

PREA Facility Audit Report: Final

Name of Facility: Taylor County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/23/2021

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: Randy Turner	Date of Signature: 06/23/2021

AUDITOR INFORMATION	
Auditor name:	Turner, Randy
Email:	srandyturner.1952@gmail.com
Start Date of On-Site Audit:	05/04/2021
End Date of On-Site Audit:	05/07/2021

FACILITY INFORMATION	
Facility name:	Taylor County Juvenile Detention Center
Facility physical address:	889 South 25th Street, Abilene, Texas - 79602
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Rocky Ellis
Email Address:	ellisr@taylorcountytexas.org
Telephone Number:	325-225-3392

Superintendent/Director/Administrator	
Name:	Andy Seballos
Email Address:	Seballosa@taylorcountytexas.org
Telephone Number:	325-691-7462

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

Facility Characteristics	
Designed facility capacity:	22
Current population of facility:	15
Average daily population for the past 12 months:	11
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	Secure Detention Facility
Number of staff currently employed at the facility who may have contact with residents:	65
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

AGENCY INFORMATION	
Name of agency:	Taylor County Government
Governing authority or parent agency (if applicable):	Taylor County Juvenile Board
Physical Address:	889 S 25th Street, Suite 300, ABILENE, Texas - 79602
Mailing Address:	
Telephone number:	325-691-7462

Agency Chief Executive Officer Information:	
Name:	Allison Stafford/Chief Probation Officer
Email Address:	stafforda@taylorcountytexas.org
Telephone Number:	325-691-7462

Agency-Wide PREA Coordinator Information			
Name:	Rocky Ellis	Email Address:	ellisr@taylorcountytexas.org

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.

Taylor County Juvenile Detention Center

Due to the COVID-19 pandemic that was experienced across the United States, and before providing information on the Prison Rape Elimination Act (PREA) audit process for the Taylor County Juvenile Detention Center that began in January 2021, it is important to understand the timing of this second and current PREA audit for this facility. This is relevant as it pertains to the steps that were taken to meet PREA Standard requirements and guidelines to complete an audit within a three-year cycle from the previous audit. The first PREA audit of the facility was completed and documented with the final report provided on August 22, 2017. This met the requirement for a PREA audit to be completed within the three-year cycle of August 20, 2016, to August 19, 2019. The PREA audit that is the subject of this report is being completed during the three-year cycle of August 20, 2019, to August 19, 2022, with the final report completed well within this current three-year cycle.

In January 2020, this U.S. Department of Justice certified PREA Auditor, Stephen Randy Turner, SRT Consulting and Management Services, LLC (referred to as "Auditor" throughout the report), was contacted by the Facility's PREA Coordinator. After initial discussion and negotiation on the timing for the audit, the Taylor County Juvenile Probation Department (referred to as "Agency" throughout the report) and the Auditor entered into a contract on February 1, 2020, with an agreement that all phases of the PREA audit on the Taylor County Juvenile Detention Center (referred to as "Facility" throughout the report) would be conducted from March 1 to August 31, 2020, anticipating that the final audit report would be completed no later than the end of 2020. On March 17, 2020, the Auditor conducted an initial planning phone call with Facility and Agency representatives who would be leading the Facility's work on the audit, with the on-site phase of the audit planned for May 11-15, 2020. However, soon after this meeting, the entire country became fully aware of the extent of the COVID-19 virus (referred to as "virus") with resulting restrictions placed on the operations of residential facilities across the country. Most importantly, to control and minimize exposure to the virus, restrictions were placed on who could enter the Facility based on directions and guidelines from Federal, State and local governmental leadership. The Auditor remained in contact with the Facility's PREA Coordinator and Agency leadership to further discuss options for conducting the audit and to gauge a reasonable timeframe for the on-site phase of the audit. Unfortunately, due to the on-going concerns with the spread of the virus, staff who would be working to complete the pre-on-site phase of the audit began working from home, several staff contracting the virus, and restrictions on access to the Facility continuing, the audit process had to be delayed.

