to the facility- with a total of 98 in operation. The upgraded cameras have enhanced the department's ability to see incidents and provide the capability to zoom and have a clearer picture of these incidents. The new DVR system also has an improved memory capability, allowing for greater playback.

The facility plant is securely maintained inside a perimeter fence, and includes one entry/exit door (that the main control room controls), a main control room, 6 housing units, 5 classrooms, kitchen, dining room, supervisor's office, hallways, full-size gymnasium, outdoor recreation area, intake, visitation, laundry rooms, janitorial closets, resident file room, housing unit closets, private shower areas, a sally port, and a medical unit. The facility provides on-site medical and mental health services, with full-time MHPs and medical staff (registered nurses) on staff.

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

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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|--------------------------------------|----|
| Number of standards exceeded: | 3 |
| Number of standards met: | 40 |
| Number of standards not met: | 0 |

Final Conclusion (41 applicable standards)

Number of Standards Exceeded: 3

115.322, 115.333, and 115.381

Number of Standards Met: 38

115.311; 115.312; 115.313; 115.315; 115.316; 115.317; 115.318; 115.321; 115.331; 115.332; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.382; 115.383; 115.386; 115.387; 115.388; and 115.389

Number of Standards Not Met: 0

Summary of Corrective Action and Final Conclusion:

- **115.341 (Initially not in compliance, but the facility provided sufficient corrective action on 4/30/2020):**

Upon review of the resident files, the auditor determined that the agency was not conducting periodic risk screenings as required by PREA standard 115.341 (a). Furthermore, the auditor interviewed the agency's full-time facility nurse, and the nurse described how she conducts periodic reassessments on residents; however, these periodic reassessments were not being conducted using an objective screening tool nor consistently conducted periodically with each applicable resident. The auditor advised the nurse that the periodic reassessments are required per PREA standard 115.341 (a), and the auditor provided the nurse and the PC an example of a compliant PREA periodic reassessment screening tool that the agency could modify and incorporate in practice to gain compliance with this provision. The PC and nurse appreciated this information and advised they will immediately use this reassessment form to create their own periodic risk screening tool and implement as soon as possible, with each resident being reassessed every 30 days going forth.

The auditor ultimately determined that the agency is not in compliance with the periodic risk screening element of PREA provision {115.341 (a)}, and it should be noted that the agency provided the auditor the corrective action steps taken in order to gain compliance with this standard, as described below:

Soon after the onsite, the PC provided the auditor with their newly created Periodic Reassessment Risk Screening Tool ("BLJJC Behavioral Screening Reassessment"), with each resident in the facility being reassessed every 30 days going forth. This Periodic Reassessment Tool was reviewed by the auditor, and the auditor determined that the screening tool is in compliance with the requirements of this PREA standard. Furthermore, after the onsite, the PC provided the auditor a sample of 14 completed Behavioral Screening Reassessments for residents in the facility as of 4/01/2020. This sample demonstrated how the agency has implemented the new reassessment tool in practice, and the auditor is requesting that the agency provide him with another sample of all the screenings conducted in the month of April or May in order to verify the new practice is fully institutionalized in the facility and satisfy the corrective action requirements.

Corrective action taken by the facility for 115.341:

The auditor was provided by the PC on 4/30/2020 the Periodic Reassessment Risk Screenings conducted for the month of April, in which the entire population of facility residents' (total of 8) were screened by the facility nurse. With the March and April risk screening reassessments that were provided, the auditor determined that the agency sufficiently demonstrated how the corrective action was implemented and fully institutionalized in practice. Furthermore, the PC advised that the facility nurse conducts the periodic reassessments on a monthly basis on all residents in the facility, with the 1st of the month being the set date for conducting the reassessments.

- ***115.388 (Initially not in compliance, but the facility provided sufficient corrective action on 4/30/2020):***

The auditor interviewed the agency's Assistant Director, who advised that if a weakness or issue is identified in the facility, agency leadership will take immediate action to correct the problem. The Assistant Director explained how incident-based sexual abuse data is used to evaluate and improve measures related to sexual abuse prevention, detection, response, practices, and training. Examples provided included using any data or information relevant to PREA and sexual safety to improve policy and procedures, add additional cameras to vulnerable areas, improve training, and take continued corrective action to prevent an incident from occurring again. The Assistant Director advised that agency leadership routinely conducts a review of all the sexual abuse and sexual harassment aggregate data, daily operational procedures, and other dynamics related to the requirements of this PREA standard; but a formalized report is not consistently completed on an annual basis.

The auditor also interviewed the agency's PC, and she explained that the agency prepared an annual report of its findings from a data review and applicable corrective action, pursuant to the requirements of PREA standards 115.388 and 115.389, in December of 2019- for calendar year 2018. However, formalized reports were not completed for any years prior to 2018, and at the time of the interview with the PC, the annual review for calendar year 2019 had yet to be completed.

The agency only provided the auditor with one annual report of the sexual harassment and sexual abuse incident review (review conducted in December of 2019 for calendar year 2018). Additionally, the auditor

determined the report done in 2019 does not include the following requirements of this PREA standard:

an assessment of how to improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, and training;

identify possible problem areas;

address any applicable corrective action on an ongoing basis;

a comparison of the current year's data and applicable corrective actions with those from prior years; and

provide for an assessment of the agency's progress in addressing sexual abuse.

The auditor requested an annual report for calendar years 2017 and 2019, and it was determined that a formal report was not completed for 2017 and a 2019 review has not been conducted as of the time of this report (is scheduled for December of 2020). Due to the issues addressed above, the auditor determined that the agency is not in compliance with all the elements of this PREA standard.

Furthermore, it is highly recommended by the auditor that the agency conducts the required annual sexual abuse and sexual harassment reviews at the beginning of each year for the previous year, instead of waiting until the end of the year.

In order to gain compliance with this PREA standard, the agency must conduct an annual review pursuant to all the requirements of this PREA standard for calendar year 2019, provide this report to the auditor for his review, post the report on the agency's website, and continue this practice going forth.

Corrective action taken by the facility for 115.388:

On 4/30/2020, the PC for the agency provided the auditor with the 2019 Annual Review of Sexual Abuse and Sexual Harassment Incidents for the Bill Logue Juvenile Justice Center, Contract Residential Treatment Programs, and agency contractor vendors. This review was conducted on 4/29/2020, and, as indicated on the document provided, the following administrators were present for the review: Assistant Director, Facility Administrator, Assistant Facility Administrator, and the PREA Coordinator. The auditor confirmed that the 2019 Annual Review was reviewed and approved by the Director for the agency and posted on the agency's website (at the following address: <http://www.co.mclennan.tx.us/DocumentCenter/View/10256/PREA-Review-CY2019-PDF>). Furthermore, the auditor ultimately determined that the agency is now in full compliance with the requirements of this PREA standard and has institutionalized a plan for ensuring all the requirements for this PREA standard are fulfilled going forth.

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><u>115.312</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Bill Logue Juvenile Justice Center (BLJJC) Zero Tolerance Policy (Originally Created on August 1, 2013 / Latest Revision: 1/28/2020) - PC Monthly Reports related to interviews with residents and facility inspections (12 reports provided- for each month in 2019) - Agency's Organizational Chart <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the onsite, the auditor observed how the PC had access to all areas of the facility; was familiar with each resident, staff member, contractor, and volunteer we interacted with; and how she was keenly aware of how to move throughout the facility. The auditor determined after the facility inspection that the PC was more than adequately familiar with the day-to-day operations and layout of the facility, was acquainted with everyone involved in the facility, and had sufficient time and authority to ensure compliance with PREA standards. Additionally, the PC's office was near the entry to the secure facility, and she had the means and authority to enter the facility at any time.</p> <p>Explanation of determination:</p> <p>115.311 (a):</p> <p>The agency provided the auditor with their Zero Tolerance of Sexual Abuse and Sexual Harassment Policy that outlines how the Bill Logue Juvenile Justice Center (BLJJC) implements the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This Policy also includes the following PREA Standard requirements:</p> <ul style="list-style-type: none"> - zero tolerance statement toward all forms of sexual abuse and sexual harassment in facilities the agency operates directly or under contract; - operational definitions; - definitions of prohibited behaviors regarding sexual assault (sexual abuse) and sexual harassment; - sanctions for those found to have participated in prohibited behaviors; and - a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. <p>115.311 (b):</p> <p>The agency's Zero Tolerance Policy on page 2 indicates that the individual taking the primary</p> |

lead and responsibility for implementing and sustaining the BLJJC zero tolerance approach is the BLJJC PREA Coordinator (PC). The PC, who also serves as the agency's FACILITY ADMINISTRATOR, is an upper-level administrator (as outlined in the agency's organizational chart) who has been provided with the sufficient time and authority to develop, implement, and oversee BLJJC's agency-wide efforts to fully comply with the PREA standards.

The auditor interviewed the agency's PC, and she sufficiently explained to the auditor how she feels she has enough time and authority to manage all her PREA related responsibilities for the agency. The PC confirmed that the agency does not have a PREA Compliance Manager (PCM) due to only operating one facility, and the auditor determined that the agency is, in fact, not required to have PCM. The PC described how issues with complying with PREA standards are addressed, as well as other standards such as applicable Texas Administrative Codes (TAC). She explained the process she takes on a routine basis to ensure the agency is in continual compliance with all applicable PREA juvenile standards, such as:

- The PC conducts monthly interviews with each resident from each Pod in facility and performs periodic facility inspections, with a monthly report being provided to the Chief of the agency. The interviews & facility inspections are conducted periodically each month (no specific time or date), and this method of internal auditing provides the auditor with direct insight into the level of sexual safety in the facility. The PC provided the auditor with 12 reports that were emailed to the Chief of the agency (one for every month in 2019), and each report included the interview questions asked, the names of each resident in the facility who were interviewed, notes from the interviews, and a summary of her observations made during the facility inspections. The monthly interview reports demonstrate how the PC ensures her PREA related responsibilities are fulfilled and if the residents understand the PREA education provided. It is important to note that the interviews include questions related to the resident's own perception of safety, the child's own history of being harmed, and if the grievance, telephone, mail, medical, and PREA rights were explained clearly during the child's initial intake process (and if the residents know where the grievance boxes are located).
- How facility supervisors are required to report to the PC if any issues of non-compliance or areas in need of improvement or corrective action are identified. The issues identified are then staffed with leadership in order to develop a solution, and then the PC ensures all the necessary actions are taken to rectify the issue.
- How she would follow-up with the above step to ensure the problem or issue identified is corrected in practice.

Additionally, the auditor observed throughout the onsite visit how the PC had access to all areas of the facility; was familiar with each resident, staff member, contractor, and volunteer we interacted with; and how she was keenly aware of how to move throughout the facility.

The auditor determined after the facility inspection that the PC was more than adequately familiar with the day-to-day operations and layout of the facility, was acquainted with everyone involved in the facility, and had sufficient time and authority to ensure compliance with PREA standards. Additionally, the PC's office was near the entry to the secure facility, and she had the means and authority to enter the facility at any time.

115.311 (c):

The facility has NOT designated a PREA Compliance Manager, and, as verified by the auditor, the agency is not required to do so

Conclusion:

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

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.312</u></p> <p><u>The following is a list of evidence used to determine compliance:</u></p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: New Contracts for Confinement Services (Originally Created: 8/01/2013 / Latest Revision: 2/04/2020) - Six (6) contracts entered into or renewed since the agency's last PREA Audit <p>Interviews:</p> <ul style="list-style-type: none"> - The Agency's Contract Administrator <p>Explanation of determination:</p> <p>115.312 (a): The agency's Policy on New Contracts for Confinement Services outlines the requirements of this PREA provision and provides for the following: "In accordance with federal regulations any facility providing confinement services for BLJJC youth shall stipulate within the signed contract the facility's obligation to adopt and to fully comply with the Prison Rape Elimination Act (PREA) standards and to undergo contract monitoring." The agency's reported in the Pre-Audit Questionnaire (PAQ) that they have 6 contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit. All 6 contracts required the associated contractor to adopt and comply with PREA standards, as verified by the auditor.</p> <p>115.332 (b): The agency provided the auditor with each of the six (6) contracts used for confinement services, and the auditor confirmed that the contracts require the agency to monitor the contractor's compliance with PREA standards. Additionally, it is important to note that the agency's New Contracts for Confinement Services Policy provides for the following, as it pertains to the requirements of this provision:</p> <p>Goals of BLJJC's Contracting for Confinement Facilities:</p> <ol style="list-style-type: none"> 1. To provide an orderly process for contracting with confinement facilities; 2. To prevent sexual abuse and sexual harassment of BLJJC youth housed in confinement facilities; and 3. To provide for initial contract monitoring to ensure that each confinement facility is in full compliance with PREA standards prior to any BLJJC youth being housed at the facility. <p>Furthermore, this Policy also includes a section on "Contracting Procedures" that includes requirements the contracting facility must adhere to, as well as a section on "Suggested</p> |

Practices" that are not required but strongly recommended by BLJJC. The Contracting Procedures documented in this Policy are as follows:

The CJPO will receive the following written assurances from the facility head:

- i. That the facility fully adopts and is in full compliance with all PREA standards related to juvenile facilities;
- ii. That the facility head understands and acknowledges that the confinement facility will undergo contract monitoring; and
- iii. That if his/her confinement facility is awarded a contract the facility head acknowledges that the confinement facility's aggregated sexual abuse data will be made public via the BLJJC website.

In addition to the written assurances the facility head shall provide the BLJJC CJPO with the following information:

- i. Number of alleged sexual abuse incidents in the past 12-month period prior to the proposed contract effective date; and
- ii. Number of substantiated sexual abuse incidents in the past 12-month period prior to the proposed contract effective date.

Review - Prior to utilizing any confinement facility the CJPO shall do the following:

- a. Assure that the data collected from all confinement facilities are securely retained;
- b. Review the written assurances and the information provided;
- c. Following this review, the CJPO shall document his/her rationale for approving or rejecting the contract for the confinement facility;
- d. Submit his/her written recommendation to the BLJJC Juvenile Board for review and action; and
- e. Maintain sexual abuse data collected from any and all confinement facilities for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Action – For confinement facilities awarded contracts with the BLJJC, the CJPO will assure the following:

- a. That the facility head from each approved confinement facility acknowledges, via a signed contract, that the facility shall fully adopt and fully comply with all PREA standards related to juvenile facilities throughout the duration of the contract;
- b. That the facility head from each approved confinement facility acknowledges, via a signed contract, that the contracted confinement facility will undergo annual contract monitoring by the BLJJC PREA Coordinator; and
- c. That the facility head from each approved confinement facility acknowledges, via a signed contract, that the contracted confinement facility's aggregated sexual abuse data, after removing any and all personal identifiers, will be made readily available to the public and that this information will be updated annually through the BLJJC website.

The auditor interviewed the agency's Contract Administrator, and she explained that all contracts for confinement services are monitored at least twice per year by the agency's Placement Coordinator and other Juvenile Probation Officers (as required by TJJD). She also advised the auditor that PREA compliance results and applicable PREA Final Reports have

been provided and reviewed for the contracts entered into agreement within the past 12 months.

Conclusion:

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

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.313</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Supervision and Monitoring (Originally Created: 8/07/2013 / Latest Revision: 2/05/2020) - Facility Deviation Report - Staffing Plan Deviation Report - Completed Facility Unannounced Rounds forms (10) - PREA Unannounced Rounds 2019 Schedule (*outlines which supervision is assigned to each of the three shifts) - Monthly Unannounced Rounds Report - Agency Staffing Plan Reviews (documented reports) for calendar years 2018, 2019, and 2020 - PC Monthly Reports related to interviews with residents and facility inspections (12 reports provided- for each month in 2019) - TAC Standard 343.436 <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent - PREA Coordinator (PC) - Two (2) Facility Shift Managers who conduct PREA unannounced rounds <p>Site Review Observations:</p> <p>During the onsite audit, the PC allowed the auditor to review unannounced rounds on the agency's video monitoring system that were previously conducted. The auditor confirmed through this process that the agency does conduct random unannounced rounds on each shift, and these rounds are being conducted by an intermediate or higher-level facility staff (shift managers), as required by this PREA provision.</p> |

Explanation of determination:

115.313 (a):

The agency's Supervision and Monitoring Policy on page 1 outlines the requirements of this provision and states, "each confinement facility operated by BLJJC will develop, implement, and document a staffing plan that provides for adequate levels of staffing, and where applicable, the facility will utilize video monitoring, to protect residents against sexual abuse." Additionally, the agency provided the auditor with a ten (10) page staffing plan document for their pre-adjudication program and an eight (8) page staffing plan document for their post-adjudication program. The auditor was able to confirm that each staffing plan includes all the requirements of this PREA Standard. It is important to add that the agency's Supervision and Monitoring Policy and their Pre and Post Adjudication Staffing Plans all include the eleven (11) elements required by this PREA provision {115.313 (a) (1-11)}. Furthermore, in calculating adequate staffing levels and determining the need for video monitoring, the agency takes into consideration each of the eleven requirements in both their pre and post staffing plans, and these two plans also provide for a comprehensive explanation of how each of the eleven requirements are implemented to ensure sexual safety in the facility.

The agency indicated in the PAQ that their average daily population of residents since their last PREA audit was 12 residents, and the staffing plans have been predicated to manage this average number of residents.

The auditor interviewed the facility's Superintendent, and he explained how the facility has a staffing plan and regularly updates their plan by routinely meeting with agency leadership to ensure all the requirements of the staffing plan are met. He also advised that adequate staffing levels are continually maintained (1:8 and 1:16 staff to resident ratios) and video monitoring equipment is used in order to protect residents against sexual abuse and sexual harassment and prevent the likelihood of such an incident from occurring in the facility. It is important to note that during this interview, the auditor observed the video surveillance system up and running on the Superintendent's computer monitors. The Superintendent advised that the facility currently has 96 cameras in operation, and he was able to demonstrate how the system worked- with clicking on different views and locations. Additionally, the Superintendent showed the auditor the facility's staff schedule, and this schedule demonstrated how the agency was exceeding the PREA required ratios of 1:8 and 1:16 in all areas of the facility and in both the pre and post adjudication programs. The Superintendent was able to clearly articulate the agency's staffing plan, why the agency had a staffing plan, and how the staffing plan is continually adhered to. Additionally, the Superintendent advised that there are some blind spots in the facility, and these vulnerable areas are currently being addressed with agency leadership and more cameras will be installed. The Superintendent advised that he keeps a copy of the staffing plan on his computer, and that there is also a written version available. He further explained that the agency's staffing plan includes all the elements required by PREA Standard 115.313 (a-k), and he ensures facility compliance with the staffing plan through the following ways:

- Review the staff schedule and detention rosters daily to ensure adequate staffing levels are maintained at all times;
- Observe staff locations on the floor to ensure residents are being directly supervised;
- Monitor video surveillance cameras to ensure residents are safe and staff are adhering to policy and procedures; and
- Meet with facility supervisors and agency leadership to discuss the staffing plan and any issues or problems identified in order to quickly develop a solution.

115.313 (b):

The agency indicated in the PAQ that they have NOT had an incident that involved non-compliance with their staffing plan; therefore, no documentation justifying any such deviations was provided. However, it should be noted that the agency includes in their Supervision and Monitoring Policy the following procedures as it relates to a failure to adhere to their Staffing Plan:

Any event that prevents the facility from adhering to its approved Facility Staffing Plan will be documented by the facility Shift Supervisor on duty at the time of the non-adherence. The Shift Supervisor will complete, within 1-hour, the reason for the deviation via the BLJJC Deviation Report. The Deviation Report will include the reason for the non-adherence and the duration of the non-adherence. A complete copy of each Deviation Report will be submitted, within 1-hour, to the BLJJC PC. At least once per day (i.e., 24 hours) each BLJJC PC will collect and review all the Facility Deviation Reports pertaining their facility. The PC will review and investigate each Report with emphasis on confirming and certifying that any reported exigent circumstances qualified as an exigent circumstance. On a monthly basis the facility PC will create a Staff Plan Deviation Report. This report will note the date, time and duration of any and all deviations from the approved Facility Staffing Plan. Within this report will be a longitudinal tracking grid that identifies the top 10 most common reasons for deviating from the approved staffing plan (NOTE: The report will continue at least 12-months of data).

The Superintendent advised the auditor during his interview that since he has worked for the agency (over 20 years of service), the facility has never deviated from any elements of their staffing plan; however, if such a situation were to occur, the agency would document this on a Bill Logue Juvenile Justice Facility Deviation Report.

115.313 (c):

The agency's Supervision and Monitoring Policy includes the PREA staff ratio requirements of 1:8 during waking hours and 1:16 during resident sleeping hours, as well as the following procedures as it relates to documenting any deviations to the staff ratio requirements:

"Each BLJJC Shift Supervisor will ensure that during his/her shift the juvenile facility maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which will be fully documented via the BLJJC Deviation Report. For the purposes of clarity, only those staff members classified as "security staff" will be included in these ratios."

The agency indicated in the PAQ that they have had ZERO staff ratio deviations in the past 12 months (including both waking and sleeping hours); therefore, no such documentation was provided justifying or explaining the reason for a deviation.

Additionally, the auditor interviewed the agency's Superintendent who advised that the State agency with direct oversight over all juvenile facilities in Texas (TJJD) requires juvenile facilities in to maintain a staff to resident ratio of at least 1:12 during program hours (waking hours) and 1:24 during non-programming hours (sleeping hours). However, he advised that the BLJJC complies with the PREA requirements of 1:8 and 1:16, and this PREA ratio is included in the agency's Staffing Plan, in Policy and Procedures, and in practice.

It should be noted that Texas Administrative Code Chapter §343.436 (Supervision Ratio) requires that juvenile facilities in Texas operate a JSO-to-resident ratio of no less than:

- one juvenile supervision officer to every 12 residents during program hours; and
- one juvenile supervision officer to every 24 residents during non-program hours.

In order for the agency to comply with this PREA provision, the facility exceeds the minimum requires of JSO-to-resident ratio of TAC and adheres to the PREA required ratios of 1:8 and 1:16.

115.313 (d):

The agency's Supervision and Monitoring Policy on page 5 outlines the requirements of this PREA provision (d) (1-4), and the language included is directly from the PREA Standard itself. Additionally, the agency also provided the auditor with signed minutes from their 2018 and 2019 PREA meetings that sufficiently demonstrate how agency leadership, at least once every year, collaborates with the agency's PREA Coordinator (PC) to review their staffing plans (both pre and post), prevailing staffing patterns, deployment of monitoring technology, and the allocation of agency resources to commit to the staffing plans to ensure compliance. Each meeting included reviewing topics such as, but not limited to: identifying potential blind spots and suggesting possible solutions, reviewing showering procedures and potential privacy issues, deep cleaning, PREA signage, PREA training, staffing plan reviews, adding cameras and improving camera operating system for better resolution, budget, and PREA audit dates.

Additionally, the PC provided the auditor with their Staffing Plan reports for calendar years 2018-2020, and these reports included all the PREA requirements for this PREA provision. The reports were reviewed with the agency's Director, Superintendent, Assistant Director, Assistant Superintendent, and the PREA Coordinator; and included, but is not limited to, the following: whether adjustments were needed to the staffing plan, prevailing staffing patterns, the deployment of monitoring technology, and the allocation of agency and facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor interviewed the agency's PC, and she explained how she is consulted regarding any assessments of, or adjustments to, the staffing plan for the facility; and that such assessments are conducted almost daily. The PC explained how everyday she works she goes into the facility to review the detention roster and staff roster to ensure proper ratios are maintained at all times and staff are in positions that provide for the optimal safety and security. The PC also explained how she randomly shows up at the facility to ensure what is mentioned above is occurring across each shift, 7-3, 3-11, and 11-7 shifts. The PC also advised that she walks through the facility daily (5 days a week) to inspect the facility's current state and to talk with residents and staff to ensure there are no issues to address related to PREA or TJJD standards or other agency specific policy or procedure concerns. The PC explained further how she conducts monthly status checks on residents, as noted in

subsection 115.311 (b) of this report, and these status checks were provided to the auditor as monthly reports that are provided the Chief of the agency. More information related to the monthly status checks is available in subsection 115.311 (b) of this report.

115.313 (e):

The agency's Supervision and Monitoring Policy on pages 5-6 include the requirements of this PREA provision, and the agency also provided the auditor with their PREA Unannounced Rounds Schedule for 2019 and ten (10) completed Unannounced Rounds forms. The agency's procedures, as outlined in the applicable policy, include the requirement for intermediate-level or higher level supervisors to conduct unannounced round whenever necessary but at least once per week, and that these supervisors ensure that each round includes a walk through the entire facility, as practical. Furthermore, this policy also indicates that each supervisor must document, via the Facility Unannounced Rounds Form, the date, time, entry point of where the unannounced visit was initiated, areas visited, exit point, and a description of what they saw or encountered.

Through a thorough review of agency's Policy and the 10 Unannounced Round forms provided, the auditor determined that the agency has successfully implemented a policy and practice of having intermediate-level or higher supervisors conduct and document random PREA unannounced rounds, as required by this PREA provision. Out of the 10 unannounced forms provided, 4 were conducted for the 7-3 shift, 3 for the 3-11 shift, and 3 for the 11-7 shift. Additionally, each round started and ended at varied times, with each shift's unannounced rounds being randomly conducted, without any sort of pattern to note.

Furthermore, the agency's Supervision and Monitoring Policy on page 6 also outlines the following agency specific procedures as it relates to the requirements of this PREA provision, and how the agency utilizes checks and balances to ensure the unannounced rounds are being conducted and conducted properly:

It is the policy of BLJJC to prohibit staff members, including contractors and volunteers, from alerting other staff members that these unannounced supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Staff members found to have engaged in such conduct (i.e., alerting other staff members about unannounced supervisory rounds) will be subject to administrative disciplinary sanctions, up to and including termination of employment. Once per month each BLJJC facility's PC will collect and review the Facility Unannounced Rounds forms pertaining to their facility to confirm that unannounced supervisory rounds are occurring during all shifts (i.e., day, night and 'graveyard'), and that the staff conducting these rounds are visiting all areas of the facility and documenting what was seen or encountered. The PC will document the findings, via the monthly Unannounced Rounds Report. Every six months the BLJJC's PC will ensure that all of the facility's shifts and areas have been exposed to at least one unannounced supervisory round during the previous six months.