Due to the existing restrictions, and, at that time, anticipating that the extent of the virus restrictions would end in the near future, the contract agreement was amended on March 31, 2020, and a new term was established to conduct all phases of the audit from June 1 to December 31, 2020, anticipating the audit could be completed in calendar year 2020. However, COVID-19 restrictions continued as well as limitations on the ability of Agency and Facility personnel to complete audit requirements. The Auditor

was also notified in May 2020 that the then PREA Coordinator had resigned, and steps were being taken to fill this position as quickly as possible, understanding limitations due to the virus restrictions. In addition, this Auditor is in an age-bracket that had been determined to be highly susceptible to the virus, and Facility staff were diagnosed positive with the virus. Given all these factors, during a phone call on July 13, 2020, an agreement was made to terminate the existing contract agreement to conduct the audit, track the further development and interventions for the COVID-19 virus, and determine a more appropriate date for the audit after January 1, 2021. As required by the contract agreement, the Auditor provided written notice on July 31, 2020, that the contract was mutually terminated.

Over the next few months, the Auditor and Facility leadership continued to communicate by email, and the Facility continued to maintain virus-related restrictions as the Taylor County area experienced a surge in COVID-19 cases. However, the Agency and Facility leadership wanted to ensure a contract was in place to complete the PREA audit as soon as possible in 2021. In September 2020, it was agreed that a new contract would be established, calling for the PREA audit to begin in January 2021. In addition, a new PREA Coordinator was hired. The Auditor provided information on available training through the PREA Resource Center on the audit process, and this individual began required in-house training. In October 2020, a new contract agreement was created between the Agency and the Auditor for the completion of the PREA audit on the Facility between January 1 and June 30, 2021. Communication during December 2020 indicated that the Agency and Facility wanted to continue under this time frame, understanding that an additional delay could again occur depending on the virus-related restrictions.

After this year-long delay, the PREA audit of the Taylor County Juvenile Detention Center was again initiated in January 2021. The Facility is operated by the Taylor County Juvenile Probation Department, and is under the jurisdiction of the Taylor County Juvenile Board who must annually authorize the pre-adjudication facility as suitable for the detention of juvenile offenders. The Facility is audited annually by the Texas Juvenile Justice Department (referred to as "TJJD" throughout the report), the state agency designated under the Texas Family Code to promulgate minimum standards. The Facility operates and is classified in the state of Texas as a juvenile pre-adjudication facility (commonly referred to as a juvenile detention center), and must be registered with TJJD, including a registered or certified bed-capacity. The Facility has a certified capacity of 22-beds, and serves both male and female residents. Further, Texas Administrative Code Title 37, Chapter 343, titled "Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities" provides the specific standards by which the Facility is to be operated, as well as the services and programs that must be provided to youth while being detained in a pre-adjudication facility. It is also noted that the facility serves youth who are referred by any Taylor County law enforcement agency for delinquent conduct, and youth referred by surrounding county juvenile probation departments who do not operate a juvenile detention facility. Taylor county contracts with thirteen (13) counties to provide this service on a daily rate basis.

The pre-onsite portion of the audit began via a conference call on January 12, 2021, with the PREA Coordinator, the Deputy Chief of Fiscal Services, and the Quality Assurance Officer/Court Liaison who will be assisting with the completion of required documentation in the PREA On-Line Audit System (OAS). The Auditor provided information concerning the audit process, reinforced that the audit will utilize a "practice-based" methodology, and ensured that the PREA Coordinator and the Quality Assurance Officer were comfortable utilizing the OAS. Further discussion took place to (1) clarify the documentation that would need to be included in the OAS; (2) agree on the previous 12-month period for audit purposes would be calendar year 2020; (3) review a process for the facility to contact the Auditor if there were questions or concerns throughout the pre-onsite portion of the audit; (4) agree to conduct, at a minimum, a weekly conference call to review progress, address questions or concerns; and, (5) tentatively plan for how the onsite portion of the audit would be conducted. The onsite phase of the audit was tentatively

scheduled for March 16-19, 2021, understanding that further restrictions due to the virus could delay the Auditor being allowed in the facility. The Auditor provided the Audit Notices by email on January 12, 2021, with recommendations as to where they should be posted, including all areas where youth have access (housing areas, academic classrooms, cafeteria, visitation area where family members can also review, intake areas, and any other locations deemed appropriate by the facility). The notices were developed with large print (Arial, 14-18 size font) and bolded so that they would be easily and readily visible; the facility posted the notices on either a bright yellow or orange paper in high-traffic areas to call attention to the documents. Notices were dated and posted on January 14, 2021, eight weeks prior to the scheduled start of the on-site audit date of March 16, 2019. Posting of the notices was confirmed by pictures taken and emailed to the Auditor by the PREA Coordinator on January 21, 2021.

It was agreed that weekly calls would be scheduled each Friday until the onsite audit was scheduled, and were initiated on Friday, January 29, 2021, to review progress on completing required information in the OAS, to answer questions, and to provide guidance. On this initial call, it was disclosed that the Facility Director had been out of the office due to a positive COVID-19 test for several weeks, impacting his ability to assist with completion of the OAS. On February 18, the Auditor received an email from the PREA Coordinator indicating that the city of Abilene (County seat for Taylor County) had experienced extreme cold weather storms, and various areas of the city and county were experiencing no power, water, internet coverage, etc, impacting the ability to complete required work on the OAS. The weekly call was cancelled on February 19, and it was anticipated that further delay of the onsite phase of the audit may be required. As anticipated, the following week, on February 26, it was agreed that the onsite phase of the audit would be delayed to May 4-7, 2021, due to the continued high rate of COVID-19 cases and resulting restrictions regarding the Auditor's access to the Facility, as well as the impact of the winter storms that impacted the entire state of Texas. Due to this change in the scheduled onsite phase of the audit, the Auditor provided updated Audit Notices to the PREA Coordinator on this same date. The Notices were prepared using the same format as described above for the initial postings. Notices were dated and posted on March 4, 2021, eight weeks prior to the scheduled start of the on-site audit date of May 4, 2021. Posting of the notices was confirmed by pictures taken and emailed to the Auditor by the PREA Coordinator on March 4, 2021. Weekly phone calls continued through Friday, April 30, the week prior to the on-site audit. Other communication by phone and email was conducted to clarify information and obtain additional documentation once the On-Line Audit System (OAS) tool was completed by the facility.

During the pre-onsite period, email contact was made by the Auditor with the Office of the Inspector General, Texas Juvenile Justice Department, to determine if there had been any reported allegations and/or investigations of sexual abuse or sexual harassment at the Facility since the last PREA audit in 2017 through 2020. The Auditor received written information indicating that there had been no reported allegations during 2020, and two allegations documented during 2018, one designated by TJJD as a "serious incident" for youth-on-youth sexual contact, and the second as a "sexual abuse-contact" for abuse, neglect, or exploitation. In addition, the Auditor emailed Just Detention International (JDI) to determine if any allegations had been received by that agency or any of its affiliates. JDI provided email confirmation that a review of their database indicated that the agency had not received any information concerning the Facility.

Additional contacts were made during the pre-onsite period with representatives of relevant and related community agencies that support the Facility's PREA policies and practices, including:

(1) Regional Victims Crisis Center ("RVCC"). From speaking with the Director, the Auditor learned that this agency provides advocacy and forensic interviews for any victim of sexual abuse, including any youth

at the Facility. The agency works with law enforcement, Hendricks Hospital where SANE/SAFE nurses are readily available, and with other community agencies to provide needed services. The Director spoke well of the Facility, indicating that they work cooperatively with Facility and Agency personnel on a county-wide basis, and reported no knowledge of any accusations or incidents from the Facility over the past year.

(2) Hendricks Hospital (“Hospital”). From speaking with the Nursing Coordinator, the Auditor learned that the hospital maintains 11 SANE/SAFE nurses that are available 24/7 to any victim of sexual abuse, including youth at the Facility. They coordinate services with the involved law enforcement agency and the Regional Victims Crisis Center. The Nursing Coordinator expressed no concerns with the working relationship with the Facility, and indicated no awareness of any issues or reports of sexual abuse or sexual harassment from the Facility.

(3) The Noah Project (“NOAH”). The Auditor initially spoke with the Director, and was asked to speak further with the Program Director who has more direct contact with the Facility and other community agencies related to providing direct services. From speaking with the Program Director, the Auditor learned that this agency provides advocacy and victim services within the community, including youth at the Facility. All staff who work with the Facility have completed or are completing PREA-related training. If they receive information from a youth regarding their sexual victimization or perpetrating a sexual assault, the agency has no restrictions to report immediately to the Facility leadership. The agency was conducting on-site classes at the Facility prior to COVID-19 restrictions, and hope to return to doing so as soon as possible. The agency coordinates sexual abuse victimization services with the RVCC and Hospital. The Program Director indicated there are no concerns with how the Facility addresses issues of sexual abuse and how youth are managed, and is unaware of any accusations of sexual abuse or sexual harassment.