The auditor interviewed two facility shift managers, one from the 7-3 shift and one from the 11-7 shift, and each manager clearly articulated how they conduct unannounced PREA rounds, as required by this PREA provision and the agency's associated Policy. They each explained how the PREA unannounced rounds are conducted randomly on every shift (7-3, 3-11, and 11-7) by a manager or another upper-level facility staff, and how the checks include all areas inside the secure facility as well as areas outside the facility. Both managers

explained how the checks are documented on their Unannounced Walk-thru (PREA) forms, and how these are forms are turned into the PC for her review. The managers advised that staff are prohibited, per policy, to alert other staff that the PREA unannounced rounds are being performed, and if such a practice was observed or alleged to have occurred, staff would be held responsible through disciplinary action and more training on the prohibitions related to this PREA provision would be provided to all staff.

Additionally, the PC allowed the auditor to review unannounced rounds on the agency's video monitoring system that were previously conducted. The auditor confirmed through this process that the agency does conduct random unannounced rounds on each shift, and these rounds are being conducted by an intermediate or higher-level facility staff (shift managers), as required by this PREA provision.

Conclusion:

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

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.315</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Limits to Cross-Gender Viewing and Searches (Originally Created: 8/07/2013 / Latest Revision: 1/28/2020) - Facility Deviation Report - Monthly Facility Cross-Gender Searches, Cavity Searches, and Pat-Down Searches Deviation Report - TAC Standard 343.260 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected Security Staff Members (Juvenile Supervision Officers- JSOs) <p>Site Review Observations:</p> <p>During the onsite audit, the auditor observed the agency conduct 10 pat-down searches, one on every resident interviewed by the auditor, and at no time was a resident pat-searched by a staff member of the opposite gender. Each of the 10 same gender pat-searches were conducted in a professional and respectful manner, with no issues to note. Additionally, during the onsite the auditor assessed the shower procedures and the methods taken by the facility to ensure residents have the right to privacy when showering, using the restroom, and changing clothes. The auditor was provided a demonstration of how the large curtains and privacy partitions are used on the Pods during shower time (no residents involved, just staff placing the partitions and curtains as if showers were being conducted), and the auditor determined that the agency was providing each resident the opportunity to shower in private-without being viewed by staff, other residents, or a surveillance camera. It is also important to note that each room included a toilet; however, the toilets are not in the viewing area of any surveillance camera. The auditor also was able to verify during the onsite that the agency utilizes signs outside every Pod's (housing units) entry/exit door that instruct staff to make the required announcements when entering an opposite gender housing unit/Pod. The use of these signs are not required by any PREA standard and demonstrates how the agency exceeds the requirements of this PREA standard.</p> <p>Explanation of determination:</p> <p>115.315 (a):</p> |

As indicated in the PAQ and explained in the agency's Policy titled, "Limits to Cross-Gender Viewing and Searches," the agency does not allow cross-gender strip or cross-gender visual body cavity searches of residents, except in exigent circumstances or when performed by medical practitioners. Additionally, the agency reported in the PAQ that in the past 12 months, they have had ZERO incidents of cross-gender strip or cross-gender visual body cavity searches of residents.

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

115.315 (b):

The agency indicated in the PAQ and it is explained in the applicable agency policy that the BLJJC facilities do not permit cross-gender pat-down searches of residents, absent exigent circumstances. Additionally, the agency reported in the PAQ that they have had ZERO incident of cross-gender pat-down searches of residents in the past 12 months.

The auditor interviewed 12 randomly selected security staff (Juvenile Supervision Officers-JSOs), and each JSO clearly understood the agency's policy related to the prohibition of conducting a cross-gender pat-down search of a resident, absent an exigent circumstance. Further, each JSO was able to provide the auditor with their own definition of what an exigent circumstance would involve (i.e., weather related emergency, fire, riot, unforeseen evacuation, etc.); however, the JSOs also explained that even if a temporary and unforeseen emergency type situation would occur (exigent circumstance), the facility would still be staffed with at least one female and one male JSO for same gender pat-searches. Each of the JSOs were asked by the auditor if they have ever experienced a situation involving a cross-gender pat-search being conduct or a situation where there was not at least one male and one female JSO in the facility, and each JSO confirmed in their interview that neither situation has occurred that they were aware of.

Furthermore, it is important to point out that TAC 343.260 (b) (1) prohibits the agency from conducting cross-gender pat-searches, and the standard explicitly indicates that residents shall only be subjected to a pat-down search that is conducted by same-gender staff, as necessary for facility safety and security (the agency makes the one exception for exigent circumstances for pat-down searches pursuant this PREA Standard).

115.315 (c):

The agency's Policy on Limits to Cross-Gender Viewing and Searches includes the requirements of this PREA provision and states:

"In BLJJC facilities the Shift Supervisor on duty at the time shall document and justify, via the Facility Deviation Report, all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Each of these Reports shall detail the following:

1. Identifying the staff who conducted the search,

2. Whether that staff was a medical practitioner,
3. Gender of the staff,
4. Gender of the individual searched, and
5. Exigent circumstance that required this cross-gender search.

The Shift Supervisor will complete the Facility Deviation Report and will submit the report to the BLJJC PC within 1-hour of the occurrence of a cross-gender strip search, cross-gender visual body cavity search, or cross-gender pat down search. Any circumstance that invokes the exigent circumstances provision of this procedure will require the Shift Supervisor to complete a Facility Deviation Report and submit this completed report to the facilities PC within 1-hour of the occurrence. At least once per day (i.e., 24 hours) each BLJJC PC will collect and review all the Facility Deviation Reports pertaining to their facility. The PC shall review and investigate each report with emphasis on confirming and certifying that the causative circumstance(s) qualified as an exigent circumstance. Once per month the BLJJC facility's PC shall aggregate the Facility Deviation Reports and create a monthly Facility Cross-Gender Searches, Cavity Searches, and Pat-Down Searches Deviation Report. This report will document the dates, times, and the exigent circumstances that resulted in the use of cross-gender searches, cross-gender cavity searches, and/or cross-gender pat-down searches.

The agency indicated in the PAQ that they have not had any cross-gender searches of any kind in the past 12 months and, therefore, no applicable documentation was provided to the auditor.

115.315 (d):

The agency's Limits to Cross-Gender Viewing & Searches Policy on page 4 outlines the following requirements as it relates to this PREA provision:

The PC shall assure that all residents are allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Any circumstance that invokes the exigent circumstances provision of this procedure will require the Shift Supervisor to complete a Facility Deviation Report and submit this completed report to the facility's PC within 1-hour of the occurrence.

This Policy also explains that the BLJJC requires that opposite gender staffs at all BLJJC facilities announce their presence when entering a resident housing unit. In facilities (such as BLJJC's group homes) that do not contain discrete housing units, staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The auditor interviewed a total of 10 residents (8 randomly selected & 2 targeted) and asked them questions related to PREA. Each of the 10 residents interviewed advised that opposite gender staff always make an announcement before entering the Pod (i.e., Male/Female staff on the Pod), and at no time throughout their staff has a staff member of the opposite gender observed them while showering, performing bodily functions, or changing clothes. The residents were each able to clearly articulate that this practice is fully institutionalized and practiced routinely by staff and, furthermore, advised that staff of the opposite gender are not assigned to work their Pods. Due to the structure of the shower areas on the Pods, the

agency is required to utilize large curtains and partitions to ensure each resident has privacy when showering, and subsequently the auditor asked each resident if they are able to shower in private and without being viewed by staff or the Pod cameras. It is important to note that each resident advised the auditor that the large curtains are always used, as well as the partitions, and that they are able to shower without being viewed by staff or other residents.

The auditor also interviewed 12 randomly selected JSOs, and each JSO advised that same gender staff are assigned to work on the Pods and that residents are able to shower, perform bodily functions, and change out without being viewed by staff of the opposite gender. Additionally, the auditor asked each JSO if they are able to view residents in a state of undress during shower time when working the Control Room or when working the Pod, and each staff member advised no and that this is not possible because of the shower curtains and partitions used. The auditor also asked each JSO what is the first step taken before entering a Pod of the opposite gender, and each of the 12 JSOs advised that an announcement is made loud enough that all on the Pod can hear of male/female on the Pod/floor. Furthermore, each JSO explained that clearance to enter the Pod must be provided before they step foot in the Pod and opposite gender staff never enter a Pod during shower time or times when residents are in a state of undress.

During the onsite, the auditor assessed the shower procedures and the methods taken by the facility to ensure residents have the right to privacy when showering, using the restroom, and changing clothes. The auditor was provided a demonstration of how the large curtains and privacy partitions are used on the Pods during shower time, and the auditor determined that the agency was providing each resident the opportunity to shower in private- without being viewed by staff, other residents, or a surveillance camera. It is also important to note that each room included a toilet; however, the toilets are not in the viewing area of any surveillance camera.

The auditor also was able to verify during the onsite that the agency utilizes signs outside every Pod's (housing units) entry/exit door that instruct staff to make the required announcements when entering an opposite gender housing unit/Pod. The use of these signs are not required by any PREA standard and demonstrates how the agency exceeds the requirements of this PREA standard.

115.315 (e):

Per the agency's Limits to Cross-Gender Viewing and Searches Policy on pages 4-5, the PC assures that BLJJC facility staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it will be determined 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.

Additionally, the agency indicated in the PAQ that they have had ZERO searches described in 115.315 (e)-1 of this report in the past 12 months.

Each of the 12 randomly selected JSOs interviewed by the auditor clearly articulated the agency's policy that prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. All 12 JSOs advised that this has never happened that they were aware of, and if the residents' genital status was

unknown, the agency would first review available medical records, talk with the resident and the resident's parents/guardians, talk with the transporting officer, and ensure a supervisor is involved to ensure the proper steps are taken.

115.315 (f):

The agency's Limits to Cross-Gender Viewing and Searches Policy on page 5 includes the requirements of this PREA provision and states,

The PC shall ensure, that before any security staff member has contact with a resident that the staff member is trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with BLJJC's policies and procedures. The PC will document all such training via the Staff Training Form, and he/she will ensure that a copy of the training curricula and training logs showing the date, time, and signature of the staff attending this training is placed in the staff member's file."

The agency indicated in the PAQ that all staff are trained on conducting the search requirements pursuant to this PREA Standard and provided the auditor with sign-in sheets for the applicable training provided for each current staff member.

The auditor interviewed 12 randomly selected JSOs during the onsite portion of the audit, and each JSO explained that they have received training on how to conduct pat-searches on all residents, including cross-gender and transgender/intersex residents, in a professional and respectful manner, consistent with security needs. Furthermore, each staff member advised that this pat-search training is included in their annual PREA training refreshers. However, the auditor determined through these interviews that the training, even though it is been provided, is not being consistently understood by each staff member. In other words, the 12 JSOs interviewed provided inconsistent procedures related to how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. They each advised that this training was provided, but not all could sufficiently demonstrate how to conduct such a search. Some provided the auditor with the back of the hand method and how the search is broken up into quadrants and others provided little information on the specific procedures. It is important to note that each JSO interviewed explained that the situation of a cross-gender pat-search would never occur because a staff member of the same gender would always be available, as described in subsection (b) above. Additionally, each of the 12 JSOs also explained that if a transgender or intersex resident was admitted into the facility and uncomfortable with the normal operating procedure of a same gender staff conducting the pat-search, then a supervisor would be immediately contacted to staff the case to determine the proper actions to take, with possible having medical staff intervene and assist.

Ultimately, with this information, the information provided by agency leadership, and BLJJC Policies and training material; the auditor determined that the agency is in compliance with this PREA standard, but it is recommended that the agency revise their training related to cross-gender pat-searches and pat-searches on a transgender or intersex resident and utilize the Moss Group's training curriculum on Cross-Gender and Transgender Pat Searches.

During the onsite, the auditor recommended to the PC the Moss Group Cross-Gender and Transgender Pat Searches training, which would provide a compliant training course, applicable to the requirements of this PREA Standard, for all security staff in the facility. The auditor explained further how the PRC, along with its partner, The Moss Group, Inc., has

released an instructional video and facilitator's guide on conducting professional and respectful cross-gender pat searches and pat searches of transgender inmates (available on the PRC website, at: [https://www.prearesourcecenter.org/library/search?](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)

[keys=moss+group+cros](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)

[s-gender+pat&cat=All](https://www.prearesourcecenter.org/library/search?keys=moss+group+cros)). The Moss Group, Inc., and PRC produced this resource in an effort to support agency compliance with the PREA standards. However, the auditor also explained how standards do not require the usage of any specific vendor or curricula, including those produced by the PRC. The PC was encouraged to evaluate the training products independently and decide as an agency if the training product meets the training requirements pursuant to this PREA Standard.

The PC advised the auditor during the onsite that the agency will be utilizing the Moss Group training video going forward with all staff in order to ensure all staff understood one method related to cross-gender and transgender/intersex pat-searches.

Conclusion:

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

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.316</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Resident with Disabilities or Who are LEP (Originally Created: 8/10/2013 / Latest Revision: 2/05/2020) - Auditor made a successful test call to Language Line Solutions (interpreting service used by the agency) - Facility Resident Interpreters, Resident Readers, or Resident Assistance Deviation Report <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - One targeted resident who is Limited English Proficient (LEP) <p>Explanation of determination:</p> <p>115.316 (a-c): The agency's Policy titled, "Residents with Disabilities or Who are Limited English Proficient (LEP)," includes the following agency specific procedures as it relates to the requirements of this PREA Standard:</p> <p>Goals of BLJJC's Residents with Disabilities or who are Limited English Proficient Policy:</p> <ol style="list-style-type: none"> 1. To prohibit the use of resident interpreters, resident readers, or other types of resident assistants. 2. To assure that all residents have an equal opportunity to participate in and benefit from all aspects of BLJJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 3. To ensure effective communication with all residents BLJJC facility staff will receive training on 'best practices' related to communicating with residents with disabilities and/or those with LEP. <p>Additionally, the PC will ensure that the following takes place at the facility:</p> <ol style="list-style-type: none"> (1) All residents, including those with disabilities and those with LEP, are provide appropriate materials in formats that ensure effective communication; and (2) The facility does not provide or allow resident interpreters, 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, or the investigation of a resident's allegation(s).

The PC shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PC shall ensure that written materials are provided through formats, other methods, that assure effective communications with residents with disabilities, including residents or who have who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

In addition, it is important to note that this Policy also includes specific procedures for providing the following residents the PREA requirements pursuant to this Standard:

- Deaf or hard of hearing;
- Blind or have low vision;
- Intellectual or psychiatric disabilities;
- Speech disabilities;
- LEP; and
- Limited reading skills.

The Policy also includes procedures for assuring staff, volunteers, and contractors all have been trained on PREA compliant practices related to this PREA Standard, as outlined below:

The BLJJC's PC will assure that all facility staff (including volunteers and contractors) who may have contact with youth in an BLJJC facility have received staff training on PREA-compliant practices for residents with disabilities and/or who are limited English proficient. The PC will assure that all staff (including volunteers and contractors) who may have contact with a youth in BLJJC jurisdiction document, through employee signature or through electronic verification, that employees attended (including dates, times, duration) and understood the training received. The PC shall ensure that their facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations . The Shift Supervisor shall document the use of any resident interpreters, resident readers, or other types of resident assistants via the Facility Deviation Report form and submit this completed report to the PC within 1-hour of the occurrence. At least once per day (i.e., 24 hours) each BLJJC PCM will collect and review all the Facility Deviation Reports pertaining to their facility. The PC shall review and investigate each Report with emphasis on confirming and certifying that the causative circumstance(s) qualified as a "limited" circumstance. Once per month, the PC will aggregate the Facility Deviation Report forms for their facility and create a monthly Facility Resident Interpreters, Resident Readers, or Resident Assistant Deviation Report. This Report will document the dates, times and the limited circumstances (i.e., compromise resident safety; negatively impact performance of first-response duties; and/or negatively impacted the investigation of the resident's allegations) that resulted in the use of resident interpreters, resident readers, or other types of resident assistance.

Lastly, the agency reported in the PAQ that they have had ZERO incidents, in the past 12

months, where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

The auditor interviewed the Agency Head Designee (Assistant Director), and he advised that the facility has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Assistant Director explained that the facility would provide interpreting and mental health services, on an as needed basis, for any resident who requires this type of intervention to understand the PREA orientation and education provided for all residents in the facility. There are interpreting service companies available to the agency (Language Line Solutions and Foreign Language Help Desk) and staff are available that speak fluent Spanish. The Assistant Director talked about a current resident in the facility that speaks primarily Spanish, and that a staff member was used that spoke fluent Spanish to translate all the facility's intake information into Spanish (including the required PREA information).

The auditor interviewed a targeted resident whose primary language is Spanish, and one of the agency's Juvenile Probation Officers (JPO) was used to interpret for this interview. The resident explained that he understands how to report sexual abuse and sexual harassment and advised that PREA was provided during the intake process. The resident advised that the facility provided PREA information in intake, such as: residents' right to be free from sexual abuse and sexual harassment, how to report, residents' rights to be free from retaliation, and the facility's rules against sexual abuse and sexual harassment. The resident remembered being asked risk screening questions during the intake process, such as: have you ever been sexually abused, do you identify as gay/bisexual/transgender, do you have any disabilities, and do you fear for your safety. The resident was familiar with PREA and was provided staff (JPOs and JSOs) to assist with translating.

Each of the 12 randomly selected JSOs interviewed advised the auditor that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extending delay may jeopardize a resident's safety. Each staff member explained that they have never used a resident interpreter for a PREA related incident or allegation, but that if such a situation were to occur, of a LEP resident needing to communicate anything related to sexual abuse or sexual harassment, a professional interpreter or staff member who speaks the language of the resident trying to communicate would be utilized. As a last resort, in order to protect the resident from any potential harm, the 12 staff advised they may use a resident interpreter to help initially but that a professional would be immediately contacted to assist.

Conclusion:

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

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.317</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Hiring and Promotion Decisions (Originally Created: 8/10/2013 / Latest Revision: 2/05/2020) - FACT Clearinghouse Criminal Record Reports - FACT Clearinghouse Information (provided from Texas Department of Public Safety) - PREA questions on previous sexual misconduct pursuant to this PREA standard - National and State Child Abuse Registry Checks - TAC Standard 344.300 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head - Administrative Human Resource Staff (HR) <p>Explanation of determination:</p> <p>115.317 (a-h): The agency's Policy titled, "Hiring and Promotion Decisions," includes the requirements set forth in this PREA provision and states the following: "The BLJJC CJPO will assure that all prospective candidates for hiring and/or for promotion opportunities are subjected to a thorough and complete review of the following: (1) criminal history check that includes a background check of the candidate's prior sexual abuse history; (2) prior allegations of sexual harassment; and (3) contact with 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."</p> <p>The auditor verified that every requirements in this PREA Standard is explicitly stated in the agency's Policy, title: "Hiring and Promotion Decisions." In addition, it is important to explain the agency specific procedures as it relates to how the agency conducts criminal background checks and remains to be informed of any criminal activity of current employees, volunteers, and contractors. The following is an excerpt from the agency's Hiring and Promotion Decisions Policy, pursuant to the requirements PREA Standard 115.317:</p> |

"Any applicant for employment (to include contractors and volunteers) shall be required to submit fingerprints via the Texas Department of Public Safety's Fingerprint Applicant Services of Texas (FAST) system. Applicants' processed through the FAST system will automatically become enrolled in the Fingerprint-based Applicant Clearinghouse of Texas (FACT) system. The FACT Clearinghouse is a repository of the Texas Department of Public Safety (DPS) and the FBI fingerprint-based criminal history results. The FACT Clearinghouse allows an authorized entity access to a consolidated response of the DPS and FBI criminal history fingerprint result, including an electronic subscription and notification service for new arrest activity on subscribed persons. Using the FACT system, the BLJJC PC will receive continuous criminal record check updates of all BLJJC staff members (including contractors and volunteers) who may have contact with BLJJC residents. Employees, contractors or volunteers who are "flagged" by the FACT database will be disciplined according to the BLJJC Policies and Procedures."

The following information was found on the Texas Department of Public Safety website, as it relates to the FACT Clearinghouse and FAST subscription services the agency utilizes:

The FACT Clearinghouse is a repository of the DPS and the FBI fingerprint-based criminal history results. The FACT Clearinghouse allows an authorized entity access to a consolidated response of the DPS and FBI criminal history fingerprint results, including an electronic subscription and notification service for new arrest activity on subscribed persons. Only persons processed through Fingerprint Applicant Services of Texas (FAST) are eligible for FACT. FAST is a service of the DPS that provides the electronic capture and submission of fingerprints for a fingerprint background check.

Fingerprint-Based Search Results:

The criminal records stored at the DPS and the FBI are based on fingerprints submitted at the time of arrest. The DPS and the FBI use Automated Fingerprint Identification Systems (AFIS) that take an electronic image of fingerprints submitted by FAST and compares it to fingerprints of persons previously reported to the DPS and the FBI as having been arrested in Texas or elsewhere in the Nation. The DPS and the FBI have criminal history files of all arrests, prosecutions and court dispositions, if they have been reported to the DPS. When a match is identified through either AFIS, the corresponding criminal history record is pulled from the DPS or the FBI system. FACT displays both results in one location.

Subscription Service:

The subscription service notifies an entity of new activity to a Texas criminal history record and now with the implementation of FBI Rap Back, new activity on an individual's national criminal history. Not only will the subscribing entity receive notifications of events that occurred within Texas, they will also receive notifications of events that occurred elsewhere in the nation.

Events that can generate a notification are arrests, record updates, Sex Offender Registry activity, and death notices. These notifications will help eliminate the need to re-fingerprint employees to determine if new activity has been received after the initial check.

The auditor randomly selected and reviewed ten (10) facility employee personnel files in order to determine whether proper criminal record background checks have been conducted and questions regarding past conduct related to the requirements of this PREA standard were

asked and answered. The auditor verified that each of the 10 files reviewed included the proper state (TCIC) and national (NCIC) criminal history checks, as well as the questions and answers pursuant to this PREA standard. It is important to add that it is the agency's institutionalized practice, as verified by the auditor, to complete a national and state child abuse registry check on all employees, contractors, and volunteers before they are allowed contact with residents. Additionally, the auditor selected two volunteers and one contractor to ensure the required criminal history and child abuse registry checks were completed, and upon review the auditor verified that all three were properly vetted pursuant to the requirements of this PREA standard.

The auditor interviewed an Administrative Human Resource staff member and the Agency Head to determine if agency policy requires the consideration of 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, and both the HR staff and the Agency Head advised that this PREA provision is in agency policy and institutionalized in practice. They also advised that BLJJC policy requires that before the agency hires any new employees who may have contact with residents, it conducts criminal background record checks; consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes 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. The auditor verified this through the personnel file review of the 10 employees randomly selected by the auditor (*plus the two volunteers and one contractor), in which all 13 selected files included the requirements of this PREA provision.

Additionally, the HR staff and Agency Head both confirmed in their interview that BLJJC policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before, enlisting the services of any contractor who may have contact with residents. They also explained that the agency utilizes a system for capturing any criminal behavior for current employees, which is the FACT Clearinghouse operated by the TX Department of Public Safety (including the Rap Back system of capturing nationwide criminal data).

The HR staff and the Agency Head also explained that the agency asks all applicants and employees who may have contact with residents directly about previous misconduct -pursuant to this PREA standard- annually through employee evaluations. The auditor verified this through the file review of the 10 randomly selected staff members, which all 10 included the answers to the annual PREA questions asked. The agency also imposes upon each employees a continuing affirmative duty to disclose any such misconduct. They also confirmed in their interview that the agency is required to 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, unless prohibited by law. The Agency Head advised that he would be the one authorizing the release of this information.

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

- an individual in a position requiring certification or eligible for optional certification; and

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

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

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

Additionally, TAC 344.300 requires the agency to conduct a criminal history check before any individual pursuant to TAC 344.300 begins employment or service provision:

- the department or facility must ensure the individual has electronically submitted fingerprints using Fingerprint Applicant Services of Texas (FAST) and verify that the department is able to subscribe to the individual's Fingerprint-Based Applicant Clearinghouse of Texas (FACT) record;
- the department must subscribe to that individual's record in FACT; and
- the department must use the information in FACT to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.
- The department must maintain a FACT subscription for each individual in a position requiring a criminal history check for as long as the individual remains in such a position. This requirement applies regardless of the date employment or service provision began.

Additionally, TAC Chapter 344.400 requires all juvenile justice entities who employ certified JSOs and JPOs to comply with the following standard provisions:

- If a department receives notification of an arrest for potentially disqualifying criminal

conduct of a person hired in the capacity of a certified officer, the department must notify TJJJ's certification office in writing of the alleged offense no later than 10 calendar days after receiving notice of the arrest.

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

Conclusion:

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

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.318</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Schematic that includes all 98 camera locations <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee - PREA Coordinator <p>Site Review Observations:</p> <p>During the onsite audit, the auditor inspected the agency's entire facility, and at no time did the auditor observe a substantial expansion project underway or any modification to the existing facility.</p> <p>Explanation of determination:</p> <p>115.318 (a-b):</p> <p>The agency's PC advised that the agency currently utilizes Cameras DW Spectrum IPVMS, and all old analog model cameras were recently replaced with the upgraded digital cameras, and 18 surveillance cameras were added to the facility- with a total of 98 in operation. The upgraded cameras have enhanced the department's ability to see incidents and cam zoom in to have a clearer picture of these incidents, and the new DVR system has an improved memory capability, allowing for greater playback.</p> <p>The auditor interviewed the Agency Head Designee, and he explained that no renovations, modifications, or expansion have occurred since 2012, but that if such a plan was to be developed, the agency would consider the effects of such changes on its ability to protect residents from sexual abuse and sexual harassment. He also explained how the agency has updated the facility's video monitoring system to enhance the protection of residents from incidents of sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.321</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Evidence Protocol and Forensic Medical Examinations (Originally Created: 8/11/2013 / Latest Revision: 2/05/2020) - Active MOU between BLJJC and Advocacy Center for Crime Victims and Children - Active MOU between BLJJC and the McLennan County Sheriff's Office (MCSO) - Facility Deviation Report Forms - Pre and Post Program Orientation Material (resident handbook) - Advocacy Center for Crime Victims and Children website (https://advocacycntr.org) - TAC Standards 358.300 and 358.400 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSOs - PREA Coordinator (PC) - ER Nurse from Baylor Scott and White Medical Center- Hillcrest - SANE/SAFE Nurse (Program Coordinator for the Advocacy Center for Crime Victims and Children) - Executive Director of the Advocacy Center for Crime Victims and Children <p>Explanation of determination:</p> <p>115.321 (a): The agency indicated in the PAQ that they are responsible for conducting administrative investigations for all sexual abuse allegations that occur in the facility, and the McLennan County Sheriff's Department is responsible for conducting all criminal investigations. The agency's Policy titled, "Evidence Protocol and Forensic Medical Examinations," also outlines the same protocols, as well as establishes a uniformed evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions.</p> <p>Additionally, the agency also provided the auditor with an active MOU between the BLJJC and</p> |

the McLennan County Sheriff's Office (MCSO), and this document outlines the responsibilities of both parties when the MCSO is conducting a criminal investigation related to a sexual abuse allegation or incident. The MCSO agrees to the following:

- Provide necessary law enforcement investigation pertaining to allegations of sexual abuse occurring in the BLJJC;
- Utilize protocol based on the DOJ'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;
- Provide transportation to the hospital for SAFE or SANE examinations (a facility staff member shall accompany the sheriff's officer to the hospital).