(4) Taylor County Sheriff Department (“TCSD”). From speaking with a designated Detective, the Auditor learned that the TCSD is the designated law enforcement agency that would conduct any criminal investigation on sexual abuse allegations at the Facility. The Detective described the Facility staff as very professional and expressed no concerns with how any sexual abuse allegation would be addressed.

The Pre-Audit Questionnaire was submitted by the facility on February 3, 2021. Upon receiving notice, the Auditor began to review all the policies, data, organizational charts, training documentation, interagency agreements, and all other supportive documentation provided by the facility. After review, the Auditor provided an “Issues Log” to the facility, as well as documentation that will be needed upon arrival at the facility and a more detailed schedule for the on-site audit.

Prior to the onsite audit, the Auditor did not receive any correspondence from youth or staff at the facility as a result of the posted notices. The PREA Coordinator and Facility Director assured the Auditor that residents would be able to correspond with the Auditor by mail as if they were communicating with their attorney, with no limitations on their ability to send letters and information as they chose. Staff would be able to provide information as well using public mail services, and without any fear of reprisal.

The onsite portion of the audit was scheduled for May 4-7, 2021. Upon arrival, the Auditor met in an entrance conference with the following agency personnel: Agency Head/Chief Juvenile Probation Officer, Deputy Chief of Secure Facilities/Facility Administrator, PREA Coordinator, Deputy Chief Fiscal Services, and Quality Assurance Officer. The Auditor reviewed the schedule for the onsite phase of the audit, reviewed documents that are needed to complete the audit, discussed a plan for interviewing youth and staff, and obtained information and documentation that were identified in the Issue Log. Information that was requested and received included:

1. the resident log for May 4, 2021, the first day of the on-site audit (It is noted that there were only 12 youth residing in the facility on this date; two youth were released that same morning, leaving 10 residents; the Auditor determined to interview all residents and all their files would be reviewed; the Facility Director was asked to designate any youth meeting the definitions of targeted residents.
2. the grievance log, including all grievances filed during 2020.
3. documentation on allegations of sexual abuse or sexual harassment that had occurred in calendar year 2020; since the on-site phase of the audit was delayed, the Auditor clarified that any allegations from January 1, 2021, to date need to be included.
4. log of all "hot-line" calls for 2020.
5. all currently approved volunteers and contractors.
6. files/records on volunteers and contractors with background check and required training documentation.
7. documentation on how information is gathered from new applicants, from applicants for promotions, and from employees under review concerning any previous sexual-related misconduct.
8. list of all staff hired in the past 12 months (calendar year 2020 and year-to-date for 2021).
9. any contracts for medical or mental health services provided at the Facility.
10. documentation on how staff who serve as a designated counselor to provide victim advocacy or other victim-related services were screened and selected to provide this service, and this individual's personnel file.
11. list of any residents determined to be at higher risk of sexual victimization or sexual abusiveness during 2020.
12. resident population logs with staff assigned for various week-long periods (Sunday through Saturday) from five months in 2020, including holiday periods and summer months: January 19-25; March 15-21; June 28-July 4; October 4-10; December 20-26.
13. randomly selected personnel and training files.
14. all current resident files.
15. documentation of unannounced rounds for calendar year 2020.

In addition to the items described above, the Auditor asked that he be notified if a youth is being admitted to the facility by either a county law enforcement agency or upon another county's referral, allowing the Auditor to observe the intake process. As the entrance conference was being completed, the Auditor was informed that a law enforcement agency had referred a male youth for an alleged delinquent offense that involved sexually related misconduct. The Auditor spoke with the PREA Coordinator and Facility Administrator, and it was agreed that the site review would be delayed in order for the Auditor to observe the intake process. The Auditor was escorted to the intake area of the facility, and allowed to enter the private interview room where the Intake Officer was conducting the intake process with the youth. The Auditor asked if he could explain to the youth and the Intake Officer the purpose of my being in the room and observing. Upon receiving an affirmative response by both, the Auditor explained that he was at the

facility to conduct a PREA audit to ensure the sexual safety of all youth and staff, and why he wanted to specifically observe the intake process. Both agreed that my presence was acceptable, and the intake officer continued with the process. The Auditor observed:

- (1) the behavioral questionnaire to determine a history of sexual abuse or sexual perpetration was completed, including an overall behavioral assessment,
- (2) information on the zero-tolerance policy and youth rights was presented,
- (3) posters providing information on the TJJJD hotline to report sexual abuse or harassment were hanging on the wall and the intake officer directed the youth's attention to this information, informed the youth that these posters can be found throughout the facility, and encouraged the youth to use this information if ever needed,
- (4) encouraged the youth to report any concerns and the availability of services, and specifically pointed out that the youth can speak to the PREA Coordinator or the Facility Director, if needed,
- (5) the youth acknowledged his understanding of the facility's zero-tolerance policy for any form of sexual abuse or sexual harassment,
- (6) the intake officer reviewed the Youth Handbook that includes more detailed information on PREA, zero-tolerance, and other related information.

After observing the intake process, the Auditor was provided with a vacant office in the administrative area of the Facility/Agency as a secure and confidential staging location where files and documents were delivered for review and interviews with targeted and randomly selected staff took place. Interviews with residents were conducted in a private interview room within the secure intake area of the Facility where the Auditor observed the intake process, and where family and attorney visits take place.

Site Review

After completing the observation of the intake process, and securing personal items for the audit in the designated vacant office, the Auditor was provided a full site review of the Facility, conducted by the PREA Coordinator and Facility Administrator. The Auditor was provided a floor plan of all areas of the Facility, with designated camera locations. The Auditor was able to view all areas of the Facility, and no door was left unopened. The following specific areas were viewed:

- the reception/intake area and waiting room that serves as the entry point for law enforcement agencies and other probation agencies that refer youth; this area includes a receptionist work area that is occupied 8 AM- 5PM Monday-Friday, office space for detention Shift Supervisors and Intake Officers, a medical screening office, interview rooms, and a restroom for residents
- the visitor entry for parents/family, attorneys, & other visitors
- residential hallways (3), two with 9 single-occupancy rooms each, and one with 4 single-occupancy rooms
- showers used by residents on residential hallways
- open dayroom area, with direct vision from the central control room
- the central control room where the camera system is managed, files are maintained, and other needed resources are maintained
- educational classroom with student desks, work area for two teachers, and a good supply of educational materials, supplies, and equipment
- a resident library containing a good supply of reading materials and comfortable seating space

- a small kitchen with a serving line and pantry, and an adjacent cafeteria where all meals are served
- staff only accessible restroom
- storage closets, including janitorial, electrical & mechanical closets, resident property
- laundry rooms on the two larger resident hallways
- additional staff offices for designated supervisory and intake personnel
- enclosed (by Facility exterior walls) outdoor recreation area with basketball court
- outdoor space enclosed by security fence, used as evacuation area only if needed

Other observations during the site review and follow-up activity in the residential area:

1. The notices of the audit were appropriately placed in all common areas where youth and staff could easily see and review, and located in the areas as provided by the PREA Coordinator when they were initially posted.
2. Posters with information concerning 1-800 numbers to report sexual abuse or sexual harassment, or to seek outside advocacy and counsel, are located throughout the facility in common areas and spaces particularly utilized by youth, i.e., dayroom, classroom, cafeteria, intake area. Three phones are located with easy access for residents in the dayroom (2 phones) and the cafeteria (1 phone). During the site review, a randomly selected staff member described that a resident may request a call be made to a hotline number, the supervising staff direct the control area personnel to make the call, and it is transferred to one of the phones where residents can have the most privacy, depending on other activities that are taking place. The staff member clearly described what a resident can do to make a call, noted the various numbers that are available in multiple postings throughout the facility, and described the importance of residents having this resource(s). In addition, a randomly selected resident described feelings and a belief of being “very safe” and “no fear of being abused”. The Auditor further “tested” this process by asking to call the TJJJ abuse hotline number provided, and requested that nothing be said regarding the purpose of the call. Staff contacted the control center and asked that the call be made. The control center staff member called the number to connect with the TJJJ hotline, transferred the call to one of the phones in the dayroom, and this Auditor spoke to the TJJJ representative who initiated the expected process to take information. The Auditor responded that the call was being completed as a component of a PREA audit, and thanked the individual for the concern expressed.
3. The Auditor also noted a sign posted on the doors of the storage closets, maintenance/electrical closets, and janitorial closets that display a large red “STOP SIGN”, and state “no residents allowed”. The Facility Administrator and PREA Coordinator explained that these were strategically placed on these doors to remind staff that no residents are allowed in these areas, and specifically noted that cameras capture any movement through these doors. Key access to these doors are limited to supervisory and administrative personnel.
4. The shower facilities in the residential units provide residents the ability to shower in privacy without direct observation of staff or other residents, and are not monitored by any camera or video recording device.
5. The toilet facilities for residents are contained in their assigned single-occupancy room. Due to the small size of the facility, residents are returned to their room to toilet, providing privacy.
6. Lines of sight throughout the complex were clear, no blinds were on the interior windows of classrooms, dayrooms, the library, or other program areas that blocked the view of staff.
7. Staff-to-resident ratios always exceeded standard requirements.