The auditor interviewed 12 randomly selected JSOs, and each JSO articulated clearly the agency's protocols for obtaining usable physical evidence after a sexual abuse incident, which included to preserve and protect the scene and wait for trained investigators to arrive to collect the evidence. The JSOs interviewed all advised that the McLennan County Sheriff's Department (MCSD) is contacted immediately for any sexual abuse allegation or incident, and the MCSD is responsible for conducting all criminal investigations. Additionally, the JSOs were aware of the agency's own administrative investigators and the requirement to immediately notify TJJD.

Additionally, the PC confirmed that the BLJJC has an agreement with the MCSD, which requires the MCSD to collect all evidence related to any sexual abuse or sexual harassment criminal investigation in the facility.

The auditor feels it is important to add that the agency is required to adhere to the following Texas Administrative Code (TAC) Standards, §358.300 and §358.400:

Duty to Report:

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

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

Sexual Abuse or Serious Physical Abuse:

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

And, Chapter §358.400 (Investigation Requirement):

In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile

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

115.321 (b):

Per the agency's Evidence Protocol Policy on page 3, "for investigations conducted by BLJJC staff the BLJJC CJPO and the Juvenile Board has adopted and authorized an evidence protocol that ensures that all usable physical evidence is preserved for administrative and criminal proceedings. This evidence protocol is based on the Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" (i.e., SAFE Protocol), or similarly comprehensive and authoritative protocols published after 2011 [PREA §115.321]. For investigations conducted by outside agencies (i.e., the Sheriff's Department) the BLJJC CJPO will request that the investigating entity follow the relevant investigatory requirements set out in PREA standard PREA.

The agency's Evidence Protocol Policy also explains that all allegations of sexual abuse at BLJJC will be investigated by local law enforcement, specifically the MCLENNAN COUNTY SHERIFF'S DEPARTMENT; and to the extent possible, the BLJJC PCM will request that the MCLENNAN COUNTY SHERIFF'S DEPARTMENT utilize a protocol that is developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.321 (c):

The agency's Evidence Protocol and Forensic Medical Examination Policy includes all the requirements of this PREA provision and states the following, as it relates to this provision: The BLJJC's PC will assure that all residents who report sexual abuse have access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Where possible, such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. In this event, the Shift Supervisor shall document the facility's efforts to provide SAFEs or SANEs via the Facility Deviation Report. The Shift Supervisor will submit the completed report to the PC with 6-hours of the allegation of sexual assault.

Additionally, the agency also provided the auditor with an active MOU between the BLJJC and the McLennan County Sheriff's Office (MCSO), and this document indicates that the MCSO agrees to providing transportation to the hospital for SAFE or SANE examinations (a facility staff member shall accompany the sheriff's officer to the hospital).

It should be noted that the facility indicated in the PAQ that all SANE/SAFE exams would be conducted offsite at a local hospital, and they have had ZERO such exams performed during the past 12 months (zero allegations/incidents involving a resident being sexually abused in the past 12 months, as reported by the agency).

In addition, the auditor reviewed the agency's Pre and Post Resident Orientation Material, which includes the following provisions for a resident who is a victim of sexual abuse (regardless of when or where it occurred):

Any resident who at intake, through the admission or assessment process, or throughout his/her confinement, is determined to have experienced prior sexual victimization (regardless of when or where it occurred) shall be offered a follow-up appointment with a medical and/or mental health practitioner as soon as possible when the information was discovered. Any resident who alleges to have been a victim of sexual abuse while in the custody of the McLennan County Juvenile Services facility shall have access to a forensic medical examination at by a certified SANE/SAFE Nurse at a local hospital without financial cost, where evidentiary or medically appropriate.

The auditor interviewed the Executive Director of the Advocacy Center for Crime Victims and Children over the phone after the onsite, and the Director explained that they have an active MOU with the BLJJC (last signed into effect in 2016) and her agency works collaborately with the SANE nurses, law enforcement, and the victim and his/her family to ensure all the appropriate victim services are provided. She also elaborated further that any child referred to her agency, regardless of the situation, would be provided victim services, with strict confidentiality being maintained at all times throughout the process.

The auditor also reviewed the Advocacy Center for Crime Victims and Children's website and discovered the following information, as it relates to SANE/SAFE services provided by the agency:

"The Victims Center responds immediately to survivors of violence. While seventy percent of those served by the program are affected by sexual assault, the agency works with victims of all crimes. Services provided include a 24-hour Crisis Hotline, sexual assault nurse exams, case management and counseling. Individual, family and group therapy are available. Groups include people who have lost someone to homicide or suicide, women survivors of sexual abuse, teen girls, boys and men. The Sexual Assault Nurse Examiners (SANE) program is made up of specially trained RNs who are on-call 24/7. They offer compassionate care and support for victims at a moment's notice. Nurses meet rigorous legal and medical standards required by statute and ethical code. Their work includes forensic medical collection, medical intervention, health education, follow up referrals and objective legal testimony."

Furthermore, the PC advised the auditor that if a resident was sexual abused in the facility, the victim would be transported to a local hospital for a SANE/SAFE exam, with the emergency center nurse making contact with a SANE nurse immediately upon arrival. All SANE/SAFE nurses are employed with the Victim's Advocacy Center, and the BLJJC can use either Hillcrest Medical Center or Providence Medical Center.

The auditor contacted Baylor Scott and White Medical Center- Hillcrest, and one of the ER nurses advised they have a direct number they call if a SANE/SAFE exam is needed. The ER nurse advised that after this contact is made, a SANE/SAFE nurse is immediately sent over to conduct the exam.

Additionally, after the onsite, the auditor interviewed the Program Coordinator for the Advocacy Center for Crime Victims and Children, who has the following credentials: FNP-C, RN, SANE-A, and SANE-P (along with being certified through the TX Attorney General and nationally certified through IAFN). The Program Coordinator explained how her agency provides for SANE/SAFE exams for both acute (within 96 hours- in the ER) and chronic (after 96 hours- conducted in the Advocacy Center). She also advised that the Advocacy Center includes a law enforcement unit onsite, which includes specially trained law enforcement officers who are able to conduct interviews onsite. The Program Coordinator explained how her agency responds to victims referred to both Baylor Scott and White- Hillcrest and Providence medical centers to conduct acute SANE/SAFE exams. She explained further how an ER nurse from one of these hospitals or a law enforcement officer will contact the Advocacy Centers if a SANE/SAFE exam is needed, and a SANE/SAFE nurse from the Advocacy Center will then go to the hospital to conduct the exam. The Program Coordinator also advised that the contract her agency has with the hospitals requires a SANE/SAFE nurse to be available 90% of the time. However, if for some reason a SANE/SAFE nurse is unavailable, the victim has two choices: 1. They can wait until one shows up (which would be soon), or 2. Be transported to Temple Medical Center. She explained that a SANE/SAFE nurse is not required to obtain medical consent from a parent/guardian if the victim is a child, but that the agency does utilize a consent form that the victim signs. The Program Coordinator notified the auditor that her agency serves 70 law enforcement agencies, in 5 surrounding counties, and all the SANE/SAFE nurses who work for the Advocacy Center for Crime Victims and Childrens are certified for SANE/SAFE exams for both adult and pediatric victims.

115.321 (d):

The agency's Evidence Protocol and Forensic Medical Examination Policy includes the requirements of this PREA provision on page 4, which includes the following agency specific procedures:

The BLJJC facility Shift Supervisor shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the BLJJC facility Shift Supervisor shall make available a qualified staff member from a community-based organization or a qualified agency staff member to provide these services. If the Shift Supervisor is unable to secure the services from a rape crisis center the Shift Supervisor shall document this deviation via the Facility Deviation Report. The Shift Supervisor will submit the completed report to the PC with 4-hours of the allegation of sexual assault. Once per month the PC will aggregate Facility Deviation Report Forms pertaining to his/her facility and create a monthly Facility Rape Crisis Center Deviation Report. This Report will document the dates, times and the limited circumstances that resulted in the use of non-Rape Crisis Center staff.

The auditor also reviewed the agency's Pre and Post Resident Orientation Material, which states: If a resident is determined to be a victim of sexual abuse, sexual

assault, sexual harassment, abuse (physical, emotional) neglect, or exploitation, the facility shall make available to the resident a victim advocate provided by the Advocacy Center in Waco.

Additionally, the agency provided the auditor with the agency's MOU with the Advocacy Center for Crime Victims and Children (active since 2016). Upon review of the document, the auditor was able to determine that the protocols in place are sufficient for providing the requirements of this PREA provision, as well as provide for additional measure to ensure a victim of sexual abuse is provided services after he/she is released from detention. In order to verify that this advocacy organization provides for the requirements of this PREA standard, the auditor interviewed the agency's Executive Director and reviewed their website (<https://advocacycntr.org>). The Executive Director of the Advocacy Center for Crime Victims and Children was interviewed over the phone after the onsite, and the Director explained that they have an active MOU with the BLJJC (last signed into effect in 2016) and her agency works collaboratively with the SANE nurses, law enforcement, and the victim and his/her family to ensure all the appropriate victim services are provided. She also elaborated further that any child referred to her agency, regardless of the situation, would be provided victim services, with strict confidentiality being maintained at all times throughout the process. Further, upon the auditor's review of the advocacy center's website, the auditor learned that the Advocacy Center began in 1976 as the Waco Rape Crisis Center, and currently the services of 29 staff. It has grown into an umbrella agency with three programs, the Children's Advocacy Center (CAC), The Victims Center, and Prevention and Education – offering many services to the hurting in our community. Over the past year the Advocacy Center for Crime Victims and Children has:

- Conducted 452 developmentally sensitive and legally sound forensic interviews for children ages 2-17;
- Responded to 386 crisis hotline calls;
- Performed 241 sexual assault medical exams of children and adults in the Central Texas region;
- Provided direct counseling and advocacy services to 3,622 primary and secondary victims of crime; and
- Presented 1,500 prevention related programs to more than 10,250 community members.

The Victims Center responds immediately to survivors of violence. While seventy percent of those served by the program are affected by sexual assault, the agency works with victims of all crimes. Services provided include a 24-hour Crisis Hotline, sexual assault nurse exams, case management and counseling. Individual, family and group therapy are available. Groups include people who have lost someone to homicide or suicide, women survivors of sexual abuse, teen girls, boys and men. The Sexual Assault Nurse Examiners (SANE) program is made up of specially trained RNs who are on-call 24/7. They offer compassionate care and support for victims at a moment's notice. Nurses meet rigorous legal and medical standards required by statute and ethical code. Their work includes forensic medical collection, medical intervention, health education, follow up referrals and objective legal testimony. Volunteers carry a cell phone to answer a 24/7 crisis hotline and go to local hospitals to provide compassionate emotional support and advocate for sexual assault survivors. Crisis

Intervention – immediate 24/7 response through the crisis hotline for children and adult survivors of violence, including stranger and non-stranger sexual assault. Crisis Intervention and Advocacy are available on a walk-in basis during normal business hours (8:30 am-12 pm and 1pm - 5:00 pm) at the agency's main location. The hotline can be contacted at any time at: 254-752-7233 or toll free at 888-867-7233. The following services are also provided:

- Counseling – professional, confidential counseling for victims of all crimes and their families;
- Support groups – sexual assault survivor groups for women, men, boys, girls, and teens;
- Child Fatality Review Team – tracks trends and risks; educates the community in ways to prevent child deaths;
- Community Education – informs children, teachers, clergy and other community members about child abuse issues; and
- Family enrichment groups – provide non-violent ways to deal with communication and discipline issues.

As indicated previously in this report, the agency has not had to utilize the services of the Advocacy Center since implementing PREA, due to never having an incident or allegation of a resident being sexually abused in the facility.

115.321 (e):

Per the agency Evidence Protocol and Forensic Medical Examination Policy, "as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization a BLJJC approved staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

Additionally, the agency provided the auditor with their MOU with the Advocacy Center for Crime Victims and Children (active since 2016). Upon review of the document, the auditor was able to determine that the protocols in place are sufficient for providing the requirements of this PREA provision, as well as provide for additional measure to ensure a victim of sexual abuse is provided services after he/she is released from detention.

The agency's Evidence Protocol and Forensic Examination Policy on page 4 includes the requirements of this PREA provision and states, "in the event that BLJJC is not responsible for investigating the allegations of sexual abuse, BLJJC shall request that the investigating agency follow the requirements pursuant to PREA Standard 115.321 (a-e)."

Additionally, the agency also provided the auditor with an active MOU between the BLJJC and the McLennan County Sheriff's Office (MCSO), and this document outlines the responsibilities of both parties when the MCSO is conducting a criminal investigation related to a sexual abuse allegation or incident. The MCSO agrees to the following:

- Provide necessary law enforcement investigation pertaining to allegations of sexual abuse occurring in the BLJJC;
- Utilize protocol based on the DOJ'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;

- Provide transportation to the hospital for SAFE or SANE examinations (a facility staff member shall accompany the sheriff's officer to the hospital).

This MOU also outlines the BLJJC's agreed upon responsibilities, as documented below:

- The Director shall ensure that the policies and procedures related to reporting and investigations are followed and that Law Enforcement is notified immediately but not later than one (1) hour of any allegation of sexual abuse;
- It will provide unlimited access to the victim while placed at the BLJJC as needed; and
- The Director shall ensure that all staff cooperate with the Sheriff's Office during an investigation.

115.321 (g):

N/A. The auditor is not required to audit this provision; however, the agency does include this PREA language in their Evidence Protocol and Forensic Medical Examinations Policy.

115.321 (h):

Per the agency's Evidence Protocol and Forensic Medical Examination Policy on page 5, pursuant to PREA Standard 115.321 (d-e), a qualified BLJJC staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role by the BLJJC PC and has received education concerning sexual assault and forensic examination issues, in general. The BLJJC's PC shall maintain a list of all qualified BLJJC staff members and qualified community-based staff members who have been screened for appropriateness to serve in this role. The list will be made available to the BLJJC's Facility Head and each Shift Supervisor.

Conclusion:

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

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p><u>115.322</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Policies to Ensure Referrals to Allegations for Investigation (Originally Created: 8/11/2013 / Latest Revision: 2/05/2020) - Active MOU between BLJJC and the McLennan County Sheriff's Office (MCSO) - TJJJ Internal Investigation Reports - TJJJ Incident Reports - TJJJ Hotline Call Report for 2019 - Facility Grievance Logs and Completed Forms (10 grievance randomly selected from 2019) - Safety-Based Seclusion Logs and Reports (3 reports randomly selected from 2019) - Disciplinary Seclusion Logs and Reports (8 reports randomly selected from 2019) - Voluntary Witness Statements - MCJJC Memo of 2017 Administrative Investigation - TAC Standards 358.300 and 358.400 <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - Agency Administrative Investigator (Superintendent) <p>Explanation of determination:</p> <p>115.322 (a-c): Per the agency's Policy title, "Policies to Ensure Referrals to Allegations for Investigation," the BLJJC will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Furthermore, this Policy also outlines the following agency specific procedures that have been implemented to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment:</p> <p>"The BLJJC understands that every BLJJC staff member, contractor, or volunteer shares in</p> |

the responsibility to protect BLJJC residents from harm. Every staff member, contractor, or volunteer has a duty to report any suspected case of child abuse or neglect. It is the policy of the BLJJC to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to MCLENNAN COUNTY SHERIFF'S DEPARTMENT or TJJD as these agencies have the legal authority to conduct criminal investigations of sexual abuse or criminal sexual harassment in juvenile facilities. Every staff member, contractor, or volunteer is required by State of Texas law to report any and all cases of sexual abuse to the TJJD at 1-877-786-7263 or to local law enforcement. The CJPO shall assure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All referrals for investigation will be documented on the BLJJC's Sexual Abuse, Sexual Harassment, or Incident of Retaliation Referral Form."

The agency's Referrals of Allegations for Investigation Policy also explains that the BLJJC PC shall ensure that a complete copy of this Policy is published on the BLJJC website, and the auditor was able to verify that this Policy was, in fact, available on their website, at: <http://www.co.mclennan.tx.us/758/Prison-Rape-Elimination-Act-PREA>. Additionally, since the MCSO conducts the criminal investigation, the auditor also verified that the publication describes the responsibilities of both the agency and the investigating entity.

Additionally, the agency also provided the auditor with an active MOU between the BLJJC and the McLennan County Sheriff's Office (MCSO), and this document outlines the responsibilities of both parties when the MCSO is conducting a criminal investigation related to a sexual abuse allegation or incident. The MCSO agrees to the following:

- Provide necessary law enforcement investigation pertaining to allegations of sexual abuse occurring in the BLJJC;
- Utilize protocol based on the DOJ'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;
- Provide transportation to the hospital for SAFE or SANE examinations (a facility staff member shall accompany the sheriff's officer to the hospital).

This MOU also outlines the BLJJC's agreed upon responsibilities, as documented below:

- The Director shall ensure that the policies and procedures related to reporting and investigations are followed and that Law Enforcement is notified immediately but not later than one (1) hour of any allegation of sexual abuse;
- It will provide unlimited access to the victim while placed at the BLJJC as needed; and
- The Director shall ensure that all staff cooperate with the Sheriff's Office during an investigation.

As indicated throughout this report, the agency indicated in the PAQ that in the past 12 months, they have had ZERO allegations of sexual abuse and sexual harassment that were received; therefore, no criminal or administrative sexual abuse investigation has occurred.

In order to verify that the agency has not had a sexual abuse or sexual harassment allegation in the past 12 months, the auditor analyzed the agency's 2019 TJJD Hotline Report and reviewed 10 randomly selected grievances, 3 randomly selected safety-based seclusions, and 8 randomly selected disciplinary seclusions, all for calendar year 2019. After review of all documents listed above, the auditor determined that the agency did not have a sexual abuse or sexual harassment incident or allegation in calendar year 2019.

The agency did provide the auditor with administrative investigation documents for three incidents (one for 2017 and two for 2018) that the auditor determined did NOT reach the level of sexual harassment or sexual abuse, but these incidents are worth adding to this report due to the agency's response to the allegations exceeding the requirements set forth in this PREA Standard. The agency's responses to the three allegations are detailed below:

2017 Allegation:

Upon the auditor reviewing the completed TJJD Incident Report form, voluntary witness statement, and grievance form; the auditor determined that this allegation was a one-time incident involving an alleged inappropriate statement made by a staff member to a resident, which the auditor determined did not reach the level of sexual harassment per the PREA definition. It is important to note that the agency, even though not required by PREA standards, reported this allegation to TJJD (via TJJD Incident Report), local law enforcement (MCSD), and the alleged victim's parents on the same day that the resident's grievance was submitted. Furthermore, the PC provided the auditor with a memo that detailed the administrative investigation conducted by the Assistant Superintendent for this 2017 allegation, and the auditor verified through this memo that the agency conducted a prompt and thorough internal investigation, advised the resident who made the allegation the outcome of the investigation, and encouraged the resident to report any further allegations that may arise.

2018 Allegation (1 of 2):

Upon the auditor reviewing the completed TJJD Incident Report and TJJD Internal Investigation Report, the auditor determined that the agency took the necessary steps to ensure the incident was not sexual in nature. The Investigation Report explains that the alleged victim was allowed to contact TJJD (3rd party reporting agency operated by the State of Texas- TJJD) to report this alleged incident to TJJD, which triggered the administrative investigation by the agency. Even though this incident is described in the report as accidental contact between two residents during a supervised football game, the agency exceeded the PREA requirements of this PREA Standard by reporting the incident to TJJD and local law enforcement (MCSD) and initiating an administrative investigation to ensure no intentional sexual contact was made. The administration investigation was concluded two days after the allegation was first reported, and the disposition was determined as inconclusive due to conflicting statements made by the two residents involved. The documentation provided verifies that the alleged victim's parents were notified of the initial allegation and of the disposition.

2018 Allegation (2 of 2):

This incident involved an alleged inappropriate statement made by one resident to another resident, and upon review of the TJJD Incident Report and Investigation Summary Report, the auditor determined that this incident did not reach the level of sexual harassment or sexual abuse due to being an isolated alleged incident of a resident making an inappropriate comment to another (not repeated). Although, this incident did not require the agency to follow-up with an administrative investigation or following through with their reporting protocols, the auditor determined that the agency exceeded the PREA requirements to ensure resident sexual safety. The agency reported this alleged incident to TJJD, contacted the alleged victim's parents, and conducted an administrative investigation within 24 hours of the comment being made.

The auditor interviewed the Agency's Head Designee (Assistant Director), and he advised the agency has NOT had an allegation or incident of a resident being sexually abused in the facility since before PREA was first implemented in 2012. He also explained that the agency is required to immediately notify the McLennan County Sheriff's Department and TJJJ of any allegation concerning a report of sexual abuse. Additionally, the Agency's Director will immediately assign an internal investigator to conduct an administrative investigation into any allegation of sexual abuse or sexual harassment. The Assistant Director also explained in detail how the agency conducts an administrative investigation for all allegations of sexual abuse and sexual harassment, which would include, but should not be limited to, the following steps:

- ensure all the required notification to law enforcement and TJJJ have been made;
- ensure all first responder duties have been performed to ensure the victims' safety;
- if a staff member is the alleged perpetrator, ensure this staff member is sent home and not allowed access into the facility until further notice (place on administrative leave through the entirety of the investigation- with termination of employment as the presumed action if the allegation is substantiated);
- the administrative investigator will begin his/her internal investigation of reviewing video surveillance footage, conduct interviews, and complete the TJJJ Internal Investigation Reporting Form.

Additionally, the auditor interviewed one of the agency's administrative investigators, the agency's Superintendent, and he explained that BLJJC policy requires all allegations of sexual abuse and sexual harassment be referred to the McLennan County Sheriff's Department (MCSD) and TJJJ immediately, regardless if the allegation involves potential criminal behavior or not. As explained by the auditor in this section of the report, the agency exceeds the PREA requirements of reporting and reports all allegations related to sexual abuse and sexual harassment, even if the allegation does not reach the level of sexual abuse or sexual harassment as defined by PREA.

As noted in subsection 115.321 of this report, the agency is required to adhere to the following TAC Standards, §358.300 and §358.400:

Duty to Report:

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

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

Sexual Abuse or Serious Physical Abuse:

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

of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.

And, Chapter §358.400 (Investigation Requirement):

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

115.322 (d-e):

N/A. The auditor is not required to audit this provision; however, it is important to note that the agency includes this PREA language in their Policy title, "Policies to Ensure Referrals of Allegations for Investigations," on page 5.

Conclusion:

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

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.331</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Employee Training (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - PREA Training Curriculum (last updated 2/1/2018) - PREA Training Lesson Plans - PREA Training PowerPoint Presentation - PREA Training Participation Guide - PREA Training Sign-In Verification Logs - PREA Training Spreadsheets - PREA Training Sign-In Sheet (newly revised) - TAC Standard 344.620 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSOs - PREA Coordinator <p>Explanation of determination:</p> <p>115.331 (a): The agency Employee Training Policy includes procedures for ensuring that all BLJJC employees receive training on sexual abuse and sexual harassment in facilities. Further, once an employee receives his/her initial training, the PC will ensure that all BLJJC employees are provided annual refresher information and that at least every other year that all employees are provided with refresher training. The PC will ensure that the employee's training file contains documentation that each employee attended and understood the training they received. Additionally, this Policy also outlines that the PREA training includes, but is not be limited to, each of the eleven (11) training topics pursuant to this PREA Standard.</p> <p>The auditor interviewed 12 randomly selected JSOs, and each JSO clearly articulated that the</p> |

PREA training they receive every year includes, at a minimum, the 11 elements of this PREA provision. Staff were able to elaborate on specific training topics related to the requirements of this provision, and the auditor was able to easily determine that staff are aware of their PREA related duties of keeping residents safe and how to fulfill their responsibilities under the MCJPD's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures (PREA Policies). Staff explained how retaliation is not tolerated and immediately reported, how the dynamics of sexual abuse and sexual harassment are different in a secure facility than in the community, the common reactions juvenile victims may display, how to immediately act to prevent sexual abuse, how to ensure proper boundaries and avoid inappropriate relationships, how to communicate effectively and respectfully with residents who identify as LGBTI, the requirement of reporting any sexual abuse to outside authorities (McLennan County Sheriff's Department and Texas Juvenile Justice Department), and how there is no consent in a secure facility for any sexual activity.

In addition, it is important to note that Texas Administrative Code (TAC) Chapter 344.620 requires all new county employees seeking certification as a Juvenile Supervision Officer (JSO) to successfully complete a list of mandatory topics, including PREA, and a competency exam before performing the duties of a certified officer and for certification.

115.331 (b):

Per the agency's Employee Training Policy, "the BLJJC PC will ensure that all BLJJC employees employed on or after August 20, 2013, are provided with training that is tailored to the unique needs and attributes (e.g., gender, disabilities, ESL, deaf, etc.) of the residents at the facility prior to the employee interacting with any BLJJC youth.

The auditor determined through a comprehensive review of the PREA training curriculums provided by the PC that the agency trains all security staff (JSOs) on the unique needs and attributes of residents of juvenile facilities, including specific training tailored to the unique dynamics for each gender of residents. The PREA training material provided each year to all JSOs includes the requirements of this PREA provision. Further, the auditor determined during the onsite phase of the audit that the agency only has one facility that houses both male and female residents separately (one female housing unit and the other housing units are for males), with male staff assigned to the male housing units and female staff assigned to the female housing unit. However, the gender specific PREA training pursuant to this provision is annually trained to all staff, regardless of gender. It should be noted that the auditor verified that all current security staff (71 JSOs) received this PREA training during their annual PREA refreshers (and initially, as applicable during basic training), as described below in 115.331 (d).