8. Gender appropriate supervision was always in place. Even though male & female staff were providing general supervision in the dayroom and in the recreation area, only same-sex staff were observed transporting residents to-and-from his/her individual room.

9. Staff consistently made announcements when entering any of the housing hallways, including the PREA Coordinator and Facility Director while conducting the site review. Signs are posted on the entry doors to the residential hallways to remind staff to announce themselves upon entering. The Auditor repeatedly heard staff call-out "Male In" or "Female In" whenever staff were entering the residential hallways.

10. The camera/video monitoring system provided excellent coverage of the facility, and will be addressed in more detail in the standards review. The Auditor was able to view the camera system and had an assigned staff member in the control room not only describe how it operates, but also demonstrate specific functions to maximize oversight and viewing. No cameras are located in individual resident rooms or in showers. Call buttons are located in each individual residential room to provide communication, as needed. In addition, there is an audio system that has been installed strategically throughout the facility. Only supervisory and management personnel have access to this system for monitoring and investigative purposes. The Facility Administrator provided a demonstration on how this system functions, and how it is used to monitor youth and staff conduct, when needed, and how it supports investigations of all types. It is also noted that no sound monitoring is conducted in the interview rooms utilized for visitation by families, attorneys, counselors, etc.

11. A grievance box is located in the dayroom where residents can submit a grievance without turning it into staff.

During the site review, the Auditor "tested" the grievance system by introducing myself to a randomly selected resident, informing the resident my purpose for being at the facility, and asking how to file a grievance. The resident immediately described that a resident can inform a staff member of wanting to file a grievance, then going to a designated window with access to the control room and requesting a grievance form. The staff immediately provide the form, and upon completion, the resident places the grievance in the designated box that the Auditor observed. The resident indicated no personal experience with filing a grievance, but has observed other youth doing so; and, further indicated that only a supervisor or someone "higher" would take the grievances out of the box. When asked if a grievance is actually reviewed and addressed, the resident described an affirmative expectation that the grievance would be addressed. Grievances are numbered and logged, and both staff and residents interviewed indicated there is no delay in providing a youth a grievance upon request. Residents interviewed consistently expressed that the grievance system has worked whenever utilized. Logs indicate that grievances are generally addressed in a timely manner, with few exceptions.

Before arriving for the onsite phase of the audit, the Auditor completed a tentative schedule to interview all required staff, including specialized and those randomly selected, based on the work schedules provided by the PREA Coordinator. After completing the site review, the Auditor began conducting interviews with the required staff, including the Chief Juvenile Probation Officer/Agency Head, Deputy Chief of Secure Facilities/Facility Administrator, and PREA Coordinator. The Auditor worked with the PREA Coordinator and Facility Director to identify the best times to conduct interviews so as not to interfere significantly with programming, staff schedules, and staff ratios. The Auditor provided the PREA Coordinator with a list of randomly selected staff that were selected for interviews prior to arrival for the on-site audit, and a separate list of randomly selected personnel and training files for auditing purposes. As noted previously, due to the Facility only having 10 residents, the Auditor requested that residents be

identified as best as possible to meet targeted resident interview expectations. As staff interviews were conducted, and as time allowed, the Auditor began to review personnel files, training records, resident files, grievance logs, and other requested records as listed above. The following processes were utilized to select specialized staff, randomly select security/direct care personnel and training files for review, and select random staff for interview.

Selection of Specialized Staff. As required, the Agency Head/Chief Juvenile Probation Officer, Facility Administrator, and PREA Coordinator were interviewed. During the pre-onsite phase of the audit, the Auditor reviewed the staffing list with the PREA Coordinator, Facility Administrator, and Quality Assurance Officer to determine the following staff positions would be interviewed:

Contract Administrator: Deputy Chief of Fiscal Services

Intermediate or Higher-Level Staff (conduct announced rounds): PREA Coordinator; Deputy Chief of Secure Facilities/Facility Administrator; Chief Juvenile Probation Officer; Deputy Chief of Fiscal Services

Medical Staff: Contracted Medical Director (the County contracts with one Doctor to serve in this capacity for both the Juvenile Detention Center and the County Jail)

Mental Health Staff: There is one LPC position that provides in-house services, all other services are provided by contract services and other community agencies, as described previously

Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches: NA, not allowed

Administrative (Human Resources) Staff: Quality Assurance Officer and Administrative Assistant

SANE/SAFE Staff: None, contacted Hospital where this service is provided

Volunteers: Randomly selected 2 volunteers to interview by phone

Contractors: 2 Teachers who provide instruction to youth five days a week

Investigative Staff: PREA Coordinator, Deputy Chief of Secure Facilities/Facility Administrator, Intake Supervisor, Chief Juvenile Probation Officer

Staff That Perform Screening for Risk of Victimization and Abusiveness: Intake Supervisor, Intake Officers (1 from 1st shift and 1 from 3rd shift)

Staff Who Supervise Residents in Isolation: NA; the Facility has only 22 beds, and there is no "isolation unit" as in larger facilities; youth may be restricted to their individual room for misconduct, but this is within the residential hallways where all youth are housed

Incident Review Team: PREA Coordinator, Deputy Chief of Secure Facilities/Facility Administrator, Intake Supervisor, Chief Juvenile Probation Officer

Designated Staff Member Charged with Monitoring Retaliation: During the pre-onsite phase, it was initially identified that "all staff are responsible"; during the entrance conference, this was discussed with the Chief Juvenile Probation Officer and others in attendance; it was clarified that this is primarily the responsibility of Detention Supervisors, the Deputy Chief of Secure Facilities/Facility Administrator, and the PREA Coordinator, depending on the situation and the level of the staff member involved in any allegation; the Auditor will include this as a component of the interviews with the Detention Shift Supervisors (2 randomly selected), the Facility Administrator, and the PREA Coordinator

Security Staff & Non-Security Staff Who Have Acted as First Responders: There have been no allegations of sexual abuse in the facility requiring historical action as a first responder; agreed to interview Randomly Selected Staff, including Juvenile Supervision Officers and Shift Supervisors

Intake Staff: Intake Supervisor, Intake Officers (1 from 1st shift and 1 from 3rd shift)

Randomly Selected Staff for Interviews and Personnel/Training Files.

It is noted that the Auditor received an alphabetical listing of all Agency personnel during the pre-onsite phase of the audit, providing the job title and the start date for each person. The random selection of personnel for both interviews and file review was completed prior to arrival at the Facility for the onsite phase. The Auditor did not disclose to the Facility leadership who was selected until arrival for the onsite phase of the audit.

Interviews:

Juvenile Supervision Officers

The Auditor created an alphabetical listing of all facility Juvenile Supervision Officers (JSOs/security staff) by designated gender in order to ensure both male and female staff were selected. Because there are a total of 27 staff in this position, the Auditor selected every third individual on the list, without regard to their shift, date of hire, or days off. This provided a list with 3 staff on the first shift (7 AM to 3 PM); 4 staff on the second shift (3 PM to 11 PM); and 2 staff on the third shift (11 PM to 7 AM), providing a good balance across shifts. Upon review, it was determined that one male staff member who works the third shift is scheduled to be off duty at the time of the scheduled interviews; the male immediately preceding on the list who also works the third shift was identified, and fortunately, he was scheduled to be on duty. In addition, it was learned that one female staff member had been promoted after the list was provided; it was further learned that a female staff member on the third shift had recently been promoted and was also responsible for conducting intakes, including screenings for sexual victimization and sexual perpetration; this individual was selected as having multiple responsibilities. This process provided a total of 9 JSOs/security staff, with 3 staff from the 1st shift; 4 staff from the 2nd shift; 2 staff from the 3rd shift.