115.331 (c):

Per the agency's Employee Training Policy, "the BLJJC PC will ensure that all employees receive "refresher" information in years in which an employee does not receive refresher training. Refresher information is designed to ensure that all employees are reminded of BLJJC's current sexual abuse and sexual harassment policies, rules, and procedures. The information will include, but not be limited to, each of the eleven (11) PREA training topics pursuant to this Standard."

The auditor determined through conversations with the PC, interviews with the 12 randomly selected JSOs, and a review of the PREA training sign-in verification forms for all 71 of the currently employed JSOs that all security staff members have received PREA refresher

trainings annually; therefore, substantially exceeding the requirements of this PREA Standard.

115.331 (d):

Per the agency's Employee Training Policy, "the BLJJC PC will ensure that all employees document, through employee signature or through electronic verification, that they attended (including dates, times, duration) and understood the training received."

The auditor interviewed 12 randomly selected JSOs and was provided PREA training sign-in verifications logs (names and signatures of staff in attendance), spreadsheets of PREA training dates, and PREA training curriculums in order to determine compliance with each element of this PREA standard; and the auditor determined that the agency substantially exceeds the requirements of this PREA standard by providing formal PREA training annually to all employees. The auditor verified that all 71 current JSOs received PREA training in 2019; as well as verified that out of 14 randomly selected past and current JSO training files, each file included the annual PREA trainings (as applicable) for 2017, 2018, and 2019.

The auditor made a recommendation of best practices to the PC of adding a training verification form for each staff to complete upon completion of the PREA training class; however, this is not mandatory and an acknowledgement statement of understanding would suffice. The PC advised that the agency would immediately add the aforementioned acknowledgement statement to all PREA training sign-in sheets going forth, and after the onsite, the PC provided the auditor with the agency's newly revised PREA training sign-in sheets. These new sign-in sheets include the following acknowledgement statement for all staff to sign and agree to: "I hereby certify I attended and understand the training provided and it will be used in the performance of my official duties to the best of my ability."

Conclusion:

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

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.332</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Volunteer & Contractor Training (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - PREA Training Curriculum (last updated 2/1/2018) - PREA Training Lesson Plans - PREA Training PowerPoint Presentation - PREA Training Participation Guide - PREA Training Sign-In Verification Logs <p>Interviews:</p> <ul style="list-style-type: none"> - One Contractor (contracted lead teacher for the facility) - Two Volunteers <p>Explanation of determination:</p> <p>115.332 (a-c): The agency's Volunteer and Contractor Training Policy includes all the requirements of this PREA Standard, and this Policy states the following as it relates to agency specific procedures pursuant to this Standard: The PC will ensure that BLJJC volunteers or contractors receive training on sexual abuse and sexual harassment. Further, the PC will ensure that the volunteer or contractor's training file contains documentation that each volunteer or contractor attended and understood the training they received. Additionally, the BLJJC PC will ensure that all BLJJC volunteers or contractors employed on or before August 19, 2013, are provided with training that is tailored to the unique needs and attributes (e.g., gender, disabilities, ESL, deaf, etc.) of the residents at the facility AND to the level of contact the volunteer or contractor will have with residents. At a minimum, the training will cover the need for all volunteers or contractors to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, as well as each of the 11 PREA training topics pursuant to PREA Standard 115.331 (a).</p> <p>The auditor interviewed two volunteers and one contractor while onsite, and each of the three</p> |

individuals explained that they receive PREA training annually from the Department, and the training is the same training that each full-time employee receives (the same training material described in subsection 115.331 of this report). The auditor asked each individual to describe, in their own words, the PREA training they receive on an annual basis, and each person clearly understood their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response; as well as the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

The auditor was provided PREA training sign-in verification logs for 5 contractors and one volunteer, which the auditor used to determine that PREA training is being provided annually to each volunteer and contractor who has, or may have, contact with residents in the facility. The auditor made a recommendation of best practices to the PC of adding a training verification form for each contractor and volunteer to complete upon completion of the PREA training class; however, this is not mandatory and an acknowledgement statement of understanding would suffice. The PC advised that the agency would immediately add the aforementioned acknowledgement statement to all PREA training sign-in sheets going forth.

Conclusion:

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

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| 115.333 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p><u>115.333</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Resident Education (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - PREA Orientation and Comprehensive PREA Video Acknowledgement forms - Resident Handbook - PREA Educational Video - PREA Signage - PC Monthly Status Check Reports (12 for 2019) - Every Sunday PREA Video Sign-In Acknowledgement forms <p>Interviews:</p> <ul style="list-style-type: none"> - 10 Residents (8 randomly selected & 2 targeted) - Intake Staff - PREA Coordinator <p>Site Review Observations:</p> <p>During the onsite audit, the auditor also observed a juvenile being admitted into the facility and reviewed the PREA orientation and comprehensive PREA education video provided to the resident. This was conducted within a few hours of the child being admitted into the facility, and an intake staff member went over the facility's PREA orientation packet with the resident. After this process, the child was provided the PREA comprehensive video that was approximately 20 minutes long. When the orientation and PREA education video was completed, the resident and staff signed a form- adequately demonstrating the material was provided to the resident and that the resident understood what was covered. Additionally, during the onsite, the auditor observed PREA signage throughout the entire facility. The signage included, but was not limited to, the agency's zero-tolerance policy, resident rights, PREA orientation material, grievance process, etc. Additionally, the agency also maintained a resident handbook on each housing unit, which includes a comprehensive PREA section.</p> |

Explanation of determination:

115.333 (a-f):

The agency's Resident Education Policy on page 3 outlines the following procedures:

"The PC will ensure that all residents, during the intake process, receive information explaining, in age appropriate fashion, the following:

1. BLJJC's zero tolerance policy regarding sexual abuse, sexual harassment, and retaliation [PREA §115.333(a)]; and
2. How to report incidents or suspicions of sexual abuse, sexual harassment and/or retaliation.

Additionally, this Policy also explains that the PC will ensure that within 10 days of intake each resident is provided with comprehensive, age-appropriate education. This education will be provided to residents either in person or through video regarding the following:

1. Their rights to be free from sexual abuse and sexual harassment;
2. Their rights to be free from retaliation for reporting such incidents; and
3. BLJJC's policies and procedures for responding to such incidents.

Per the agency's Resident Education Policy, "the PC shall ensure that his/her facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility shall maintain written documentation, including the signature of the resident, of his/her participation in these education sessions and this information will be retained in the Resident's File on the Resident Education Form. In addition to providing such education, the Facility Head shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, computer "scrolling" messages, or other written formats.

The auditor interviewed an intake staff member who explained that all admitted juveniles, regardless of transfer or not, are provided information about the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse and sexual harassment within 1-3 hours after first being admitted into the facility. This officer also explained how this PREA orientation is provided from a facility orientation packet that the intake staff member signs, as well as the resident (signs and dates- with an acknowledgement of understanding statement). Additionally, each resident admitted also receives a more comprehensive PREA education video during this intake process, within 1-3 hours of being admitted.

The auditor interviewed a total of 10 residents (8 random and 2 targeted), and each resident advised the auditor how they received PREA information within a few hours of being admitted into the facility. The residents explained that an intake staff member went over the initial PREA orientation, then they watched a PREA video, and afterwards signed an acknowledgement of understanding form. The residents were able to elaborate on the PREA information provided by the agency, such as: rules against sexual abuse and sexual harassment; the right of residents not to be sexually abuse, sexually harassed, retaliated against for reporting, or neglected by staff; how to report any type of abuse or harassment (all residents explained the TJJJ Hotline system and other ways to report such as grievance or

telling staff in private). The residents explained further that the PREA video was about 15 to 20 minutes long and covered a more detailed explanation of their PREA rights, how to report, how to stay safe, services available for victims of sexual abuse, etc.

Additionally, the auditor also observed a juvenile being admitted into the facility and reviewed the PREA orientation and comprehensive PREA education video provided to the resident. This was conducted within a few hours of the child being admitted into the facility, and an intake staff member went over the facility's PREA orientation packet with the resident. After this process, the child was provided the PREA comprehensive video that was approximately 20 minutes long. When the orientation and PREA education video was completed, the resident and staff signed a form- adequately demonstrating the material was provided to the resident and that the resident understood what was covered.

It should also be noted, that the auditor analyzed the PREA video to ensure it met the minimum requirements of this PREA standard, and upon review the auditor determined that the video exceeds the PREA education requirements of this standard.

The auditor also examined 10 randomly selected resident files to ensure the PREA orientation and PREA comprehensive education was provided within the required timeframes for each resident in the facility, and upon review the auditor determined that each of the 10 files reviewed included documented proof that each resident received the required PREA orientation information and comprehensive PREA education video within hours of being admitted into the facility, **substantially exceeding** the timeframe requirements of this standard. Furthermore, it should be noted that the agency also exceeds the requirements of this PREA standard by providing each resident in the facility the PREA video every Sunday. This exceeding practice of ensuring all residents fully understand the applicable PREA educational material pursuant to 115.333 (a-b), was verified by the auditor to be fully institutionalized in the facility by reviewing resident sign-in sheets for each of the 10 randomly selected resident files. These sign-in sheets included an acknowledging statement that each resident who signed received and understood the information provided in the video. The auditor determined that this method of continuing PREA education also **substantially exceeds** the requirements of this PREA standard.

During the onsite, the auditor observed PREA signage throughout the entire facility. The signage included, but was not limited to, the agency's zero-tolerance policy, resident rights, PREA orientation material, grievance process, victim advocacy group information, Stop signs, etc. Additionally, the agency also maintained a resident handbook on each housing unit, which includes a comprehensive PREA section. The auditor confirmed that the Agency's Resident Handbook for both the pre and post programs cover the PREA orientation and comprehensive PREA education requirements of this standard, as well as other PREA standards (e.g., victim advocate information, agency response procedures to a victim of sexual abuse, grievance process, etc.). The Resident Handbooks were accessible to all residents and each resident interviewed advised that they can ask to read the handbook at any time.

Lastly, it should be added that the PC conducts monthly interviews with each resident from each Pod in facility and performs periodic facility inspections, with a monthly report being provided to the Chief of the agency. The interviews & facility inspections are conducted periodically each month (no specific time or date), and this method of internal auditing provides the auditor with direct insight into the level of sexual safety in the facility. The PC

provided the auditor with 12 reports that were emailed to the Chief of the agency (one for every month in 2019), and each report included the interview questions asked, the names of each resident in the facility who were interviewed, notes from the interviews, and a summary of her observations made during the facility inspections. The monthly interview reports demonstrate how the PC ensures her PREA related responsibilities are fulfilled and if the residents understand the PREA education provided. It is important to note that the interviews include questions related to the resident's own perception of safety, the child's own history of being harmed, and if the grievance, telephone, mail, medical, and PREA rights were explained clearly during the child's initial intake process (and if the residents know where the grievance boxes are located).

Conclusion:

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

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.334</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Specialized Training Investigations (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - Explanation of what was provided in the 12 hour TJJD investigations trainings - Investigator Training Sign-In Sheets <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Administrative Investigator (Superintendent) <p>Explanation of determination:</p> <p>115.334 (a-c): The agency's Specialized Training: Investigations Policy includes the requirements of this PREA Standard and states, "the BLJJC CJPO will assure that all BLJJC sexual abuse investigators are provided with specialized training on how to conduct sexual abuse investigations in a confinement setting. Further, the CJPO will work to ensure that State of Texas entities and/or Department of Justice investigators have also received the same or substantially equivalent training."</p> <p>Additionally, the agency provided the auditor with an explanation of what was provided in the TJJD Investigators Training, which included, but was not limited to, the following:</p> <ul style="list-style-type: none"> - tailored investigator training to meet the needs of administrative investigations; - utilization of first responders to enhance the investigative process; - the different types of evidence available to the administrative investigator; - proper methods for handling of evidence; - dispels myths related to interviewing victims of abuse by addressing the principles of trauma informed interviewing; - tailored to meet the specialized investigative training needs of administrative investigators conducting sexual abuse investigations in juvenile justice departments, programs, and facilities; - a breakdown of the different types of sexually abusive behaviors and an outline of the basics for investigating each type; - the obstacles and difficulties of investigating sexual abuse cases and solutions for overcoming those obstacles; and - how to conduct a quality investigations with a focus on sexual abuse investigations, interview and interrogation, and report writing. |

The training was provided by the Director of the Administrative Investigations Unit with TJJJ, which was a 12 training hour class. The agency provided the auditor with a sign-in sheet that helped the auditor to verify that each investigator received the investigator training required by this PREA Standard.

The auditor interviewed a specially trained administrative staff member for the agency, the agency's Superintendent, and he explained that he received training specific to conducting a sexual abuse or sexual harassment investigation in a confinement setting. Per the Superintendent, this training was provided by TJJJ, and included, but was not limited to: techniques for interviewing juvenile sexual abuse victims and perpetrators, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral (although, the Superintendent advised all allegations of sexual abuse are immediately reported to local law enforcement- MCSD and TJJJ). The Superintendent elaborated further that he was also trained on ensuring the first responder steps were, and are being, followed; how to communicate effectively and efficiently with criminal investigators; how to conduct interviews and witness statements, the proper chain of command to ensure accurate and concise information is relayed to the right people; how to preserve and protect the crime scene to ensure evidence can be collected properly; and to immediately take action to ensure the safety of the victim and all involved.

Conclusion:

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

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.335</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Specialized Training: Medical and Mental Health Care (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - Sign-In Sheet for 3 medical staff demonstrating PREA training received - Texas Board of Nursing Certificates - The State of Texas Certificates - Texas Health and Human Services License Sheet - The University of Texas at Arlington Diploma <p>Interviews:</p> <ul style="list-style-type: none"> - Agency employed Medical Nurse (BSN) - Agency employed Mental Health Provider- MHP (LPC) <p>Explanation of determination:</p> <p>115.335 (a-d): Per the agency's Specialized Training: Medical and Mental Health Care Policy, "the BLJJC PC will ensure that all BLJJC medical and mental health care staff is provided with specialized training related to detecting, responding and reporting sexual abuse and sexual harassment in confinement settings. The PC will ensure that all full- and part-time medical and mental health care practitioners who work in his/her facility have been trained in the 4 elements of PREA Standard 115.335 (a). Additionally, the Facility Head shall maintain documentation that all medical and mental health practitioners have received the required training either from training provided by BLJJC or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency."</p> <p>The agency also provided the auditor with a PREA Training sign-in sheet for each of the three (3) medical staff, which includes an overview of PREA federal laws and policies, a discussion of what officers must do to be in compliance, and a discussion of cross-gender pat-searches. Additionally, the agency provided the auditor with certifications and/or licenses for each of the 3 medical staff and for each of the five (5) mental health providers. Upon review of these documents, the auditor was able to verify that each of the certificates and/or licensing documents were active and in good standing.</p> <p>The auditor interviewed one of the facility's employed mental health providers (MHP/LPC) and</p> |

one licensed medical worker (BSN), and each health care employee advised they receive PREA training annually. It was described, and verified by the auditor, that the annual PREA training medical and mental health providers receive is the same PREA training that all security staff receive (as described in subsection 115.331 of this report).

The nurse advised that she first received PREA training in 2013, at a conference, which was a five day training. After this initial training, the nurse explained that she received, and continues to receive, PREA training at least once per year. The training described was not only from the agency but also provided by the National Commission on Correctional Health Care. The medical nurse was able to elaborate extensively on the PREA knowledge she has gained through all her past PREA trainings, and it should be noted that the nurse is very knowledgeable of what is required by PREA pursuant to standards 115.331 and 115.335 and her PREA related agency specific responsibilities. The nurse advised that she assesses each juvenile admitted into the facility and conducts not only a medical assessment but also the required PREA risk screenings pursuant to 115.341 and 115.381. Additionally, the nurse was able to clearly articulate what her first responder duties would be if a resident was a victim of sexual abuse in the facility.

The MHP for the agency explained that he receives PREA training annually from the agency, which includes, but is not limited to, the following topics:

- how to detect and assess signs of sexual abuse and sexual harassment;
- how to preserve physical evidence of sexual abuse;
- how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;
- how and to whom to report allegations or suspicions of sexual abuse or sexual harassment;
- trauma focus and cognitive therapies;
- trauma informed care practices; and
- possible red flags to be aware of.

Conclusion:

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

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.341</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Screening for Risk of Sexual Victimization & Abusiveness (Originally Created: 8/21/2013 / Latest Revision: 2/07/2020) - BLJJC Behavioral Screen (new and old versions) - BLJJC Behavioral Screening Reassessment (newly created version) - TAC 343.414 and 343.406 <p>Interviews:</p> <ul style="list-style-type: none"> - Nurse (who conducts risk screenings) - PREA Coordinator (PC) <p><u>Explanation of determination:</u></p> <p>115.341 (a-e): The agency's Screening for Risk of Sexual Victimization & Abusiveness Policy includes the requirements of this PREA provision and provides for the following agency specific procedures:</p> <p>The BLJJC Intake Officer will ensure that within 72 hours of the resident's admission into a BLJJC confinement facility, either through intake or through transfer from another facility, the facility's staff obtain and utilize information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. BLJJC will utilize a 'cross-disciplinary team' approach to objectively assess each resident. The PC will assure that the BLJJC facility's Intake Officer and its 'cross disciplinary team' has ascertained or, at a minimum, has attempted to ascertain, all of the following information required pursuant to PREA Standard 115.341 (c) (1-11).</p> <p>The agency also reported in the PAQ that all juveniles who are admitted into the facility are screened, regardless of the length of stay.</p> <p>Additionally, the agency's Screening Policy also addresses the periodic reassessment requirements, which provides for the following agency specific procedures:</p> |

The PC will assure that their facility's staff will periodically, at least once every 45 days, throughout a resident's confinement, conduct reassessments of each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. During all subsequent reassessments the information utilized includes, but is not limited to, all of the assessments and/or objective screening instruments utilized during the initial intake process and the following additional information:

1. Updated medical screening information;
2. Updated mental health screenings;
3. Updated court records;
4. Case file information pertaining to the resident;
5. Facility behavioral records; and
6. Other relevant documentation from the resident's files.

Per the agency's Screening Policy, the BLJJC Intake Officer, as part of the objective screening process, will assure that the BLJJC facility's objective screening instruments include, but are not limited to, the following:

1. Intake Screening by Intake Officer: (Collects the following data – Current charges and offense history [PREA §115.341(c)(3)]; Age [PREA §115.341(c)(4)]; Physical size and stature [PREA §115.341(c)(6)]; Physical disabilities [PREA §115.341(c)(9)]; The youth's own perception of vulnerability [PREA §115.341(c)(10)]; Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
2. Medical screenings: (Collects the following data – Prior Sexual Victimization or Abusiveness [PREA §115.341(c) (1)]; Sexual Orientation and/or Gender Identity [PREA §115.341(c) (2)]; Current Charges and Any History of Sexual Offenses [PREA §115.341(c) (3)]; The Resident's Own Perception of Vulnerability [PREA §115.341(c) (10)]; and medical examinations [PREA §115.341(c) (2)]).
3. Mental health screenings: (Collects the following data – Mental illness or mental disabilities [PREA §115.341(c)(7)]; Level of emotional and cognitive development [PREA §115.341(c)(5)]; Intellectual or developmental disabilities [PREA §115.341(c)(8)]; Prior sexual victimization [PREA §115.341(c)(1)]; the youth's own perception of vulnerability [PREA §115.341(c)(10)]; any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents [PREA §115.341(c)(11)]).
4. Case management orientation: (Collects the following data – The youth's own perception of vulnerability [PREA §115.341(c)(10)]; any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

To ensure confidentiality of resident information each BLJJC confinement facility utilizes a coding format for responses to questions pertaining to sensitive information. This coding format helps to ensure that sensitive information is not exploited. In addition, sensitive information is secured in locked file cabinets and in encrypted digital files. Further, all

information collected by staff members (to include contractors and volunteers) pertaining to sensitive information is understood to be confidential. The personnel policies and procedures prohibit unauthorized disclosure of confidential information and authorizes a penalty up to and including termination.

The auditor concluded that the agency's risk screening tool (BLJJC Behavioral Screening Information form) is an objective screening instrument, as required by this PREA provision. As noted above, the agency created their own periodic risk screening tool, and upon review by the auditor, it was determined that this form is also an objective screening instrument used for conducting periodic risk screenings of residents.

Furthermore, it should be noted that TAC 343.414 requires for the following procedures related to screening residents being admitted into the facility:

Prior to placing a resident into a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. Housing assignments shall be made accordingly. The behavioral screening shall take into consideration the following information, if readily available: (1) age; (2) current charge(s) and offense history; (3) physical size/stature; (4) current state of mind; (5) sexual orientation; (6) prior sexual victimization or abuse; (7) level of emotional and cognitive development; (8) mental or physical disabilities; (9) intellectual or developmental disabilities; and (10) any other pertinent information. The facility shall maintain documentation that shows the date the behavioral screening was completed and a written acknowledgement that available items listed in subsection were considered in making a housing assignment.

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

The MAYSI-2 is the Massachusetts Youth Screening Instrument that is a brief screening instrument (52 questions) designed to identify potential mental health needs of adolescents involved in the juvenile justice system, and the Agency's health assessment shall be approved by an RN, nurse practitioner, physician assistant, or physician and shall include:

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

- evidence of physical trauma;
- recent injuries;
- weight and height; and
- any other health concerns reported by the resident.

Observation of the following:

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

During the auditor's interview with the facility's full-time nurse, it was determined that the nurse and supervisors who conduct risk screenings utilize the agency's Behavioral Screening form and other documents (charge folder- current and previous delinquent behavior, medical and mental health information and screenings, case files, behavioral records, etc.) to ascertain the information pursuant to the requirements of this PREA provision (each of the 11 elements).

It is important to note that the auditor provided a recommendation for best practices to the nurse and PC as it relates to this PREA provision. The auditor pointed out that the agency's Behavioral Screening form does not include the exact language from this provision for two elements {prior abusiveness -(c) (1) & resident's own perception of vulnerability- (c) (10)}; however, as explained by the nurse and PC, the screening does include: "ANY sexual abuse & previous offense against persons" and "current state of mind". The facility nurse advised the auditor that she uses the "any sexual abuse" question to include both sexual victimization and abusiveness (of any kind) and follows up with more questions if answered in the affirmative by the resident being screened. Additionally, the nurse explained how she uses the "current state of mind" question to assess if the child feels safe while in the facility. The nurse elaborated further and advised that this question is followed up with a question in regards to the resident's own perception of safety while in the facility. The auditor determined that in practice the agency is compliant with each of the 11 elements of this PREA provision; although, he did express a recommendation for best practice of revising the agency's current Behavioral Screen to clarify the two elements listed above {(c) (1) and (c) (10)}. The PC and nurse advised that this is an easy fix and would immediately revise the form as suggested. It is important to note that after the onsite and before the interim report was provided to the agency, the PC provided the auditor with their newly revised Behavioral Screening form. This form was reviewed by the auditor and includes the following additional clarifying questions: "Does the juvenile feel safe: (yes/no)?, "has the juvenile experienced sexual abuse" (yes/no)?, and has the juvenile sexually assaulted another person (yes/no)?.

The PC advised the auditor that appropriate controls are maintained at all times for the dissemination of any sensitive information so that resident's information is never exploited by staff or other residents. She explained further that only staff who need to know the information for their job related duties are allowed access, such as: medical staff, mental health personnel, and supervisors.

The auditor interviewed one of the staff members responsible for conducting resident risk screenings pursuant to this PREA standard, which was the facility's full-time nurse. The nurse explained that she conducts most of the facility's risk screenings, with detention supervisors conducting only when she is not in the facility. The nurse was very knowledgeable about the risk screening requirements, and advised that even if she does not conduct a resident's risk screening due to not being in the building, she still follows up with every resident to conduct the TJJJ required medical assessment and to ensure the child is safe and provided all the required information during the admission process. The nurse explained that every risk screening is done within a few hours of the child being admitted into the facility and always conducted before the juvenile is assigned a room/housing unit. She also explained how she ensures all the necessary information is provided by the resident to validate whether the child is at risk of sexual victimization or abusiveness by asking all the questions on the screening form and following up with open ended questions, as needed. The risk screening was explained as more a conversation the nurse has with each resident, instead of an interview or being robotic. Furthermore, the nurse described how she conducts periodic reassessments on residents; however, these periodic reassessments were not being conducted using an objective screening tool nor consistently conducted periodically with each resident (as explained by the nurse). The auditor advised the nurse that the periodic reassessments are required per PREA standard 115.341 (a), and the auditor provided the nurse and the PC an example of a compliant PREA periodic reassessment screening tool that the agency could modify and incorporate in practice to gain compliance with this provision. The PC and nurse appreciated this information and advised they will immediately use this reassessment form to create their own periodic risk screening tool and implement as soon as possible, with each resident being reassessed every 30 days going forth.

The auditor determined that the agency is **not** in compliance with the periodic risk screening element of this PREA provision {115.341 (a)}, and it should be noted that the agency notified the auditor after the onsite the corrective action steps taken in order to gain compliance with this standard, as described below:

Soon after the onsite, the PC provided the auditor with their newly created Periodic Reassessment Risk Screening Tool ("BLJJJ Behavioral Screening Reassessment"), with each resident in the facility being reassessed every 30 days going forth. This Periodic Reassessment Tool was reviewed by the auditor, and the auditor determined that the screening tool is in compliance with the requirements of this PREA standard. Furthermore, after the onsite the PC provided the auditor a sample of 14 completed Behavioral Screening Reassessments for residents in the facility as of 4/01/2020. This sample demonstrated how the agency has implemented the new reassessment tool in practice, and the auditor requested that the agency provide him with another sample of all the screenings conducted in the month of April in order to verify that the new practice is fully institutionalized; therefore, satisfying the corrective action requirements.

Corrective action taken by the facility:

The auditor was provided by the PC on 4/30/2020 the Periodic Reassessment Risk Screenings conducted for the month of April, in which the entire population of facility residents' (total of 8) were screened by the facility nurse. With the March and April risk screening reassessments that were provided, the auditor determined that the agency sufficiently demonstrated how the corrective action was implemented and fully institutionalized in practice. Furthermore, the PC advised that the facility nurse conducts the periodic reassessments on a monthly basis on all residents in the facility, with the 1st of the month being the set date for conducting the reassessments.

Conclusion:

Based upon the review and analysis of all the available evidence and the corrective action material provided, the auditor has determined that the agency is fully compliant with all elements of this standard.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.342</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Screening for Risk of Sexual Victimization & Abusiveness (Originally Created: 8/21/2013 / Latest Revision: 2/07/2020) - Agency Policy: Placement of Residents in Housing, Bed, Program, Education, & Work Assignments (Originally Created: 8/21/2013 / Latest Revision: 2/07/2020) - Agency's Behavioral Screening Information form (Risk Screening tool pursuant to 115.341) - Agency's Protective Isolation form <p>Interviews:</p> <ul style="list-style-type: none"> - Agency's full-time nurse - Agency's full-time MHP - Superintendent - 12 Randomly Selected JSOs - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.342 (a): The agency Policy title, "Screening for Risk of Sexual Victimization & Abusiveness," provides for the requirements of this PREA provision, and states on page 3: "to ensure that the potential risk of sexual victimization and abusiveness are identified, each resident will be screened to reduce the risks of sexual abuse by or upon a resident. Information obtained during the screening process will be utilized to inform housing, bed, work, education, and program assignments with the goal of keeping residents determined to be "at-risk" of sexual victimization separate from residents "at-risk" of being sexual abusive."</p> <p>Additionally, the agency's Policy for the placement of residents in housing, bed, program, education, and work assignments includes the following procedures related to the requirements of this provision: "To ensure a safe environment and secure operations, the BLJJC shall objectively classify and house youth according to standard criteria of risk, age, size, conduct, offense history and from the information obtained through the use of BLJJC Policy §115.341 to make housing, bed,</p> |

program, education, and work assignments for residents with the goal of keeping resident safe and free from sexual abuse."

The agency's full-time nurse advised that the information ascertained from the facility's risk screening instrument (Behavioral Screening Information form) is used to make housing assignments (including- Pod, room, and classroom assignments). Further, it should be noted that it was explained to the auditor that resident's do not work in or out of the facility, as verified by the auditor during the onsite phase of the audit. Additionally, the agency's Behavioral Screening tool includes an acknowledgement statement on the bottom of the form that states, "I acknowledge that I have reviewed and taken into consideration all of the above information prior to assigning the juvenile a room." This form also requires the staff who conducted the screening's name and title, date and time of screening, and Pod and room assignments (which includes classroom assignment).

115.342 (b):

The auditor was able to verify that the agency's Policy title, "Placement of Residents in Housing, Bed, Program, Education, & Work Assignments," includes the requirements of this PREA provision. This Policy explains the following agency specific procedures as they relate to this provision:

"Each BLJJC Facility Head understands that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe and free from sexual abuse, and then only until an alternative means of keeping all residents safe and free from sexual abuse can be arranged. During any period of isolation, the BLJJC Facility Head shall ensure that the resident continues to receive daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care practitioner. Residents in isolation will also have access to other facility programs and work opportunities to the extent possible."

The auditor was also provided the agency's Protective Isolation form that includes the following information:

- Start and end date and time;
- Authorized by (Detention Superintendent or designee);
- Justification and reason for placement on Protective Isolation;
- Education Offered? (yes/no and time); and
- Large Muscle Exercise Offered? (yes/no and time)

Additionally, it is important to note that the agency indicated in the PAQ that they have placed ZERO residents at risk of sexual victimization in isolation in the past 12 months.

The auditor interviewed the agency's Superintendent, and he testified that residents are ONLY isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Further, he explained that he has never had to place a resident on protective isolation due to a PREA related matter or allegation, and that alternative

means (other than isolation) would first be taken to ensure a victim or potential victim of sexual abuse or sexual harassment is safe and remains safe throughout their detention stay (i.e., moving residents to other housing units, placing resident perpetrator/s of sexual abuse or sexual harassment in disciplinary seclusion, and/or removing staff from the floor if involved as a perpetrator).

The auditor also interviewed 12 randomly selected JSOs who are all capable of supervising residents in protective isolation, and each JSO advised that they've never had to conduct room observations on a resident on protective isolation for a PREA related incident or allegation (in isolation for protective purposes related to a sexual abuse or sexual harassment incident or allegation). However, each JSO advised that if they were ever required to supervise such a resident, the resident would be provided the normal programming, privileges, education (including all applicable special education requirements), and work opportunities (although, residents don't work at this facility). Furthermore, the JSOs interviewed advised that instead of placing a resident on protective isolation, the resident would first be moved to his/her own Pod and provided all the normal program opportunities discussed above.

The auditor also interviewed the facility's full-time nurse and one of the agency's medical providers, and each health care professional advised that they have never experienced a situation involving a resident who has suffered or alleged sexual abuse being placed in protective isolation. However, each professional explained that if such an incident would to occur, they would each ensure the child is provided daily check-ups by medical and mental health practitioners. The MHP and facility nurse explained further that they conduct routine check-ups on all residents in the facility, regardless of their status, and they would not hold back any services due to a resident being in any type of isolation (including disciplinary and protective isolations). They also advised that each resident in the facility is provided a face-to-face meeting with both the facility nurse and a mental health provider, and follow-up meetings occur as needed and as requested by the resident.

115.342 (c):

Per agency Policy, the BLJJC Facility Head will assure that lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall BLJJC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The auditor interviewed the agency's PC, who advised that the agency prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The PC also explained that facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342 (d-i):

The agency's Policy on the Placement of Residents includes all the requirements of provisions (d) - (i), and the agency specific procedures are outlined below:

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the BLJJC Intake Officer shall consider, on a case-by-case basis, whether a placement would ensure the

residents health and safety, and whether the placement would present management or security problems. Each BLJJC PC will ensure that placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident. Each BLJJC PC will ensure that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The agency's Facility Head will assure that transgender and intersex residents are given the opportunity to shower separately from other residents. If a resident is isolated pursuant to PREA Standard 115.342 (b), the BLJJC's Facility Head will clearly document on the BLJJC Isolation Report Form the following information:

- 1) The basis for the facility's concern for the resident's safety; and
- 2) The reason why no alternative means of separation can be arranged.

Every 30 days, each BLJJC Facility Head will afford each resident, who is held in isolation due to being at risk of sexual victimization, a review to determine whether there is a continuing need for separation from the general population.

The PC advised that the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis, with the agency using a team spirited approach to ensure the child is safe and feels safe throughout his/her detention stay. The PC advised that a team of supervisors, managers, and medical and mental health staff would meet to develop a plan to ensure the child's safety, and the residents own views with respect to his/her own safety would be taken into serious consideration.

Additionally, the full-time nurse advised the auditor that placement and programming assignments for each transgender or intersex resident would be reassessed at least every 14 days to review for any threats to safety experienced by the resident (substantially exceeding the minimum requirements of this PREA standard of twice a year). The nurse also explained that a transgender or intersex resident is allowed the opportunity to shower separately from other residents. This was also verified through the onsite inspection and through the interviews conducted with the 12 randomly selected JSO, who all explained that each resident showers separately. It was explained that each female resident showers one at a time, with a large shower curtain and multiple partitions used to ensure privacy. The male residents shower two at a time, but each shower stall is private into itself, with individual large shower curtains and partitions used to ensure privacy.

Conclusion:

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

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.351</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Resident Reporting (Originally Created: 8/28/2013 / Latest Revision: 2/08/2020) - Resident Orientation Material for Both the Pre and Post Programs - TJJJ Hotline Calls for 2019 - TAC Standard 358.340 <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSO Staff - 8 Randomly Selected Residents and 2 Targeted <p>Site Review Observations:</p> <p>During the onsite audit, the auditor conducted a successful test call during the onsite. This call sufficiently demonstrated how the agency ensures a third party system of reporting is in place and working properly. The auditor also observed the availability of writing utensils, grievance forms, grievance boxes securely locked, and notebook paper that can be used by any resident to submit a report of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Explanation of determination:</p> <p>115.351 (a): The agency's Resident Reporting Policy was provided to the auditor, and upon review, the auditor verified that the policy includes the requirements of PREA Standard 115.351 (a). The agency specific procedures are listed below:</p> <p>BLJJJ shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These internal ways include:</p> |

1. Completing a Help Request Form;
2. Using the grievance process;
3. Dropping a note in the Facility Head's box; and
4. Telling a counselor, medical or mental health staff member, Facility Head, PCM, or any trusted adult.

In addition, the agency provided the auditor with their Resident Orientation Material for both the pre and post adjudication programs. These documents include the following multiple internal ways for residents to report privately to agency officials pursuant to the requirements of this PREA provision:

"Residents have the right to report incidents of sexual assault, sexual abuse, and/or sexual harassment verbally, or in writing, to any facility staff member, including:

- Juvenile Supervision Officers (JSOs);
- Juvenile Probation Officers (JPOs);
- Volunteers;
- Interns;
- Shift Supervisors;
- Detention Managers;
- Assistant Facility Administrators;
- Facility Administrators;
- Assistant Director; or
- Director.

Additionally, residents also have the right to report incidents of sexual assault, sexual abuse, or sexual harassment anonymously by placing the written allegation in the resident grievance box located on each Pod, or informing someone that they would like to contact the ANE Hotline.

The auditor interviewed 12 randomly selected JSO staff members, and each JSO clearly articulated the multiple internal ways residents can report sexual abuse or sexual harassment, retaliation for reporting, or staff neglect. Such methods explained by staff included: reporting privately to a staff member (including JSO staff, counselors, medical care workers, supervisors, managers, administration, etc.), volunteer, or contractor; writing a letter or sending an email; completing a grievance; contacting the TJJD Hotline; reporting to their family, friend, guardian, or attorney during visitation or phone calls; incident report; reporting directly to law enforcement (911) or CPS; and via a voluntary statement.

The auditor also interviewed 8 randomly selected residents and 2 targeted, and each resident explained the different methods of reporting available in the facility. The residents provided examples such as: reporting directly to a staff member or someone else in the facility they trust; completing a grievance (and each resident clearly understood the grievance process); calling the TJJD Hotline (with each resident knowing how to place this call); reporting to a parent or guardian and the parent/guardian reporting on their behalf; and documenting allegation on notebook paper.

115.351 (b):

Per the agency's Resident Reporting Policy, the PC at the facility shall ensure that there is at

least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the BLJJC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to BLJJC officials, allowing the resident to remain anonymous upon request. Currently, the BLJJC facility provides access to an internet connected terminal where youth can submit allegations of sexual abuse and sexual assault.

In addition, the agency provided the auditor with their Resident Orientation Material for both the pre and post adjudication programs. These documents include the following method for residents to report abuse or harassment to a public or private entity or office that is not part of the agency:

- A resident has the reasonable, free, and confidential access to the Texas Juvenile Justice Department (TJJD) for reporting alleged abuse, neglect, or exploitation. The reporting number is listed in the resident's Orientation Manual (1-877-STOP-ANE) and on numerous posters throughout the facility (as verified by the auditor during the on-site). To contact the Hotline, residents must inform staff or the Supervisor that he/she would like to contact the ANE Hotline.

Additionally, the agency's Resident Reporting Policy includes the second element of this PREA provision and states, "residents detained solely for civil immigration purposes shall be provided information, upon intake, on how to contact relevant consular officials and relevant officials at the Department of Homeland Security."

Through extensive interviews with the PC, each of the 12 randomly selected JSO staff, and each of the 10 interviewed residents; the auditor determined that all residents and staff in the facility clearly were aware of the TJJD Hotline availability and the process of making the call. It is important to point out that both residents and staff are able to utilize the TJJD Hotline to report any type of abuse or harassment, retaliation of any kind, and staff neglect. There are not restrictions on what can be reported on this hotline, and the auditor conducted a successful test call during the onsite that sufficiently demonstrated how the agency ensures such a system is in place and working properly. This Hotline call is directly routed to the Administrative Investigative Division of TJJD, and per the TJJD website: "this hotline is answered by personnel from the Office of the Inspector General 24 hours a day, 7 days a week." Additionally, residents and staff can report whatever they feel needs to be reported anonymously and confidentially through this third party reporting mechanism. After the call is completed, the Administrative Investigative Division of TJJD reviews the case, advises the County agency where the report originated of the allegation, and TJJD then decides on what action to take for their own investigation (either a criminal or administrative investigation by TJJD), if warranted.

Furthermore, the auditor also reviewed the agency's TJJD Hotline Call Log for 2019, which identified a total of 5 calls placed by residents in 2019. Upon review, the auditor determined that all 5 calls were not related to sexual abuse, sexual harassment, retaliation due to reporting a PREA related incident, or staff neglect that led to a resident being sexually abuse or harassed.

Lastly, pursuant to TAC §358.340- Reporting of Allegations by Juveniles (Effective Date: 3/1/16):

- Right to Report:

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

- Policy and Procedure:

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

- Access to TJJD.

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

115.351 (c-e):

The agency's Resident Reporting Policy on pages 4 - 5 includes the requirements pursuant to PREA Standard provision (c) - (e). Per the agency's Resident Reporting Policy on page 4:

- BLJJC staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly (within 4-hours) document any verbal reports on the BLJJC Report of Sexual Abuse or Sexual Harassment Form.
- BLJJC shall provide residents with access to pens, paper, dictionary, translation services and other tools necessary to make a written report.
- All BLJJC staff shall be provided with access to online reporting applications and URL's for the purpose of privately reporting sexual abuse and sexual harassment of residents.

Each of the 12 randomly selected JSOs interviewed advised that the BLJJC has a policy mandating that all staff, volunteers, and contractors are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Additionally, each staff member explained clearly that they are required to document verbal reports immediately upon receipt and provide the report to their immediate supervisor, with making any necessary contacts to local law enforcement (MCSD) and/or TJJD. All staff interviewed clearly understood that they can contact TJJD directly through the TJJD Hotline number or through submitting a TJJD Incident Report, which the auditor determined are two sufficient methods BLJJC staff can use to make a private report of any type of abuse or harassment. Also, staff advised that their agency has an open door policy with all supervisors and administrators which makes it easy to pull a higher-up to the side and make a report privately- without announcing the allegation to the entire facility.

The 10 residents interviewed advised that they have the option to make a report of sexual abuse or sexual harassment either in person or in writing {as explained in subsection 115.351 (a)}. Each resident felt that they could make a report to their friend or relative that will in turn make the report on their behalf to law enforcement, TJJD, CPS, and/or MCJPD supervisors or administrators (with the possibility of not giving their name if requested by the resident). Also, each of the 10 residents interviewed felt they could make a report to the TJJD or complete a grievance without giving their name and it would still be investigated.

During the onsite, the auditor observed the availability of writing utensils, grievance forms, grievance boxes securely locked, and notebook paper that can be used by any resident to submit a report of sexual abuse, sexual harassment, retaliation by other residents or staff for

reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Conclusion:

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

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.352</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Exhaustion of Administrative Remedies (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Explanation of determination:</p> <p>115.352 (a-g): The auditor determined that the agency is exempt from this PREA Standard since it does NOT have administrative procedures to address resident grievances regarding sexual abuse. The following was provided to the auditor to aid in the determination:</p> <p>Per the agency's Policy titled, "Exhaustion of Administrative Remedies," the agency does NOT have administrative procedures to address resident grievances regarding sexual abuse. Any and all allegations regarding sexual abuse would NOT be treated as a grievance by BLJJC. Rather, these types of allegations would be reported to the Texas Juvenile Justice Department (TJJD) and/or law enforcement. The agency's PC is required, per Policy, to assure that any and all allegations regarding sexual abuse are promptly (within one hour) reported to TJJD and/or law enforcement. Additionally, the agency also indicated in the PAQ that they are exempt from this Standard due to the reasons stated above.</p> <p>It should be noted that the agency does have a system in place for resident grievances; however, all grievances related to sexual abuse are immediately (within one hour) reported to TJJD and/or law enforcement and investigated. Furthermore, the agency reported in the PAQ that in the past 12 months, ZERO grievances were filed that alleged sexual abuse.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is except from this PREA Standard . No corrective action is required.</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><u>115.353</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Resident Access to Outside Support Services & Legal Representation Policy, Procedure, & Best Practices (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) - MOU between BLJJC and Advocacy Center for Crime Victims & Children (in Waco) - Pre and Post Orientation Material (Resident Handbooks for each Program) - Agency's Visitation and Phone Call Policies and Procedures (provided in the PAQ) - TAC 343.356 <p>Interviews:</p> <ul style="list-style-type: none"> - 8 Randomly Selected Residents and 2 Targeted <p>Site Review Observations:</p> <p>During the onsite audit, the auditor verified the victim advocacy groups names and contact information included on postings in each housing unit, classroom, intake, dining room, and all other common places in the facility.</p> <p>Explanation of determination:</p> <p>115.353 (a-c):</p> <p>The agency's Policy on residents' access to outside support services includes the requirements of this PREA provision. This Policy provides for the following procedures:</p> <p>The agency's PC will ensure that all residents are provided access to outside victim advocates for emotional support services related to sexual abuse, by providing, or otherwise making accessible:</p> <ol style="list-style-type: none"> 1. Mailing addresses; and 2. Telephone numbers, including toll free hotline numbers where available, of local, |

State or national victim advocacy or rape crisis organizations

The PC will enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. However, prior to meeting with outside organizations and agencies, the PC will ensure that each resident is informed, prior to giving access to outside organizations and agencies, of the extent to which:

1. Such communications will be monitored;
2. Reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws; and
3. Limits to confidentiality under relevant federal, state, or local law.

Additionally, the agency provided the auditor with their MOU with Advocacy Center for Crime Victims and Children, and the auditor was able to confirm that this advocacy group has agreed to provide the advocacy requirements pursuant to this PREA Standard. The auditor also reviewed the agency's Pre and Post Orientation Material that is provided to each resident admitted, and this document includes the following information related to the requirements of this provision:

- If a resident is determined to be a victim of sexual abuse, sexual assault, sexual harassment, abuse (physical or emotional), neglect, or exploitation; the facility shall make available to the resident a victim advocate provided by the Advocacy Center in Waco.

Furthermore, the agency's Policy related to this PREA provision includes the following agency specific procedures pursuant to the requirements of (c) of this Standard:

The PC will maintain copies of agreements or attempts to enter into memoranda of understanding (MOU) with community service providers that are able to 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, or local, State, or national victim advocacy or rapes crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Additionally, the agency provided the auditor with their MOU with the Advocacy Center for Crime Victims and Children (active since 2016). Upon review of the document, the auditor was able to determine that the protocols in place are sufficient for providing the requirements of this PREA provision, as well as provide for

additional measure to ensure a victim of sexual abuse is provided services after he/she is released from detention. It is important to note that the MOU includes the following terms:

The Advocacy Center agrees to:

1. Provide qualified staff to provide advocacy services for victims of sexual abuse located at the Bill Logue Juvenile Justice Center at no cost to the victim or the department and continue services upon release of the juvenile, if requested.
2. Initially meet with the youth at the local hospital or the department to provide initial services to the victim, if requested.
3. All Advocacy staff shall follow strict confidentiality when working with victims from the Bill Logue Juvenile Justice Center, and shall only communicate with the PREA Coordinator or Director as needed.
4. All Advocacy staff shall be trained and qualified to handle victims of sexual abuse from the Bill Logue Juvenile Justice Center and will provide all documentation to the PREA Coordinator upon request.
5. Advocacy Center's volunteers that provide crisis counseling and emotional support services to youth must adhere to all applicable PREA standards including background checks, criminal background checks, trainings and reporting requirements regarding an outcry.

The Bill Logue Juvenile Justice Department agrees to:

1. The Director shall ensure that youth have access to services from the Advocacy Center by allowing staff to meet with the victim in a confidential setting at the facility as needed.
2. The Director or PREA Coordinator shall provide residents the mailing address and telephone numbers to the Advocacy Center for support services related to sexual abuse.

The auditor also reviewed the agency's Pre and Post Orientation Material that is provided to each resident admitted, and this document includes the following information related to the requirements of this provision:

- If a resident is determined to be a victim of sexual abuse, sexual assault, sexual harassment, abuse (physical or emotional), neglect, or exploitation; the facility shall make available to the resident a victim advocate provided by the Advocacy Center in Waco.

The auditor interviewed 8 randomly selected residents and 2 targeted residents, with all 10 residents sufficiently demonstrating through the interview process that they understand that the BLJJC has the ability to provide victim services to a resident victim of sexual abuse or

sexual harassment. Each of the 10 residents advised that they have never experienced sexual abuse or sexual harassment in the facility nor did they report they knew of such an incident occurring; however, each resident advised that there are support services available such as counselors and victim advocates and these services are posted throughout the facility (with hotline numbers and other contact information). This was also verified by the auditor during the onsite facility inspection, with victim advocacy groups names and contact information included on postings in each housing unit, classroom, intake, dining room, and all other common places in the facility. The residents advised in their interviews that they felt that all contact with a victim advocate be free of charge and would remain private and confidential, without staff members listening in on the call or visit.

115.353 (d):

The agency provided the auditor with their visitation and phone call policy, which includes the following procedures related to the requirements of this PREA provision:

Visits with Parents or Legal Guardians:

1. A resident at the McLennan County Juvenile Detention Center shall have the right to receive visitors, and to communicate subject only to the limitations authorized in Texas Administrative Code (TAC) 343.354.
2. Residents shall be allowed visitation by a parent, legal guardian or custodian at least once every seven calendar days for at least thirty minutes or the equivalent over multiple visits
3. The parents, legal guardians or custodian of the resident shall be provided a copy of the parent orientation packet that contains the visitation schedule at the initial visit to detention.
4. The Control Booth Operator or Detention Staff will document visitors to the Detention Center in the Daily Chronological Record and the visitation sign in book which shall include the visitors name, date, time and relationship to the resident.
5. All detention visits shall take place in the secure Visitation Rooms unless the Detention Superintendent approves a contact visit.
6. A visitation registry of all visitors shall be maintained to document the name and relationship to the resident. The log shall also contain the following:
 - A. Date and time of each visit; and
 - B. Name of the visitor and the relationship to the resident.

Telephone:

1. A resident shall be provided the opportunity for at least one five-minute phone call every seven calendar days. The facility shall maintain documentation detailing phone call opportunities provided to residents.
2. A resident's right to telephone usage shall not be restricted as a disciplinary sanction.
3. Any restrictions placed on a resident's telephone usage shall be documented and the documentation shall be maintained in the resident's record.
4. The parent, legal guardian, or custodian of the resident shall be notified of the facility's policy regarding telephone usage.

Access to Attorney:

1. Residents shall be permitted reasonable access to confidential contact with their attorneys and designated representatives of their attorneys through telephone, uncensored letters, and personal visits.
2. Residents shall not be within the audible range of facility staff or other residents but may be within visual observation of facility staff when making telephone calls or visiting with the

residents' attorneys or their attorneys' designated representatives.

Attorney Visit or Attorney Staff:

1. The resident's attorney and/or designated representative has the preference to have uncensored visitation. Visitors shall adhere to facility rules and regulations. Conversation or conduct resulting in a disturbance toward a resident or vice versa will not be permitted. Visitation with attorneys may be limited due to safety and security threat. The resident's visitation policy will be reviewed annually and updated if needed.

Attorney Calls:

1. A resident may phone his/her attorney and/or designated representative at any reasonable time as often as he/she chooses. These phone calls shall be uncensored and no time limit shall be placed on these calls. Phone calls to attorneys may be limited due to safety and security threat.

Attorney Mail:

1. A juvenile shall be allowed to send to and receive mail from their attorney. Any letter is mailed to the defendant's attorney will have its postage paged by McLennan County Juvenile.

Additionally, TAC §343.356 requires that residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits. Furthermore, TAC 343.352 (a-b) and TAC 343.538 provides for the residents' rights to receive visits from their parents or legal guardians as well as to complete telephone calls.

The 10 residents interviewed, the Superintendent of the facility, and the PC all advised that all residents are provided the opportunity to visit or call their attorney or legal representative at any time. The method described for a resident to contact his/her attorney/legal representative is for the resident to request via an official request form or to just ask a JSO staff member or supervisor, then a call is placed to the attorney/legal representative. After this initial call is made, it is up to the attorney/legal representative to answer or call back. It was advised by the Superintendent and PC that all attorney and legal representative requests to speak with their clients (residents) is allowed without restriction and at any time. Also, all interviewed advised that resident family visits and phone calls are available to all residents in the facility at least 2 times a week for each (2 phone calls & 2 visits), with more visit and phone call privileges available for continued good behavior by the resident.

Conclusion:

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

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.354</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Third Party Reporting (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Explanation of determination:</p> <p>115.354 (a): The agency provided the auditor with their Third Party Reporting Policy that includes the following procedures related to the requirements pursuant to this PREA Standard:</p> <p>Any and all reports of sexual abuse, including all third-party reports, will be promptly reported to the appropriate oversight agency and law enforcement. The PC will ensure that this procedure is universally followed and will be responsible for ensuring that all non-criminal sexual harassment or retaliation reports, including third-party reports, are thoroughly investigated, per BLJJC Policies and Procedures. The agency's PC will also ensure that all BLJJC staff, volunteers, and contractors are trained on how to report any suspicions or allegations of abuse and neglect, and exploitation involving a juvenile. The PC shall ensure that the facility has postings and brochures located throughout all public and housing areas of the facility that contains information on how to report any alleged abuse, neglect, exploitation, or sexual harassment. Any member of the public can make a third-party report by using the Central Texas Chief's webpage located at www.CentralTexasChiefs.net website under the "Report Abuse" link. This link will take visitors to the PREA webpage. Clicking on the "Report Abuse Form" will give the public access to a method for immediately reporting sexual abuse or sexual harassment or a means for youth or staff to seek relief against retaliation for reporting.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.361</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Staff & Agency Reporting Duties (Originally Created: 8/28/2013 / Latest Revision: 12/27/2019) - TAC 358.200 <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent - Medical Provider (facility full-time nurse) - Mental Health Provider (employed full-time in the facility) - 12 Randomly Selected JSOs <p>Explanation of determination:</p> <p>115.361 (a-f):</p> <p>The auditor was provided in the PAQ the agency's Staff and Agency Reporting Duties Policy, and upon a review, the auditor determined that each of the provisions of this PREA Standard (a-f) are included in this Policy. The following are the agency specific procedures pursuant to the requirements of this Standard:</p> <ul style="list-style-type: none"> - BLJJC requires that all its staff, including volunteers and contractors, report immediately (within 1-hour) any knowledge, suspicion, or information they receive regarding an incident, or allegation, of SEXUAL ABUSE (including incidents of sexual abuse that occurred in a facility, whether or not the facility is part of BLJJC) to the Texas Juvenile Justice Department (TJJD) at 1-877-786-7263 AND to the Facility Head - BLJJC requires that all its staff, including volunteers and contractors, report immediately (within 1-hour) any knowledge, suspicion, or information they receive regarding an incident, or allegation, of SEXUAL HARASSMENT, RETALIATION, OR STAFF NEGLIGENCE (including incidents that occurred in a facility, whether or not the facility is part of BLJJC) to the BLJJC PC. - Staff members (including volunteers and contractors) who report any knowledge, suspicion, or information about an incident, or allegation, involving SEXUAL ABUES, SEXUAL HARASSMENT, RETALIATION, OR STAFF NEGLIGENCE shall document on the BLJJC Incident |

Report (IR) form the name, the title, and the contact information of the person they contacted as well as the date, time, and name of staff member making the report and all relevant details related to the allegation.

- All BLJJC staff members, including contractors and volunteers, must comply with any applicable mandatory child abuse reporting laws.

- Apart from reporting to the PC and designated State agencies (i.e., TJJJ), BLJJC staff, including contractors and volunteers, are prohibited from revealing any information related to any BLJJC Incident Report to anyone other than to the extent necessary, as specified in BLJJC's policies and procedures, to treat, investigate, or comply with other security and management decisions.

- Per Texas child abuse reporting laws and BLJJC policy, if a youth discloses prior sexual victimization or abusiveness, the staff (including contractors or volunteers) will follow procedures identified above.

- Upon receiving any allegation of sexual abuse, the PC or his or her designee, shall ensure that the allegations are promptly reported to the appropriate agency office (i.e., TJJJ for sexual abuse and to the Facility Head for sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to a sexual abuse or harassment incident or to an act of retaliation) and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

- If the alleged victim is under the guardianship of the child welfare system, the reporting shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the Facility Head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

- BLJJC staff shall report all allegations of sexual abuse and criminal sexual harassment, including third-party and anonymous reports, to the TJJJ, law enforcement and the BLJJC PC. BLJJC staff shall report all allegations of non-criminal sexual harassment, retaliation and any staff neglect or violation of responsibilities that may have contributed to a sexual abuse incident or retaliation, including third-party and anonymous reports, to the BLJJC PC.

BLJJC's medical and mental health practitioners will:

1. Be required to report sexual abuse to the TJJJ and the BLJJC PCM pursuant to Procedures A, B, C, or D of this policy; and
2. Inform residents at the initiation of services (e.g., medical or mental health intake screening, assessments, reassessment visits, during the provision of medical and/or mental health care, etc.) of their duty to report and of the limitations of confidentiality. If a youth discloses prior sexual victimization or abusiveness to any medical or mental health care staff the staff member will report the abuse according to Procedures A, B, C, and D of this section.

Additionally, it should be noted that TAC 358.200 requires all departments, programs, and facilities in Texas to have written policies and procedures that require, in accordance with this

chapter:

- reporting allegations of abuse, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and
- reporting serious incidents to TJJD.

TAC 358.300 requires the agency to adhere to the following procedures related to this PREA provision:

Duty to Report:

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

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

The auditor interviewed 12 randomly selected JSO staff members during the onsite phase of the audit, and the auditor determined through these interviews that each of the 12 staff clearly understood that all staff are required 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.

Additionally, all 12 staff confirmed to the auditor that they were aware that BLJJC requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The 12 JSO staff interviewed advised that all people working or provided services in the facility are mandatory reporters and are required to report any type of abuse or harassment to Department supervisors and TJJD (with the McLennan County Sheriff's Department (MCSD) also required to be contacted for any sexual abuse incident or allegation). The 12 JSOs also explained that agency policy prohibits staff from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The MHP and medical provider (facility nurse) for the agency were interviewed by the auditor, and each health care practitioner advised that all medical and mental health staff are mandatory reports, and therefore required to report immediately to facility supervisors, TJJD, and local law enforcement (*MCSD for sexual abuse) any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, retaliation of any kind, and staff neglect that occurred in a facility (whether or not it is part of the agency).

Additionally, both health care professions advised that before initiating services, residents are informed of the practitioner's duty to report and the limitations of confidentiality- with each staff member providing the auditor with an example of the duty to report and limits of confidentiality statements they continually provide to each resident.

The agency's Superintendent advised the auditor that upon receiving any allegation of sexual

abuse or sexual harassment (to also include any third-party reports), he will first ensure the victim is safe and agency first responder duties were followed (with stepping in to assist with first responder duties as needed). After this initial step is taken, the Superintendent explained that he would then promptly ensure law enforcement (MCSD), Texas Juvenile Justice Department (TJJD), and (as applicable) Department of Family and Protective Services (DFPS) have been notified within the Texas Administrative Code (TAC) required timeframes (explained by the Superintendent as: immediately but not to exceed one hour for law enforcement and immediately but not to exceed 4 hours for TJJD). The next action taken would be to contact Agency leadership- the Director, Assistant Director, PC, etc., and the Director would then immediately designate an internal investigator to conduct the administrative investigation (with the administrative immediately beginning after this designation is made). The Superintendent also advised the victim's parent/guardian, attorney or other legal representative, and (as applicable) DFPS caseworker would all be contacted within 24 hours of the initial allegation being reported, with this being documented in the agency's case management system or on an incident report (i.e., TJJD Incident Report)

Conclusion:

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

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.362</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Agency Protective Duties (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) - Imminent Harm Report <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - Superintendent - 12 Randomly Selected JSO Staff Members <p>Explanation of determination:</p> <p>115.362 (a): The agency provided the auditor with their Agency Protective Duties Policy that includes all the requirements of this PREA Standard. This Policy provides for the following agency's specific procedures related to the requirements of this Standard:</p> <p>When a BLJJC facility staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, the staff member will take the following immediate action(s) to protect the resident:</p> <ol style="list-style-type: none"> 1. Ensure the youth is safe and in a safe location, and 2. Inform an immediate supervisor. <p>Once a BLJJC Supervisor is informed, and working in consultation with the Facility Head or his/her designee, the BLJJC Supervisor will take one or more of the following actions:</p> <ol style="list-style-type: none"> 1. Make a housing or unit change, 2. Assign additional staff to monitor resident activities, 3. Initiate an investigation, and/or 4. Place a staff member on administrative leave until the investigation is complete. <p>All actions taken by the BLJJC Supervisor protect a resident who is believed to be at substantial risk of imminent sexual abuse will be documented on the "Imminent Harm Report." The Imminent Harm Report will document the following:</p> |

1. Date, time and name of the person bringing the situation to the attention of BLJJC;
2. Name of BLJJC staff who received the initial information;
3. Date, time, and immediate actions taken by the staff member to protect the resident;
4. Date, time and name of BLJJC Supervisor that the BLJJC staff member contacted;
5. Date, time and action taken by the Supervisor; and
6. Any other information relevant to this situation.

The BLJJC Supervisor will submit a complete copy of the Imminent Harm Report to the BLJJC's PC within 4 hours of the being notified that a resident was believed to be at substantial risk of imminent sexual abuse. At least once per day (i.e., 24 hours), the PC will collect and review all the Imminent Harm Reports pertaining to their facility. The PC shall review and investigate each Report with emphasis on confirming and certifying that all necessary precautions were taken to ensure the safety of the resident who was believed to be at substantial risk of imminent sexual abuse. Once per month, the PC will aggregate the Imminent Harm Reports for their facility and create a monthly Facility Imminent Harm Report. This report will document the dates, times, circumstances, and responses taken after a BLJJC staff member learns that a resident is subject to a substantial risk of imminent sexual abuse.

The agency reported in the PAQ that in the past 12 months, they have had zero incidents in which the agency or facility determined a resident was subject to a substantial risk of imminent sexual abuse; therefore, no such documentation was provided.

The auditor interviewed the agency's Head designee, the Assistant Director, who advised that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, the following immediate protective actions are taken: removal of the threat (staff causing the threatening situation- send home on administrative leave/resident- place in isolation on a disciplinary seclusion or safety-based seclusion) and take all action to protect the resident at risk, promptly investigate, and possibly move residents around to ensure safety (to different housing units).

The Superintendent advised the auditor that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, the following action will immediately be taken: move residents around to different Pods to ensure safety and to prevent harm and promptly investigate the situation (ensuring facts surrounding the threat are identified and reviewed to help with making a sound decision). Also, the Superintendent explained that he can place a resident who displayed threatening behavior in disciplinary seclusion or if a staff member is involved in the threatening behavior, will place him/her on administrative leave pending the outcome of the investigation.

The 12 randomly selected staff members advised during their interviews that they would take immediate action if it is learned that a resident is at risk of imminent sexual abuse, such as: removing the threat (can place residents on different Pods or hold them accountable for threatening behavior with a disciplinary seclusion), investigating the situation, advising their immediate supervisors and other staff working the Pod, communicate the issue with staff who relieve them at the end of their shift, continue to monitor closely for any threatening behavior or actions, and document the incident on an incident report.

Conclusion:

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

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.363</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Reporting to Other Confinement Facilities (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) <p>Explanation of determination:</p> <p>115.363 (a-d): The agency provided the auditor with their Reporting to Other Confinement Facilities Policy, which includes all the requirements of this PREA Standard. Below are the agency specific procedures pursuant to this Standard:</p> <ul style="list-style-type: none"> - BLJJC staff, upon hearing of an allegation of prior sexual abuse of an BLJJC youth while at another facility, shall follow the reporting procedures outlined in section 115.361 of this report. - BLJJC staff, after completing the requirements in §115.361, will immediately, within 1-hour, notify the BLJJC Facility Head, or his/her designee, of the allegation of sexual abuse that occurred at another facility. The BLJJC Facility Head, or his/her designee, shall notify the facility head (or an appropriate officer of the agency or entity operating the facility) where the abuse incident or allegation occurred within 24-hours of receipt of the information and shall confirm that the appropriate investigative agency (i.e., Texas Juvenile Justice Department or law enforcement) was notified. - The BLJJC Facility receiving the allegation shall document that he/she has contacted the Facility Head of the facility where the abuse incident or allegation occurred and provide the required notification of an allegation of sexual abuse or sexual harassment and shall document, on the Incident Report (IR) form, the name of the person he/she contacted, the title of the person they contacted, the contact information for the person they contacted, the date, time, and name of staff member making the report. - The BLJJC Facility Head shall immediately inform the BLJJC CJPO or his/her designee. - The BLJJC Facility Head will assure that the department staff (to include contractors and volunteers) fully cooperate with any investigators and the BLJJC PC shall endeavor to remain informed about the progress of the investigation. |

- If the Texas Juvenile Justice Department was not notified, the BLJJC Facility Head will immediately notify (within one hour) the appropriate investigative agency (i.e., Texas Juvenile Justice Department or law enforcement), and will immediately launch (within one hour) an investigation into why the appropriate investigative agency was not immediately notified. The BLJJC PC shall document, in the Incident Report, the name of the person contacted at TJJD, the date, and time.

- If BLJJC receives an allegation from another facility or agency that an allegation of sexual abuse occurred at an BLJJC facility, the BLJJC Facility Head at the facility where the alleged abuse occurred will document the allegation on the BLJJC Abuse Allegation Investigation Report form and then immediately follow the policies and procedures contained in PREA Standard §115.361 (as outlined by the auditor in section 115.361 of this report).

As reported by the agency in the PAQ:

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0 (zero).

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 (zero).

The Agency's Head designee, Assistant Director, advised the auditor that all allegations of sexual abuse and sexual harassment are required to be immediately reported and promptly investigated, regardless of the source of the allegation or location of where the allegation originates. Furthermore, the Assistant Director advised that all such reports of sexual abuse and sexual harassment are investigated to the fullest extent possible, with the PREA Coordinator being designated as the primary contact staff member for all PREA related investigations. The Assistant Director advised that he was not aware of any reported incident or allegation of sexual abuse or sexual harassment from other agencies that occurred since PREA was first implemented in their facility in 2014.

Conclusion:

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

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.364</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Staff First Responder Duties (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - 12 Randomly Selected JSOs - One full-time Medical Staff (BSN) - One full-time Mental Health Provider (MHP) <p>Explanation of determination:</p> <p>115.364 (a-b): The auditor reviewed the agency's Staff First Responder Duties Policy and was able to clearly determine that all the requirements pursuant to this PREA Standard are included in the Policy. The agency specific procedures are detailed below:</p> <p>Recent Event - If abuse occurred within a time period that still allows for the collection of physical evidence:</p> <ol style="list-style-type: none"> 1. BLJJC staff will immediately separate the alleged victim from abuser; 2. BLJJC staff will preserve and protect the crime scene until the police arrive to collect evidence; 3. BLJJC staff will 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; 4. BLJJC staff will 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; 5. If the first BLJJC staff member to respond is not a "security" staff member, the staff member (to include contractor or volunteer) is required to: <ol style="list-style-type: none"> a. request that the alleged victim not take any actions that could destroy physical evidence; and b. then notify security staff. 6. BLJJC staff will immediately notify the appropriate medical and mental health practitioners; |

7. BLJJC staff will immediately contact the local police department (McLennan County Sheriff's Office);
8. The BLJJC CJPO shall ensure that all BLJJC staff cooperate with the investigators and shall endeavor to remain informed about the progress of the investigation by requesting a copy of the formal written reports; and
9. The BLJJC CJPO shall ensure that the policies and procedures related to Reporting and Investigating (PREA §115.361) is followed and that TJJD is notified within 1-hour.

Not A Recent Event - If abuse occurred within a time period that does not allow for the collection of physical evidence:

1. BLJJC staff will immediately notify the BLJJC Facility Head or his/her designee;
2. BLJJC staff will immediately notify the appropriate medical and mental health practitioners, as necessary;
3. BLJJC staff will immediately contact Texas Juvenile Justice Department (TJJD) or the police department, as necessary;
4. If the allegation of sexual abuse involves abuse at another confinement facility the BLJJC PC will ensure that the policy and procedures outlined in §115.363 are followed;
5. The BLJJC CJPO shall ensure that all BLJJC staff cooperate with the investigators and shall endeavor to remain informed about the progress of the investigation by requesting a copy of the formal written reports; and
6. The BLJJC CJPO shall ensure that the policies and procedures related to Reporting and Investigating (PREA §115.361) is followed and that TJJD is notified within 24-hours.

The auditor determined that each of the security staff members (JSOs) working in the facility are trained in first responder duties pursuant to the requirements of this PREA standard; and, therefore, the auditor interviewed 12 randomly selected JSOs in order to determine their level of first responder knowledge and understanding. The auditor determined through these interviews that staff in the facility had a good understanding of what first responder duties entail and how to practice such duties for responding to a sexual abuse incident. Each staff member sufficiently explained all the requirements of this PREA standard, and advised they have never had to use any first responder training in practice due to the fact there has NOT been an incident of resident sexually abuse in the facility since they have worked for the agency. The staff interviewed described the first responder procedures as: first to separate the victim and perpetrator and ensure safety, immediate report to facility supervisors (also to MCSD and TJJD), preserve and protect the scene, advise the alleged victim and perpetrator to not do anything that could destroy or damage any usable physical evidence (no changing out, no shower, no cleaning or washing, no food or drink, no brushing of teeth, etc.), and to document the incident on an incident report.

Additionally, the auditor also interviewed one of the agency's full-time medical workers (nurse) and one of their mental health care professionals, and each practitioner was aware of the same first responder duties as noted above, for the 12 JSOs. The two professionals advised that this information is provided annually in PREA trainings, and that they have never had to use the procedures in practice due to no incident ever occurring of a resident being sexually abused while in the facility.

Conclusion:

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

determined that the agency is fully compliant with all elements of this standard. No corrective action is required.

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.365</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Coordinated Response (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) - McLennan County Coordinated Response Plan <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent <p>Explanation of determination:</p> <p>115.365 (a):</p> <p>The auditor reviewed the agency's Coordinated Response Policy and verified that the Policy includes all the requirements of this PREA Standard. The agency specific procedures related to the requirements of this PREA Standard are detailed below:</p> <ul style="list-style-type: none"> - The PC will work to develop a written Coordinated Response Plan and assure that the plan includes how the agency will coordinate with the following: <ol style="list-style-type: none"> 1. Assessing the victim's acute medical needs; 2. Informing the victim of his/her rights under relevant Federal or State law; 3. Explaining the need for a forensic medical exam and offering the victim the option of undergoing one; 4. Offering the presence of a victim advocate or a qualified staff member during the exam; 5. Providing crisis intervention counseling; 6. Interviewing the victim and any witnesses; 7. Collecting evidence; 8. Notifying the victim's parents or legal guardians; and 9. Providing for any special needs the victim may have. <p>The PC will submit the written plan to the BLJJC Facility Head for approval. After the Coordinated Response Plan is approved, the BLJJC PC will ensure that the Plan is reviewed and revised, as needed, on an annual basis. The BLJJC Facility Head will approve any and all revision prior to the revision becoming effective. Documentation of the Facility Head's review and approval of revision will be maintained by the BLJJC PC. The agency's Coordinated Response Plan was provided to the auditor, and upon review the auditor determined that this plan was approved by the Superintendent and PC and is a comprehensive plan for responding</p> |

to a resident victim of sexual abuse. The plan includes, but it not limited to, the following response actions, as verified by the auditor:

- Assessing the victim's acute medical needs (including- immediate emergency medical response and transport, with SANE/SAFE exam);
- Informing the victim of his/her rights under the Federal or State laws (mandatory reporting protocols and advocacy center notification and assistance);
- Offering the presence of a victim advocate or a qualified staff member during the SANE/SAFE exam);
- Providing crisis intervention counseling (while in the agency's custody and follow-up care after release);
- Interviewing the victim and any witnesses (all interviews conducted by McLennan County Sheriff's Department -MCSD- criminal investigators and administrative investigation conducted by agency's PC and Superintendent);
- Collecting of evidence (Detention supervisor secures the crime scene and all evidence collected by MCSD);
- Notifying the victim's parents or legal guardians (Superintendent responsible);
- Providing any special needs the victim may have (victim resources and continued victim advocacy support); and
- First responder duties.

The auditor interviewed the facility's Superintendent, who explained that the agency has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. He also elaborated further and advised that all major institutional plans, such as this coordinator response plan, are developed and reviewed using a team concept- with involvement from not only agency leadership but also line staff, medical and mental health personnel, and any other staff member or person who could help to ensure the plan is properly developed and efficiently executed.

Conclusion:

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

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.366</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Preservation Ability to Protect Residents from Contact (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) <p>Explanation of determination:</p> <p>115.366 (a): The agency provided the auditor with their Policy titled, "Preservation Ability to Protect Residents from Contact," which includes all the requirements of this PREA Standard. This Policy provides for the following agency specific procedures pursuant to this Standard:</p> <ul style="list-style-type: none"> - The BLJJC CJPO will assure that neither BLJJC, nor any other governmental entity responsible for collective bargaining on BLJJC's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits BLJJC's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. - Nothing in this Policy shall restrict BLJJC from entering into or renewing agreements that govern: <ol style="list-style-type: none"> 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of PREA Standards §115.372 and §115.376; or 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>The Agency Head Designee, Assistant Director, advised the auditor during his interview that the BLJJC has never entered into or renewed any collective bargaining agreement or other agreement.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.367</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Agency Protection Against Retaliation (Originally Created: 8/28/2013 / Latest Revision: 2/10/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - Superintendent - PREA Coordinator (PC) / Monitors for Retaliation <p>Explanation of determination:</p> <p>115.368 (a-e)</p> <p>The agency provided the auditor with their Agency Protection Against Retaliation Policy, and the auditor was able to clearly determine that each of the provisions required by this PREA Standard are included in the Policy, as indicated below:</p> <ul style="list-style-type: none"> - The BLJJC CJPO shall establish 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. The Facility Head is the designated staff member charged with monitoring retaliation. As part of the duties assigned, the Facility Head is responsible for ensuring that all allegations of retaliation are promptly and properly investigated. The Facility Head can utilize the following monitoring and protection strategies to ensure residents and staff are protected from retaliation: <ol style="list-style-type: none"> 1. Unit housing changes; 2. Transfers for resident victims or abusers, 3. Removal of alleged staff or resident abusers from contact with victims, and 4. Emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <p>Additionally, for at least 90 days following a report (or allegation) of sexual abuse, the BLJJC Facility Head shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Facility Head's monitoring will include, but will not be limited to, reviewing the following items:</p> |

1. Any resident disciplinary reports,
2. Housing or program changes,
3. Negative performance reviews or reassignments of staff.

E. The Facility Head shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

F. In the case of residents, the Facility Head will conduct periodic status checks, by talking with the resident, at least once every 14 days.

In addition to protecting residents and staff, if any other individual who cooperates with an investigation expresses a fear of retaliation, the BLJJC Facility Head shall take appropriate measures to protect that individual against retaliation. Any acts of retaliation will be immediately investigated as per the BLJJC policies and procedures related to PREA Standard §115.361, Official Response Following a Report. Specifically, a resident or staff member reporting an act of retaliation will immediately (within 1-hour) complete a BLJJC Incident Report, which will be immediately (within 1-hour) submitted to the Facility Head or his/her designee.

- The agency reported in the PAQ that they have had ZERO incidents of retaliation occurring in the past 12 months.

The auditor interviewed the agency's Head designee, the Assistant Director, who advised that when the agency learns that a resident or staff member (or anyone involved in an investigation) is fearful of reporting sexual abuse or sexual harassment or afraid to cooperating with investigations, the following actions are promptly taken: removal of the threat of retaliation (if staff involved in the retaliation- send home on administrative leave/resident- place in isolation on a disciplinary seclusion or safety-based seclusion), investigate, possibly move residents around to ensure safety (to different housing units/programs), and provide emotional support services as needed.

The Superintendent advised the auditor that when it is learned that a resident or staff member expresses fear for reporting sexual abuse or sexual harassment or for cooperating with an investigation, the following actions are promptly taken: move residents around to different Pods to ensure safety and to prevent harm and promptly investigate the situation (ensuring facts surrounding the retaliation are identified and reviewed to help with making a sound decision). Also, the Superintendent explained that he can place resident/s who displayed retaliation in disciplinary seclusion, or if a staff member is involved, will place him/her on administrative leave pending the outcome of the investigation.

The agency's PC, who is in charge of monitoring retaliation in the facility, advised the auditor that there has never been an allegation or incident involving sexual abuse or sexual harassment in the facility since she has worked for the agency; therefore, she has never had to monitor for retaliation. However, if such an incident were to occur, the PC explained she would ensure the following procedures are adhered to when monitoring for retaliation:

- ensure staff have been, and continue to be, trained on how to monitor for and respond to retaliation;
- ensure staff and residents know to immediately report any suspected or witnessed retaliation;
- move residents, as a last resort, to ensure safety and prevent retaliation from occurring (while ensuring all the required rights are provided);

- monitor resident behavior daily to ensure there is no retaliation going on;
- ensure all staff who supervise the residents involved in the sexual abuse incident or allegation are kept abreast of the situation;
- conduct periodic and unannounced walk throughs to monitor for retaliation;
- initiate contact with residents in order to ensure residents feel safe and know how to report;
- ensure staff are not isolated with residents and not taking residents off camera view;
- monitor resident patterns, such as: eating patterns, withdrawing from the program, and any abnormal behavior; and
- monitor at least for 90 days after a sexual abuse incident or allegation is reported (longer if necessary).

115.368 (f):

N/A. The auditor is not required to audit this provision; however, it should be noted that the agency includes this provision in their Agency Protection Against Retaliation Policy, as indicated below:

- The BLJJC Facility Head's obligation to monitor shall terminate if the agency determines that a sexual abuse allegation is unfounded.

Conclusion:

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

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.368</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency's Protective Isolation form - Agency Policy: Placement of Residents in Housing, Bed, Program, Education, & Work Assignments (Originally Created: 8/21/2013 / Latest Revision: 2/07/2020) <p><u>Interviews:</u></p> <ul style="list-style-type: none"> - <u>Superintendent</u> - Staff who Supervise Residents in Protective Isolation - Medical Staff (facility's full-time nurse- BSN) - Mental Health Professional (MHP) <p>Site Review Observations:</p> <p>During the onsite audit, the auditor did not witness a resident in protective isolation.</p> <p>Explanation of determination:</p> <p>115.368 (a): The auditor was provided the agency's Post-Allegation Protective Custody and their Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Policies, which include all the requirements of this PREA Standard, as well as the requirements pursuant to PREA Standard 115.342 (as documented in section 115.342 of this report). The agency's Post-Allegation Protective Custody Policy includes the following agency specific procedures pursuant to this provision:</p> <ul style="list-style-type: none"> - All housing decisions will be made only after a resident has been screened for risk of sexual victimization and abusiveness. The BLJJC Shift Supervisor will ensure that all youth are screened for risk of sexual victimization and abusiveness prior to any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse. - The BLJJC Shift Supervisor will ensure that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of PREA Standard §115.342. <p>Furthermore, it is important to note that the requirements associated with PREA Standard 115.342 are detailed in section 115.342 of this report.</p> |

The agency reported in the PAQ that in the past 12 months they have had ZERO (0) residents who alleged to have suffered sexual abuse and who were placed in isolation.

The auditor was also provided the agency's Protective Isolation form that includes the following information:

- Start and end date and time;
- Authorized by (Detention Superintendent or designee);
- Justification and reason for placement on Protective Isolation;
- Education Offered? (yes/no and time); and
- Large Muscle Exercise Offered? (yes/no and time)

Additionally, it is important to note that the agency indicated in the PAQ that they have placed ZERO residents at risk of sexual victimization in isolation in the past 12 months.

The auditor interviewed the agency's Superintendent, and he testified that residents are ONLY isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Further, he explained that he has never had to place a resident on protective isolation due to a PREA related matter or allegation, and that alternative means (other than isolation) would first be taken to ensure a victim or potential victim of sexual abuse or sexual harassment is safe and remains safe throughout their detention stay (i.e., moving residents to other housing units, placing resident perpetrator/s of sexual abuse or sexual harassment in disciplinary seclusion, and/or removing staff from the floor if involved as a perpetrator).

The auditor also interviewed 12 randomly selected JSOs who are all capable of supervising residents in protective isolation, and each JSO advised that they've never had to conduct room observations on a resident on protective isolation for a PREA related incident or allegation (in isolation for protective purposes related to a sexual abuse or sexual harassment incident or allegation). However, each JSO advised that if they were ever required to supervise such a resident, the resident would be provided the normal programming, privileges, education (including all applicable special education requirements), and work opportunities (although, residents don't work at this facility). Furthermore, the JSOs interviewed advised that instead of placing a resident on protective isolation, the resident would first be moved to his/her own Pod and provided all the normal program opportunities discussed above.

The auditor also interviewed the facility's full-time nurse and one of the agency's medical providers, and each health care professional advised that they have never experienced a situation involving a resident who has suffered or alleged sexual abuse being placed in protective isolation. However, each professional explained that if such an incident would occur, they would each ensure the child is provided daily check-ups by medical and mental health practitioners. The MHP and facility nurse explained further that they conduct routine check-ups on all residents in the facility, regardless of their status, and they would not hold back any services due to a resident being in any type of isolation (including disciplinary and protective isolations). They also advised that each resident in the facility is provided a face-to-face meeting with both the facility nurse and a mental health provider, and follow-up meetings occur as needed and as requested by the resident.

Conclusion:

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

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.371</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Criminal & Administrative Agency Investigations (Originally Created: 8/19/2013 / Latest Revision: 2/10/2020) - TJJJ Internal Investigation Report form - Agency Policy: Specialized Training Investigations (Originally Created: 8/12/2013 / Latest Revision: 2/06/2020) - Explanation of what was provided in the 12 hour TJJJ investigations trainings - Investigator Training Sign-In Sheets <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - Facility Superintendent (also an administrative investigator for the agency) <p>Explanation of determination:</p> <p>115.371 (a-k and m): The agency provided the auditor with their Criminal & Administrative Agency Investigation Policy, which includes all the requirements pursuant to each provision of this PREA Standard. This Policy provides for the following agency specific procedures:</p> <ul style="list-style-type: none"> - All allegations for SEXUAL ABUSE will be immediately referred to TJJJ and/or law enforcement pursuant to PREA Standards §115.334 and §115.352. - The BLJJJ PC will be responsible for investigations into allegations of SEXUAL HARASSMENT, RETALIATION, or STAFF NEGLIGENCE or VIOLATIONS of RESPONSIBILITIES that may have contributed to sexual abuse. The PC will conduct the investigation promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports, even if the alleged abuser or victim is no longer employed or housed by BLJJJ. Where sexual abuse is alleged, BLJJJ shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to the requirements in PREA Standard §115.334. The BLJJJ PC shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review |

prior complaints and reports of sexual abuse involving the suspected perpetrator. The BLJJC PC will also assure that no investigation is terminated solely because the source of the allegation recants the allegation.

- When the quality of evidence appears to support criminal prosecution, the BLJJC PC shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. BLJJC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

- When any authorized BLJJC staff member (e.g., BLJJC PCM) conducts an administrative investigation he/she:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

2. Shall be documented in BLJJC Investigation Report Form that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The BLJJC PC is responsible for requesting a copy of this report from TJJJ and/or law enforcement.

- Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

- The BLJJC PC shall retain all written reports pursuant to any administrative and/or criminal investigation for as long as the alleged abuser is incarcerated or employed by BLJJC, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. BLJJC assures that the departure of the alleged abuser or victim from the employment or control of BLJJC shall not provide a basis for terminating an investigation.

- When outside agencies investigate sexual abuse, all BLJJC staff shall fully cooperate with outside investigators and the BLJJC PCM will endeavor to remain informed about the progress of the investigation.

As already noted in subsection 115.322 of this report, the agency did provide the auditor with administrative investigation documents for three incidents (one for 2017 and two for 2018) that the auditor determined did NOT reach the level of sexual harassment or sexual abuse. However, these incidents are worth adding to this report due to the agency's response to the allegations exceeding the requirements set forth in this PREA Standard. The agency's responses to the three allegations are detailed below:

2017 Allegation:

Upon the auditor reviewing the completed TJJD Incident Report form, voluntary witness statement, and grievance form; the auditor determined that this allegation was a one-time incident involving an alleged inappropriate statement made by a staff member to a resident, which the auditor determined did not reach the level of sexual harassment per the PREA definition. It is important to note that the agency, even though not required by PREA standards, reported this allegation to TJJD (via TJJD Incident Report), local law enforcement (MCSD), and the alleged victim's parents on the same day that the resident's grievance was submitted. Furthermore, the PC provided the auditor with a memo that detailed the administrative investigation conducted by the Assistant Superintendent for this 2017 allegation, and the auditor verified through this memo that the agency conducted a prompt and thorough internal investigation, advised the resident who made the allegation the outcome of the investigation, and encouraged the resident to report any further allegations that may arise.

2018 Allegation (1 of 2):

Upon the auditor reviewing the completed TJJD Incident Report and TJJD Internal Investigation Report, the auditor determined that the agency took the necessary steps to ensure the incident was not sexual in nature. The Investigation Report explains that the alleged victim was allowed to contact TJJD (3rd party reporting agency operated by the State of Texas- TJJD) to report this alleged incident to TJJD, which triggered the administrative investigation by the agency. Even though this incident is described in the report as accidental contact between two residents during a supervised football game, the agency exceeded the PREA requirements of this PREA Standard by reporting the incident to TJJD and local law enforcement (MCSD) and initiating an administrative investigation to ensure no intentional sexual contact was made. The administration investigation was concluded two days after the allegation was first reported, and the disposition was determined as inconclusive due to conflicting statements made by the two residents involved. The documentation provided verifies that the alleged victim's parents were notified of the initial allegation and of the disposition.

2018 Allegation (2 of 2):

This incident involved an alleged inappropriate statement made by one resident to another resident, and upon review of the TJJD Incident Report and Investigation Summary Report, the auditor determined that this incident did not reach the level of sexual harassment or sexual abuse due to being an isolated alleged incident of a resident making an inappropriate comment to another (not repeated). Although, this incident did not require the agency to follow-up with an administrative investigation or following through with their reporting protocols, the auditor determined that the agency exceeded the PREA requirements to ensure resident sexual safety. The

agency reported this alleged incident to TJJD, contacted the alleged victim's parents, and conducted an administrative investigation within 24 hours of the comment being made.

The auditor interviewed the Agency's Head Designee (Assistant Director), and he advised the agency has NOT had an allegation or incident of a resident being sexually abused in the facility since before PREA was first implemented in 2012. He also explained that the agency is required to immediately notify the McLennan County Sheriff's Department and TJJD of any allegation concerning a report of sexual abuse. Additionally, the Agency's Director will immediately assign an internal investigator to conduct an administrative investigation into any allegation of sexual abuse or sexual harassment. The Assistant Director also explained in detail how the agency conducts an administrative investigation for all allegations of sexual abuse and sexual harassment, which would include, but should not be limited to, the following steps:

- ensure all the required notification to law enforcement and TJJD have been made;
- ensure all first responder duties have been performed to ensure the victims' safety;
- if a staff member is the alleged perpetrator, ensure this staff member is sent home and not allowed access into the facility until further notice (place on administrative leave through the entirety of the investigation- with termination of employment as the presumed action if the allegation is substantiated);
- the administrative investigator will begin his/her internal investigation of reviewing video surveillance footage, conduct interviews, and complete the TJJD Internal Investigation Reporting Form.

Additionally, the auditor interviewed one of the agency's administrative investigators, the agency's Superintendent, and he explained that BLJJC policy requires all allegations of sexual abuse and sexual harassment be referred to the McLennan County Sheriff's Department (MCSD) and TJJD immediately, regardless if the allegation involves potential criminal behavior or not. He also advised that any alleged sexual abuse or sexual harassment would continue up the chain of command to the Director of the Department, with the Director promptly assign an administrative investigator to immediately begin the internal investigation. The administrative investigator would then immediately begin the process of conducting the internal investigation, as they were trained to do and described in the paragraph below. Furthermore, the Superintendent advised that all anonymous and third-party reports of sexual abuse and sexual harassment are investigated the same as any other reports received of such abuse or harassment. The Superintendent explained that all physical evidence would be protected and preserved by the administrative investigator and/or supervisors for criminal investigators to collect, and he would be able to provide any video evidence, relevant documentation (logs, incident reports, voluntary statements, room checks, etc.), and any other evidence that may be requested by the criminal investigators. It was explained to the auditor by the

Superintendent that when it is discovered that a prosecutable crime may have taken place, he would consult with prosecutors before conducting any compelled interviews. However, he did advise further that all allegations of sexual abuse will be referred to the McLennan County Sheriff's Department (MCSD), and the MCSD would handle all criminal procedures and compelled interviews, if warranted. He described that the credibility of an alleged victim, suspect, and witness would not be judged; and the facts of the case would be investigated without bias, with remaining objective throughout the entirety of the investigation. The Superintendent explained that under no circumstance would the agency require a resident who alleges sexual abuse or sexual harassment to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. It was also explained that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct, the investigation would continue the same as if the employee continued their employment. Additionally, if a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation, the investigation continues just as if the child was never released. When the MCSD or TJJD conducts their own investigations in the facility, the Superintendent advised that he, or the administrative investigator assigned to the internal investigation, would be the point of contact and communicate via emails and phone calls to stay abreast of the criminal investigation. The Superintendent advised that an administrative investigation would not terminate if the source of the allegation recants his/her allegation and would continue to the end, no matter what happens during the investigation. He explained that the agency takes every measure possible to investigate incidents or allegations related to abuse or harassment to determine whether staff actions or failures to act contributed to the sexual abuse, such as: reviewing cameras and all evidence collected to determine if staff were following policy and procedure and ensure the child was not placed in harm's way.

It was explained that all administrative investigations are documented on a TJJD Internal Investigation Report, which an example was provided to the auditor and includes a comprehensive outline of each step taken in an administrative investigation. The Superintendent advised that the MCSD documents their criminal investigation on their own agency reporting forms. The standard of evidence the BLJJC requires to substantiate allegations of sexual abuse or sexual harassment was explained to be, at a minimum, a preponderance of evidence. The Superintendent also advised that the alleged victim and perpetrator would be notified of the outcome of the investigation, either as substantiated, unsubstantiated, or unfounded.

The Superintendent explained further how he received training specific to conducting a sexual abuse or sexual harassment investigation in a confinement setting that was provided by TJJD. Per the Superintendent, this training included, but was not limited to: techniques for interviewing juvenile sexual abuse victims and

perpetrators, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral (although, the Superintendent advised all allegations of sexual abuse are immediately reported to local law enforcement- MCSD and TJJJ). The Superintendent elaborated further that he was also trained on ensuring the first responder steps were, and are being, followed; how to communicate effectively and efficiently with criminal investigators; how to conduct interviews and witness statements, the proper chain of command to ensure accurate and concise information is relayed to the right people; how to preserve and protect the crime scene to ensure evidence can be collected properly; and to immediately take action to ensure the safety of the victim and all involved.

Lastly, in order to verify that the agency has not had a sexual abuse or sexual harassment allegation in the past 12 months, the auditor analyzed the agency's 2019 TJJJ Hotline Report and reviewed 10 randomly selected grievances, 3 randomly selected safety-based seclusions, and 8 randomly selected disciplinary seclusions, all for calendar year 2019. After review of all documents listed above, the auditor determined that the agency did not have a sexual abuse or sexual harassment incident or allegation in calendar year 2019.

115.371 (I):

N/A. The auditor is not required to audit this provision; however, it should be noted that the agency includes this PREA provision in their Criminal & Administrative Agency Investigations Policy, as indicated below:

- The BLJJJ CJPO will send a letter to all State entities and/or Department of Justice components that conduct such investigations to ensure that they understand and shall conduct their investigation pursuant to the above requirements; and The BLJJJ CJPO will keep a copy of this letter in his/her files for auditing purposes.

Conclusion:

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

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.372</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Evidentiary Standard for Administrative Investigations (Originally Created: 8/19/2013 / Latest Revision: 2/10/2020) <p><u>Interviews:</u></p> <ul style="list-style-type: none"> - Agency Superintendent (also an administrative investigator for the agency) <p>Explanation of determination:</p> <p>115.372 (a): The agency provided the auditor with their Evidentiary Standard for Administrative Investigations Policy, which includes the following procedure related to the requirement of this PREA provision:</p> <ul style="list-style-type: none"> - BLJJC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. <p>The Agency's Superintendent (who is also an administrative investigator for the agency), advised that tstandard of evidence the BLJJC requires to substantiate allegations of sexual abuse or sexual harassment was explained to be, at a minimum, a preponderance of evidence.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.373</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Reporting to Residents (Originally Created: 8/19/2013 / Latest Revision: 2/10/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Facility Superintendent (also an administrative investigator for the agency) <p>Explanation of determination:</p> <p>115.373 (a-e)</p> <p>The agency provided the auditor with their Reporting to Residents Policy, which includes all the requirements pursuant to this PREA Standard, as indicated below:</p> <ul style="list-style-type: none"> - Following an investigation into a resident’s allegation of sexual abuse suffered in a BLJJC facility, the BLJJC Facility Head shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If BLJJC did not conduct the investigation, the BLJJC Facility Head shall request the relevant information from the investigative agency in order to inform the resident. - Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the BLJJC Facility Head shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: <ol style="list-style-type: none"> 1. The staff member is no longer posted within the resident’s unit; 2. The staff member is no longer employed at the facility; 3. BLJJC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. BLJJC learns that the staff member has been convicted on a charge related to the allegation of sexual abuse within the facility. - Following a resident’s allegation that he or she has been sexually abused by another resident, the BLJJC Facility Head shall subsequently inform the alleged victim whenever: <ol style="list-style-type: none"> 1. The Facility Head learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. The Facility Head learns that the alleged abuser has been convicted on a charge related to the allegation of sexual abuse within the facility. |

- All such notifications or attempted notifications of the resident shall be documented on the BLJJC Notification Form.

The auditor interviewed the agency's Superintendent, who is also one of the agency's administrative investigators, and he advised that the alleged victim and perpetrator would be notified of the outcome of the investigation, either as substantiated, unsubstantiated, or unfounded.

115.373 (f):

N/A. The auditor is not required to audit this provision; however, it should be noted that the agency includes this PREA provision in their Reporting to Residents Policy, as indicated below:

- BLJJC's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Conclusion:

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

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.376</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Disciplinary Sanctions for Staff (Originally Created: 8/19/2013 / Latest Revision: 2/05/2020) <p>Explanation of determination:</p> <p>115.376 (a-d):</p> <p>The agency provided the auditor with their Disciplinary Sanctions for Staff Policy, in which the auditor was able to easily identify all the requirements pursuant to this PREA Standard. The following are agency specific procedures from this Policy:</p> <ul style="list-style-type: none"> - All BLJJC staff shall be subject to disciplinary sanctions up to and including termination for violating BLJJC’s sexual abuse or sexual harassment policies. - Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. - The BLJJC CJPO will ensure that all terminations for violations of BLJJC’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the following entities: <ul style="list-style-type: none"> 1. Law enforcement agencies, unless the activity was clearly not criminal; and 2. Relevant licensing bodies. - The BLJJC CJPO will document his/her reports via the BLJJC Substantiated Sexual Abuse Report Form. - The BLJJC CJPO will ensure that disciplinary sanctions for violations of BLJJC’s policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. <p>Lastly, In the past 12 months, the agency indicated in the PAQ that ZERO (0) staff from the facility have violated agency sexual abuse or sexual harassment policies; therefore, no such documentation was provided.</p> <p>The auditor reviewed 10 JSO personnel files, one contractor file, and two volunteer files; and upon review by the auditor it was confirmed that none of the 13 files reviewed included any disciplinary action related to sexual abuse or sexual harassment. Furthermore, through all the formal and informal interviews conducted while the auditor was onsite, none of the staff</p> |

members, volunteers, contractors, or residents indicated that there has been an incident involving sexual abuse or sexual harassment in the facility since PREA was first implemented several years ago.

Conclusion:

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

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.377</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Corrective Action for Contractors & Volunteers (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) <p>Explanation of determination:</p> <p>115.377 (a-b):</p> <p>The agency provided the auditor with their Corrective Action for Contractors and Volunteers Policy, which includes all the requirements of this PREA Standard, as verified by the auditor. The following are agency specific procedures pursuant to the requirements of this PREA Standard:</p> <ul style="list-style-type: none"> - All BLJJC contractors and volunteers will be subject to disciplinary sanctions up to and including termination for violating BLJJC’s sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for contractors who engage in sexual abuse, and dismissal from service will be the presumptive disciplinary sanction for volunteers who engage in sexual abuse. The BLJJC Facility Head will ensure that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to the following entities: <ol style="list-style-type: none"> 1. Law enforcement agencies, unless the activity was clearly not criminal; and 2. Relevant licensing bodies. <p>The BLJJC Facility Head will promptly notify all other BLJJC Facility Head’s that the contractor or volunteer is not allowed contact with any BLJJC resident, thus ensuring that all BLJJC facilities are informed and each facility can assure resident safety. The BLJJC Facility Head will ensure that the agency utilizes the BLJJC Substantiated Sexual Abuse Report Form to document their reports to the entities identified above. The Facility Head, working in collaboration with the BLJJC PC and BLJJC CJPO, will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse (other than actually engaging in sexual abuse) or sexual harassment policies by a contractor or volunteer</p> <p>In the past 12 months, the agency reported in the PAQ that ZERO (0) contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Additionally, the auditor reviewed 10 JSO personnel files, one contractor file, and two volunteer files; and upon review by the auditor it was confirmed that none of the 13 files</p> |

reviewed included any disciplinary action related to sexual abuse or sexual harassment.

Furthermore, through all the formal and informal interviews conducted while the auditor was onsite, none of the staff members, volunteers, contractors, or residents indicated that there has been an incident involving sexual abuse or sexual harassment in the facility since PREA was first implemented several years ago.

Conclusion:

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

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.378</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Interventions & Disciplinary Sanctions for Residents (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - 2019 TJJD Hotline Report and 2019 Disciplinary Seclusion, Safety-Based Seclusion, and Grievance Logs and Reports. - TAC 343.276 <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent - One MHP (who works full-time for the agency) - One Licensed Nurse, BSN (who works full-time in the facility) <p>Explanation of determination:</p> <p>115.378 (a-g): The agency provided the auditor with their Interventions & Disciplinary Sanctions for Residents Policy, which includes all the requirements of this PREA Standard, as indicated below:</p> <ul style="list-style-type: none"> - A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. - Any disciplinary sanctions approved by the BLJJC Facility Head 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, BLJJC 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 daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. - The BLJJC Facility Head will ensure that the disciplinary process considers 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. |

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. BLJJC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education.

- BLJJC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

- For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

- BLJJC may, at its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. BLJJC will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

It should be noted that TAC Standard §343.276 (Formal Disciplinary Reviews for Major Rule Violations Effective Date: 6/1/16) requires the agency to provide a formal disciplinary review before disciplinary seclusion is imposed unless the review is waived in writing by the resident.

Additionally, as indicated by the agency in the PAQ:

In the past 12 months,

- ZERO administrative findings of resident-on-resident sexual abuse that have occurred at the facility;
- ZERO criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility; and
- ZERO residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

In order to verify that the agency has not had a sexual abuse or sexual harassment allegation in the past 12 months (resulting in resident disciplinary action), the auditor analyzed the agency's 2019 TJJD Hotline Report and reviewed 10 randomly selected grievances, 3 randomly selected safety-based seclusions, and 8 randomly selected disciplinary seclusions, all for calendar year 2019. After review of all documents listed above, the auditor determined that the agency did not have a sexual abuse or sexual harassment incident or allegation in calendar year 2019; therefore, no subsequent resident disciplinary action was taken.

Additionally, the auditor interviewed the agency's Superintendent, who advised that the following disciplinary sanctions can be authorized for a resident who was found to be engaged in resident-on-resident sexual abuse:

- facility rule violations;
- criminal charge by the McLennan County Sheriff's Department;

- disciplinary seclusion or safety-based seclusion; and
- possibly the resident will be moved to his/her own housing unit with special programming.

The Superintendent advised further that the sanctions imposed would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories.

Additionally, the auditor interviewed the facility's full-time nurse and one of the agency's medical providers, and each health care professional advised that they have never experienced a situation involving a resident who has suffered or alleged sexual abuse being placed in protective isolation or any type of disciplinary seclusion. However, each professional explained that if such an incident would to occur, they would each ensure the child is provided daily check-ups by medical and mental health practitioners. The MHP and facility nurse explained further that they conduct routine check-ups on all residents in the facility, regardless of their status, and they would not hold back any services due to a resident being in any type of isolation (including disciplinary and protective isolations). They also advised that each resident in the facility is provided a face-to-face meeting with both the facility nurse and a mental health provider, and follow-up meetings occur as needed and as requested by the resident. Both professionals advised that the medical and mental health services provided would NOT be restricted in any way and no conditions would be required for a resident to receive such services. The agency's MHP who was interviewed by the auditor advised further that there is not a licensed sex offender therapist or counselor on staff at the facility, and the mental health services provided by the employed MHPs includes crisis management and general counseling services. However, if a resident was found to benefit from sex offender therapy, the agency has the ability to provide out-patient services and refer the child to a licensed sex offender therapist (LSOP). Additionally, the agency's full-time nurse confirmed in her interview that services such as therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations associated with sexual abuse would be offered to a resident perpetrator of sexual abuse.

Conclusion:

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

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p><u>115.381</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Medical & Mental Health Screenings: History of Sexual Abuse (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - Two Emailed Mental Health Referrals (from the agency's nurse to MHP) - Three Juvenile Case Management System (JCMS) Chronological Notes (related to mental health follow-up meetings) - Agency's Behavioral Screenings forms (Risk Screenings pursuant to PREA Standard 115.341) <p>Interviews:</p> <ul style="list-style-type: none"> - One of the Agency's full-time Mental Health Provider (MHP) - Agency's full-time nurse (BSN) - Two Targeted Residents (one who disclosed prior sexual victimization and one who disclosed prior sexual abusiveness) <p>Explanation of determination:</p> <p>115.381 (a-d):</p> <p>The agency provided the auditor with their Medical and Mental Health Screenings (History of Sexual Abuse) Policy, in which the auditor was able to clearly verify that all the requirements pursuant to this PREA Standard are included in this Policy, as detailed below:</p> <ul style="list-style-type: none"> - If the screening pursuant to PREA Standard §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the BLJJC staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The BLJJC Intake Officer will document this referral via the BLJJC Medical or Mental Health Services Request Form. - If the screening pursuant to PREA Standard §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. |

- The BLJJC Intake Officer will ensure that a copy of all BLJJC Medical or Mental Health Services Request Forms is forwarded to the BLJJC PC for review and tracking. The BLJJC PC will ensure that all residents requesting follow-up meetings with a medical or mental health care practitioner are provided this follow-up meeting within 14 days.

- All BLJJC staff will be trained to understand that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to following:

1. Medical practitioners;
2. Mental health care practitioners;
3. Other staff, as necessary, to: Inform treatment plans; Inform security decisions; Inform management decisions, including housing, bed, work, education, and program assignments; or As otherwise required by Federal, State, or local law.

- BLJJC medical and mental health practitioners shall 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.

As indicated by the agency in the PAQ, in the past 12 months, 100 percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.

The auditor interviewed a resident in the facility whose risk screening, pursuant to PREA standard 115.341, indicated that the resident was a victim of sexual abuse that allegedly occurred outside the facility (in the community). The resident disclosed to the auditor that a counselor was provided within two days of being admitted into the facility, and the child's Child Protective Service (CPS) caseworker was also advised of the outcry and talked with the resident to follow-up on the case. Additionally, the resident notified the auditor that a victim advocate was made available and this advocate has visited with the child periodically throughout the resident's stay in the facility. The resident also explained that a criminal detective has been assigned to the case and the investigation remains open at this time.

The auditor also interviewed the facility's full-time nurse (BSN), who conducts most of the facility's risk screenings (with facility supervisors conducting after hours), and she advised that when a resident's risk screening indicates the child has experienced prior sexual victimization or abusiveness, regardless of where the abuse occurred, she emails and referrals the child to the agency's mental health services unit (with the same process being performed by supervisors who conduct the same risk screening), with also conducting her own follow-up. The nurse elaborated further how she conducts comprehensive medical screenings on every resident in the facility within a few days after they are admitted, with notifying the mental health unit if any issues arise related to the child's mental health or due to any PREA requirements.

Additionally, the auditor also interviewed one of the agency's MHPs, who advised that an agency employed MHP meets with each resident admitted into the facility within 72 hours from the time they are first detained in the facility. The MHP advised that he receives emails periodically from facility supervisors and from the full-time facility nurse, which include referrals to meet with residents who disclosed prior sexual victimization or abusiveness during the intake process. The mental health meetings with the residents are then documented in the

agency's Juvenile Case Management System (JCMS), with a general chronological note added for each face-to-face meeting. The auditor verified this through analyzing two emails (referrals) and two chronological notes from JCMS for two residents who the agency indicated disclosed prior sexual victimization and abusiveness on their initial Behavioral Screen (risk screening tool used pursuant to PREA standard 115.341). One of the residents' Behavioral Screens indicated the child disclosed prior sexual victimizations and abusiveness from incidents that allegedly occurred outside the facility, and the MHP interviewed provided the auditor with the email sent by the facility's nurse on the day the child was admitted into the facility- advising of the child's need for a mental health follow-up meeting (included relevant information of why the follow-up was needed). The MHP then allowed the auditor to review two chronological notes in JCMS that verified this particular child was seen by a MHP within 24 hours of being admitted into the facility (also, another meeting two days later). Furthermore, the auditor was also provided an emailed mental health referral, from the agency's full-time nurse to the agency's mental health department, for a resident who disclosed prior sexual victimization that allegedly occurred outside the facility. This referral provided relevant information related to the reason of the referral; and upon the auditor's review of the MHP's JCMS chronological note on this matter, it was verified that the resident was seen by mental health staff on the same day of admittance into the facility.

The agency's MHP and full-time facility nurse interviewed both notified the auditor how all information related to sexual victimization or abusiveness that occurred in any setting is strictly limited to staff who need to know the information for specific job related functions and should only be shared on a need to know basis. Furthermore, the agency's MHP advised that all information stored in the agency's JCMS system is securely retained and only certain staff are allowed access. Additionally, both health care professions advised that before initiating services, residents are informed of the practitioner's duty to report and the limitations of confidentiality- with each staff member providing the auditor with an example of the duty to report and limits of confidentiality statements they continually provide to each resident. It should be noted that the facility can only house juveniles between the ages of 10 and 17, as required by Texas Administrative Code Standards.

It is important to note that the auditor verified the two residents who disclosed prior sexual victimization and abusiveness, as discussed above, were seen by both the facility's nurse and MHP within 24 hours of the time they were first admitted into the facility. This follow-up timeframe substantially exceeds the requirements of this PREA standard, of within 14 days, and through the interviews described above and a review of proof documents provided, the auditor determined that this practice is fully institutionalized in the facility.

Conclusion:

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

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.382</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Access to Emergency Medical & Mental Health Services (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - Resident Orientation Material for Both the Pre and Post Programs - Agency's Medical and Mental Health Service Log <p>Interviews:</p> <ul style="list-style-type: none"> - One of the agency's MHPs - The agency's full-time nurse (BSN) - 12 Randomly Selected JSOs <p>Explanation of determination:</p> <p>115.382 (a-d): The agency provided the auditor with their Access to Emergency Medical & Mental Health Services Policy, which includes all the requirements pursuant to this PREA Standard. These agency specific procedures are detailed below:</p> <ul style="list-style-type: none"> - The BLJJC Facility Head will ensure that BLJJC residents, who are victims of sexual abuse while in confinement at an BLJJC facility, will 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. - BLJJC medical and mental health practitioners will document the following in the Medical and Mental Health Services Log: <ol style="list-style-type: none"> 1. Date and time first referral for medical and/or mental health care was received; 2. Date and time medical and/or mental health care was initially provided; 3. Timeliness of emergency medical treatment and crisis intervention services that were provided; 4. Provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis; and 5. In the event that health care staff were not present at the time the incident was reported, a |

determination whether or not appropriate actions by non-health staff was taken.

- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to §115.362 and will immediately notify the appropriate medical and mental health practitioners and document their response on the BLJJC Incident Report Form. This report will document when the staff initially received the report of an incident and at what time the staff notified the appropriate medical and mental health practitioners.

- Each BLJJC Facility Head will ensure that BLJJC residents, who are victims of sexual abuse while in confinement at their BLJJC facility, will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Additionally, BLJJC medical and mental health practitioners will document the following in the Medical and Mental Health Services Log:

1. Date and time first referral for medical and/or mental health care was received;
2. Date and time medical and/or mental health care was initially provided;
3. Timeliness of emergency medical treatment and crisis intervention services that were provided;
4. Provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis; and
5. In the event that health care staff were not present at the time the incident was reported, a determination whether or not appropriate actions by non-health staff was taken.

- The BLJJC Facility Head will ensure that treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The BLJJC PC will ensure that residents are made aware of this information by verifying this information is part of the residents handbook.

In addition, the auditor reviewed the agency's Pre and Post Resident Orientation Material, which includes the following provisions for a resident who is a victim of sexual abuse (regardless of when or where it occurred):

- Any resident who at intake, through the admission or assessment process, or throughout his/her confinement, is determined to have experienced prior sexual victimization (regardless of when or where it occurred) shall be offered a follow-up appointment with a medical and/or mental health practitioner as soon as possible when the information was discovered. Any resident who alleges to have been a victim of sexual abuse while in the custody of the McLennan County Juvenile Services facility shall have access to a forensic medical examination at by a certified SANE/SAFE Nurse at a local hospital without financial cost, where evidentiary or medically appropriate.

- If a resident is determined to be a victim of sexual abuse, sexual assault, sexual harassment, abuse (physical, emotional) neglect, or exploitation, the facility shall make available to the resident a victim advocate provided by the Advocacy Center in Waco.

Additionally, the auditor provided the auditor with their Medical and Mental Health Services Log, which includes the following sections to be completed by the medical and mental health

professional involved with the follow-up services provided:

- Juvenile Name
- Date of Birth
- Date and Time of Referral for Medical and/or Mental Care
- Date and Time Emergency Medical Care Initially Provided
- Contraception Provided (STD testing)
- Were Actions by Non-Health Care Staff Appropriate if Health Care Staff Not Present
- Follow-up Services Provided
- Treatment Plan
- Referrals

The agency's MHP and full-time facility nurse whom were interviewed by the auditor both explained how resident victims of sexual abuse receive immediate unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of these services would be according to the medical and/or mental health workers professional judgement. Each professional also advised that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders are required to take preliminary steps to protect the victim, pursuant to the requirements of PREA standard 115.362, and shall immediately notify the appropriate medical and mental health practitioners. The MHP and nurse interviewed also explained that if a resident was a victim of sexual abuse while incarcerated in the facility, this resident would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The 12 randomly selected JSOs interviewed advised that staff first responders are required take preliminary steps to protect the victim pursuant to the requirements of PREA standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. This was explained as the possibility of calling 911 for emergency services and/or contacted the mental health provider and/or nurse on-call- all depending on the type and emergent need of a.

Conclusion:

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

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383

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

- Pre-Audit Questionnaire (PAQ)
- Agency Policy: Ongoing Medical & Mental Health Care for Sexual Abuse Victims & Abusers (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020)
- Agency's Medical and Mental Health Services Log

Interviews:

- One of the Agency's MHP
- The Agency's Full-Time Facility Nurse (BSN)

Explanation of determination:

115.383 (a-h):

The auditor was provided the agency's Ongoing Medical and Mental Healthcare for Sexual Abuse Victims and Abusers Policy, in which the auditor was able to clearly confirm that the Policy includes all the requirements pursuant to this PREA Standard, as indicated below:

- The BLJJC Facility Head will ensure his/her facility offers 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The BLJJC medical and mental health care practitioners will maintain documentation in the Medical and Mental Health Services Log the types of services each victim received:

1. Follow-up services;
2. Treatment plans; and
3. Referrals for continued care following the residents transfer to, or placement in, other facilities, or their release from custody.

- The BLJJC Facility Head will ensure that his/her facility provide such victims with medical and mental health services consistent with the community level of care. The BLJJC medical and mental health practitioners will maintain documentation in the Medical and Mental Health Services Log the type's services each victim received.

- The BLJJC Facility Head will ensure that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The BLJJC medical and mental health care practitioners will maintain documentation in the Medical and Mental Health Services Log that female victims of vaginal penetration were offered pregnancy tests.

- The Facility Head will ensure that if pregnancy results from conduct documented above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The BLJJC medical and mental health care practitioners will maintain documentation in the Medical and Mental Health Services Log that female victims of vaginal penetration received timely and comprehensive information about the timely access to all lawful pregnancy-related medical services.

- Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The BLJJC medical and mental health care practitioners will maintain documentation in the Medical and Mental Health Services Log that sexual abuse victims were offered tests for sexually transmitted infections, as medically appropriate.

- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

- The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The BLJJC medical and mental health care practitioners will maintain documentation in the Medical and Mental Health Services Log that all known resident-on-resident abusers have a mental health evaluation conducted, within 60-days of the facility learning of such abuse history, and the services offered to the abusers.

Additionally, the auditor provided the auditor with their Medical and Mental Health Services Log, which includes the following sections to be completed by the medical and mental health professional involved with the follow-up services provided:

- Juvenile Name
- Date of Birth
- Date and Time of Referral for Medical and/or Mental Care
- Date and Time Emergency Medical Care Initially Provided
- Contraception Provided (STD testing)
- Were Actions by Non-Health Care Staff Appropriate if Health Care Staff Not Present
- Follow-up Services Provided
- Treatment Plan
- Referral

The auditor interviewed the facility's full-time nurse and one of the agency's medical providers, and each health care professional advised that they have never experienced a situation involving a resident who has suffered or alleged sexual abuse being placed in protective

isolation or any type of disciplinary seclusion. However, each professional explained that if such an incident would occur, they would each ensure the child is provided daily check-ups by medical and mental health practitioners. The MHP and facility nurse explained further that they conduct routine check-ups on all residents in the facility, regardless of their status, and they would not hold back any services due to a resident being in any type of isolation (including disciplinary and protective isolations). They also advised that each resident in the facility is provided a face-to-face meeting with both the facility nurse and a mental health provider, and follow-up meetings occur as needed and as requested by the resident. Both professionals advised that the medical and mental health services provided would NOT be restricted in any way and no conditions would be required for a resident to receive such services. The agency's MHP who was interviewed by the auditor advised further that there is not a licensed sex offender therapist or counselor on staff at the facility, and the mental health services provided by the employed MHPs includes crisis management and general counseling services. However, if a resident was found to benefit from any type of therapy services, the agency has the ability to provide out-patient services and refer the child to a licensed therapist, psychologist or psychiatrist. Additionally, the agency's full-time nurse confirmed in her interview that services such as therapy, counseling, or other intervention services would be offered to a resident victim and perpetrator of sexual abuse. Each professional advised the auditor that the level of care provided would be consistent with the community level of care (with some services, as described above, being community care); and if pregnancy results from sexual abuse while in the facility, victims would be promptly provided information and access to all lawful pregnancy-related services. Such services would be provided by a medical professional, such as an OBGYN or SANE/SAFE nurse, and provided as soon as medically appropriate.

Conclusion:

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

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.386</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Sexual Abuse Incident Review (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Facility's Superintendent (who is also a member of the agency's Sexual Abuse Incident Review Team) <p>Explanation of determination:</p> <p>115.386 (a-e): The agency provided the auditor with their Sexual Abuse Incident Review Policy, which includes all the requirements pursuant to this PREA Standard, as indicated below:</p> <ul style="list-style-type: none"> - The BLJJC PC will 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 results of this review will be documented on the BLJJC Sexual Abuse Incident Review Form. These reviews will be conducted within 30 days of the conclusion of the investigation. The PC will ensure that the Review Team includes upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners, and community advocacy officials, as necessary. <p>Additionally, the PC will ensure that the Review Team:</p> <ol style="list-style-type: none"> 1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assesses the adequacy of staffing levels in that area during different shifts; 5) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) Prepares a report of its findings, including but not necessarily limited to, determinations made pursuant the requirements of PREA Standard 115.386, and any recommendations for |

improvement and submits such report to the facility head and PREA compliance manager.

- The BLJJC PC will ensure that the facility implements the recommendations for improvement, or shall document its reasons for not doing so on the BLJJC Sexual Abuse Incident Review Form.

In the past 12 months, ZERO (0) criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only "unfounded" incidents, as reported by the agency in the PAQ.

The agency's Superintendent, who is also a part of the agency's sexual abuse incident review team, described in his interview the agency's sexual abuse incident review team procedures and advised the administrative team consists of: the Director, Assistant Director, Superintendent, medical and mental health personnel, PREA Coordinator, Facility Supervisors (with the possibility of adding more people, as needed). The Superintendent also advised that the team would review the entirety of the incident- including the who, what, where, when, why, and how. Additionally, the team would be evaluating how to prevent such an incident from re-occurring, considering the perpetrators motive behind the alleged abuse, examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assessing the adequacy of staffing levels in that area during different shifts, and assessing whether monitoring technology should be deployed or augmented to enhance security and safety.

Conclusion:

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

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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.387</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Data Collection (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - DOJ Survey of Sexual Violence Reports for 2016-2018 (available on the agency's website) - BLJJC Facility Incident-Based Annual Reports - BLJJC Annual Review of Sexual Abuse/Harassment Incidents for 2018 (conducted in Dec. of 2019)- BLJJC and Contracted Residential Treatment Programs, and agency contractor vendors. <p>Explanation of determination:</p> <p>115.387 (a-f): The agency provided the auditor with their Data Collection Policy, which includes all the requirements of this PREA provision, as indicated below:</p> <ul style="list-style-type: none"> - The PC will collect accurate, uniform data for every allegation of sexual abuse at his/her facility using a standardized instrument and a set of definitions. - Definitions are identified and defined in §115.311 of BLJJC's policies and procedures (refer to section 115.311 of this report for more detailed information). - Uniform data collected will include but not be limited to: <ol style="list-style-type: none"> a. Date on which the incident occurred; b. Facility where incident occurred; c. Part of facility where incident occurred (e.g., victim's room, outside the facility, etc.); d. Time the incident took place; e. Number of victims involved; f. Gender of victim(s); g. Age of victim(s); h. Race/ethnicity of victim(s); i. Physical injuries sustained, if any; j. Medical care received, if any; k. Person reporting the incident; l. Services provided to the victim(s) after the incident was reported; m. Action taken on behalf of the facility toward the victim(s) after incident was reported (e.g., placed in segregation, placed in medical unit, confined to own room, etc.) n. Type of sexual violence involved in the incident; o. Number of perpetrators involved; p. Gender of perpetrator(s); |

- q. Age of perpetrator(s);
- r. Race/ethnic origin of the perpetrator(s);
- s. Nature of the incident (e.g., voluntary sexual contact between youths; unwanted touching for sexual gratification; etc.);
- t. Type of pressure or physical force used by the perpetrator(s);
- u. Sanctions imposed on the perpetrator(s);
- v. If staff sexual misconduct or sexual harassment was involved and if so:
 - i. Nature of incident;
 - ii. Number of staff involved;
 - iii. Gender of the staff;
 - iv. Age of the staff;
 - v. Race/ethnic origin of the staff;
 - vi. If a staff member as the abuser, was the abuser an employee, contractor, or volunteer;
 - vii. Primary position held by the staff involved (e.g., Administrator, clerical, etc.); and
 - viii. Sanctions imposed on the staff.

- The BLJJC PC will aggregate and analyze the incident-based sexual abuse data and compile his/her analysis into a BLJJC Facility Incident-Based Report on an annual basis, if not more often. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

- The BLJJC PC will maintain, review, and collect data, as needed, from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A copy of the completed BLJJC Facility Incident-Based Report will be completed on or before September 1 of each year. Additionally, the BLJJC PC will compile all the BLJJC Facility Incident-Based Reports into an aggregated agency-wide report that will be submitted to the BLJJC CJPO by October 1 of each year.

- The BLJJC PC will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents, and he/she will utilize this data to "recommend" or "not recommend" continuing contracts for private confinement facilities.

- Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice, no later than June 30.

Furthermore, the agency also provided the auditor with their Annual Review of Sexual Abuse/Harassment Incidents for 2018 report (conducted in Dec. of 2019) This document was approved by the Director of the BLJJC and completed by the PC. Upon review, the auditor was able to verify that this annual review of sexual abuse and sexual harassment incidents for calendar year 2018 includes the following information relevant to the requirements of this PREA Standard:

- The BLJJC reported ZERO incidents of substantiated sexual abuse or sexual harassment in the facility for calendar year 2018.
- Probation Staff conducts compliance inspections of all the departments' placement contractors twice per year; with each placement facility being able to demonstrate full

compliance with all the required PREA Standards.

It is also important to point out that the agency includes the Department of Justice Survey of Sexual Violence (SSV) reports for calendar years 2016, 2017, and 2018 on their website, at the following address: <http://www.co.mclennan.tx.us/758/Prison-Rape-Elimination-Act-PREA>. Per the information provided by the agency for this report, there were two *allegations* of sexual harassment in the facility since 2016 and no allegations of sexual abuse. The agency did provide the auditor with their administrative investigation documents for the sexual harassment allegations, which are described in more in detail in subsection 115.322 of this report, and upon review, the auditor determined that the allegations did NOT meet the PREA definitions of sexual harassment or sexual abuse.

Conclusion:

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

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.388</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Data Collection (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - BLJJC Annual Review of Sexual Abuse/Harassment Incidents for 2018 (conducted in Dec. of 2019/Report)- BLJJC and Contracted Residential Treatment Programs, and agency contractor venders. - Annual Review of Sexual Abuse/Harassment Incidents for 2019 (conducted on 4/29/2020) <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (Assistant Director) - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.388 (a-d): The agency provided the auditor with their Data Collection Policy, which includes all the requirements of this PREA provision, as indicated below:</p> <ul style="list-style-type: none"> - The PC will collect accurate, uniform data for every allegation of sexual abuse at his/her facility using a standardized instrument and a set of definitions. - Definitions are identified and defined in §115.311 of BLJJC’s policies and procedures (refer to section 115.311 of this report for more detailed information). - Uniform data collected will include but not be limited to: <ol style="list-style-type: none"> a. Date on which the incident occurred; b. Facility where incident occurred; c. Part of facility where incident occurred (e.g., victim’s room, outside the facility, etc.); d. Time the incident took place; e. Number of victims involved; f. Gender of victim(s); g. Age of victim(s); |

- h. Race/ethnicity of victim(s);
- i. Physical injuries sustained, if any;
- j. Medical care received, if any;
- k. Person reporting the incident;
- l. Services provided to the victim(s) after the incident was reported;
- m. Action taken on behalf of the facility toward the victim(s) after incident was reported (e.g., placed in segregation, placed in medical unit, confined to own room, etc.)
- n. Type of sexual violence involved in the incident;
- o. Number of perpetrators involved;
- p. Gender of perpetrator(s);
- q. Age of perpetrator(s);
- r. Race/ethnic origin of the perpetrator(s);
- s. Nature of the incident (e.g., voluntary sexual contact between youths; unwanted touching for sexual gratification; etc.);
- t. Type of pressure or physical force used by the perpetrator(s);
- u. Sanctions imposed on the perpetrator(s);
- v. If staff sexual misconduct or sexual harassment was involved and if so:
 - i. Nature of incident;
 - ii. Number of staff involved;
 - iii. Gender of the staff;
 - iv. Age of the staff;
 - v. Race/ethnic origin of the staff;
 - vi. If a staff member as the abuser, was the abuser an employee, contractor, or volunteer;
 - vii. Primary position held by the staff involved (e.g., Administrator, clerical, etc.); and
 - viii. Sanctions imposed on the staff.

- The BLJJC PC will aggregate and analyze the incident-based sexual abuse data and compile his/her analysis into a BLJJC Facility Incident-Based Report on an annual basis, if not more often. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

- The BLJJC PC will maintain, review, and collect data, as needed, from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A copy of the completed BLJJC Facility Incident-Based Report will be completed on or before September 1 of each year. Additionally, the BLJJC PC will compile all the BLJJC Facility Incident-Based Reports into an aggregated agency-wide report that will be submitted to the BLJJC CJPO by October 1 of each year.

- The BLJJC PC will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents, and he/she will utilize this data to “recommend” or “not recommend” continuing contracts for private confinement facilities.

- Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice, no later than June 30.

Furthermore, the agency provided the auditor with their Annual Review of Sexual Abuse/Harassment Incidents for 2018 report (conducted in Dec. of 2019) This document was approved by the Director of the BLJJC and completed by the PC. The auditor was able to verify that this annual report is posted on the agency's website and includes the following information relevant to the requirements of this PREA Standard:

- The BLJJC reported ZERO incidents of substantiated sexual abuse or sexual harassment in the facility for calendar year 2018.

- Probation Staff conducts compliance inspections of all the departments' placement contractors twice per year; with each placement facility being able to demonstrate full compliance with all the required PREA Standards.

It is also important to point out that the agency includes the Department of Justice Survey of Sexual Violence (SSV) reports for calendar years 2016, 2017, and 2018 on their website, at the following address: <http://www.co.mclennan.tx.us/758/Prison-Rape-Elimination-Act-PREA>. Per the information provided by the agency for this report, there were two *allegations* of sexual harassment in the facility since 2016 and no allegations of sexual abuse. The agency did provide the auditor with their administrative investigation documents for the sexual harassment allegations, which are described in more in detail in subsection 115.322 of this report, and upon review, the auditor determined that the allegations did NOT meet the PREA definitions of sexual harassment or sexual abuse.

The auditor interviewed the agency's Assistant Director, who advised that if a weakness or issue is identified, agency leadership will take immediate action to correct the problem. The Assistant Director explained how incident-based sexual abuse data is used to evaluate and improve measures related to sexual abuse prevention, detection, response, practices, and training. Examples provided included using any data relevant to PREA (although the agency has not had a substantiated case of sexual abuse or sexual harassment since PREA was first implemented) to improve policy and procedures, add additional cameras to vulnerable areas, improve training, improve the screening process of potential new staff, and take continued corrective action to prevent an incident from occurring again. The Assistant Director advised that agency leadership routinely conducts a review of all the sexual abuse and sexual harassment aggregate data, daily

operational procedures, and other dynamics related to the requirements of this PREA standard, but a formalized report is not consistently completed.

The auditor also interviewed the agency's PC, and she explained that the agency prepared an annual report of its findings from a data review and applicable corrective action pursuant to the requirements of this PREA standard in December of 2019 for calendar year 2018. However, formalized reports were not completed for any years prior to 2018, and at the time of the interview with the PC, the annual review for calendar year 2019 had yet to be completed. The PC advised that any sensitive personal identifiers of residents are redacted from the report, and the auditor confirmed this upon review.

The agency was only able to provide the auditor with one annual report of the sexual harassment and sexual abuse review as conducted pursuant to the requirements of this PREA standard (review conducted in December of 2019 for calendar year 2018). Additionally, the auditor determined the 2019 report does not include the following requirements of this PREA standard:

- an assessment of how to improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, and training;
- identify possible problem areas;
- address any applicable corrective action on an ongoing basis;
- a comparison of the current year's data and applicable corrective actions with those from prior years; and
- provide for an assessment of the agency's progress in addressing sexual abuse.

The auditor requested an annual report for calendar years 2017 and 2019, and it was determined that a formal report was not completed for 2017 and a 2019 review has not been conducted as of the time of this report (is scheduled for December of 2020). Due to the issues addressed above, the auditor determined that the agency is not in compliance with all the elements of this PREA standard. Furthermore, it is highly recommended by the auditor that the agency conducts the required annual sexual abuse and sexual harassment reviews at the beginning of each year for the previous year, instead of waiting until the end of the year.

In order to gain compliance with this PREA standard, the agency must conduct an annual review pursuant to all the requirements of this PREA standard for calendar year 2019, provide this report to the auditor for his review, post the report on the agency's website, and continue this practice going forth.

Corrective Action:

On 4/30/2020, the PC for the agency provided the auditor with the 2019 Annual Review of Sexual Abuse and Sexual Harassment Incidents for the Bill Logue Juvenile Justice Center, Contract Residential Treatment Programs, and agency contractor vendors. This review was conducted on 4/29/2020, and, as indicated on the document provided, the following administrators were present for the review: Assistant Director, Facility Administrator, Assistant Facility Administrator, and the PREA Coordinator. The auditor confirmed that the 2019 Annual Review was reviewed and approved by the Director for the agency and posted on the agency's website (at the following address:

<http://www.co.mclennan.tx.us/DocumentCenter/View/10256/PREA-Review-CY2019-PDF>). Furthermore, the auditor ultimately determined that the agency is now in full compliance with the requirements of this PREA standard and has institutionalized a plan for ensuring all the requirements for this PREA standard are fulfilled going forth.

Conclusion:

Based upon the review and analysis of all the available evidence and the corrective action material provided, the auditor has determined that the agency is in full compliance with all elements of this standard.

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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.389</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency Policy: Data, Storage, Publication, & Destruction (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - Agency Policy: Data Collection (Originally Created: 8/19/2013 / Latest Revision: 2/11/2020) - DOJ Survey of Sexual Violence Reports for 2016-2018 (available on the agency's website) - BLJJC Facility Incident-Based Annual Reports - BLJJC Annual Review of Sexual Abuse/Harassment Incidents for 2018 (conducted in Dec. of 2019)- BLJJC and Contracted Residential Treatment Programs, and agency contractor vendors. <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.389 (a-d): The agency provided the auditor with their Data, Storage, Publication, and Destruction Policy, which includes the requirements pursuant to this PREA Standard, as detailed below:</p> <ul style="list-style-type: none"> - The BLJJC PC shall ensure that data collected pursuant to PREA Standard §115.387 are securely retained via encrypted data files and/or via locked file cabinets. - The BLJJC PC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. - Before making aggregated sexual abuse data publicly available, the BLJJC PC shall remove all personal identifiers. - The BLJJC PC shall maintain sexual abuse data collected pursuant to PREA Standard |

§115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The BLJJC PC will ensure that all data older than 10 years is shredded in a confidential manner as outlined in BLJJC's Policies and Procedures.

Additionally, the auditor reviewed the agency's website, and verified that all the material and documents made available to the public on their website was without any personal identifiers.

It is also important to point out that the agency includes the Department of Justice Survey of Sexual Violence (SSV) reports for calendar years 2016, 2017, and 2018 on their website, at the following address: <http://www.co.mclennan.tx.us/758/Prison-Rape-Elimination-Act-PREA>. Per the information provided by the agency for this report, there were two *allegations* of sexual harassment in the facility since 2016 and no allegations of sexual abuse. The agency did provide the auditor with their administrative investigation documents for the sexual harassment allegations, which are described in more in detail in subsection 115.322 of this report, and upon review, the auditor determined that the allegations did NOT meet the PREA definitions of sexual harassment or sexual abuse.

The auditor interviewed the agency's PC, who explained how the agency ensures the data collected pursuant to PREA standard 115.387 is securely retained by securing all applicable documents and information in a locked filing cabinet. Additionally, all sensitive information that is electronically saved is secured on password protected computer systems. The security measures in place were observed by the auditor during the onsite, and included the following:

- a security guard maintaining security at the entrance into the BLJJC (with a metal detector and scanner);
- locked doors that require an access keycard to gain entry to the administrative, casework, and mental health areas of the complex;
- locked door going into the secure facility that requires the facility's control room staff to unlock and provide access; and
- locked doors in the secure facility, with secured filing cabinets, containing resident files and information.

Conclusion:

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

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.401</u></p> <p>The following is a list of evidence used to determine compliance:</p> <p>- Pre-Audit Questionnaire (PAQ)</p> <p><u>Explanation of determination:</u></p> <p>115.401 (a-n): This is the first ever PREA audit conducted for the Bill Logue Juvenile Justice Center (BLJJC), and it should be noted that this audit report is being completed for the first year of the third audit cycle. The auditor had access to, and observed, all areas of the audited facility, and was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to have private interviews with residents and staff, without restrictions, and residents were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Additionally, it should be noted that the agency had the auditor's PREA notice posted throughout the entirety of the inside and outside of the secure facility and posted online for the public to view.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>115.403 (f):</u></p> <p>This is the first ever PREA audit conducted for the Bill Logue Juvenile Justice Center (BLJJC), and it should be noted that the 2019 Final PREA Audit Report is being completed for the first year of the third audit cycle. The agency was notified that the Final Report is required to be posted on the agency's website, and the agency advised this will be done as soon as possible.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p> |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | na |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | na |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | yes |
| 115.313 (a) | Supervision and monitoring | |

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| | 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 | yes |

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| | and determining the need for video monitoring: The number and placement of supervisory staff? | |
| | 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 |

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| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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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? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |

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| 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 |

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| 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 |

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

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| 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 |

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

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| 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 |

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| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |
| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |

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| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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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 |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | yes |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |
| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | no |

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

| 115.341 (c) | Obtaining information from residents | |
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| | 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 |

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| 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 | |
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| | 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 |

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| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

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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 |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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

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

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

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

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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 |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |

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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 |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

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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 |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

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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 |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

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| 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 |

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| 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 |

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| 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 |
| 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 |

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

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

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| 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 |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |

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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 |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

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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 |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

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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 |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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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? | no |

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| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | no |

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| 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | na |