Shift Supervisors

With a total of four Shift Supervisors, they were listed alphabetically and by designated gender. The Auditor chose to select the first male and first female from the list. This process provided a total of 2 Shift Supervisors, with 1 from the 2nd shift and 1 from the 3rd shift.

Kitchen Personnel

There is a total of three designated personnel who work in the kitchen, with one Supervisor and two Cooks. The Auditor chose to interview non-supervisory personnel who had not been employed with the Facility for a significant time to ensure proper and adequate training was provided. The specific schedule of the two Cooks was not known until arrival for the onsite phase of the audit, as it was understood this could change based on the number of youth and needs of the Facility. The Auditor selected the Cook who was on-duty on Thursday, May 6, when time was available for this interview. This provided a total of 1 Cook.

Custodian/Janitor

Only one individual is in this position. The Auditor selected to interview this one staff member for a randomly selected interview.

Overall, the random selection process provided for 13 staff to be selected and interviewed.

The interview conducted with the Agency Head/Chief Juvenile Probation Officer that was completed in the Chief's office. All other interviews with staff, including the Facility Administrator and the PREA Coordinator, specialized staff and randomly selected staff, were conducted in a private office in the administration area where privacy was maintained at all times. Due to COVID-19 restrictions, the Auditor informed each interviewee that he had received both vaccinations for the virus, and asked if the interviewee would prefer a mask be worn. All interviewees indicated that they were comfortable that the Auditor did not wear a mask, but some chose to wear a mask during the interview. There were no disruptions during the interviews. Staff appeared to be not only well versed on PREA-related policy and procedure, but also reflected that the day-to-day practices expected were in place to support a safe and healthy environment for both residents and staff. A total of 26 personnel, contractors, and volunteers were interviewed, with some being asked relevant questions related to the multiple roles they have within the Facility, and utilizing the various interview protocols required for the audit process.

For Review of Personnel/Training Files:

At the time of the audit, there were a total of 65 staff working with the Agency, Taylor County Juvenile Probation Department, that included 45 personnel who were directly involved with residents and the operation of the Facility and/or who were associated with the operation of the Facility through management oversight, contract administration, and/or quality assurance, and could potentially have direct contact with residents. Of the remaining 20 personnel, five were in Clerical/Administrative positions and had no contact with residents in the Facility. The remaining fifteen personnel positions consisted of thirteen staff who served as Juvenile Probation Officers and could have periodic contact with residents while in the Facility, and two others who work in an alternative school operated by the Juvenile Probation Department and unrelated to the operation of the Facility. With this in mind, and utilizing the list of all Agency personnel, the Auditor chose to select every 5th person on the list for a total of 12. Upon review of those selected in more detail, two personnel were hired in April 2021, just one month prior to the on-site audit. Two alternates were identified by selecting the next person alphabetically on the list that was not hired in 2021. This selection process resulted in a cross-representation of personnel, including JSOs, JSO Supervisors, the PREA Coordinator, a cook, and two Probation Officer personnel.

A total of 12 randomly selected personnel files were reviewed to ensure appropriate actions were taken prior to employing the individual, including: criminal background and child registry check, Administrative Adjudication Check, Institutional Reference Check, and if there was military service, the DD-214 with Honorable Discharge. In addition, training files were reviewed to ensure PREA-related training is provided, both upon initial hire, refresher information provided, and refresher trainings every two years, as required by standards.

Other personnel and training files reviewed:

1 The full-time Licensed Professional Counselor (Associate) who provides mental health counseling and follow-up for victims and perpetrators of sexual abuse

2 Contractors who work for Abilene Independent School District and provide academic instruction to residents five days a week

2 Contractors who provide medical services for residents, including the Chief Medical Officer and a Nurse

1 Contractor who provides sex offender treatment for youth on probation in the community, and could potentially see these youth if placed in the Facility

2 Volunteers

A total of 20 personnel and training files were reviewed, including 12 randomly selected staff, 1 mental health service provider, 5 contractors, and 2 volunteers.

Resident Selection for Interviews and File Review.

As noted previously, on the initial day of the onsite audit, the Facility’s resident population was 12. By the time of the entrance conference, two youth had been released, leaving a total of 10 residents. Upon completion of the site review, the Facility Administrator provided a current list of all residents, with documentation indicating that two youth could be identified as meeting the targeted population designations (shown below). At that point, the Auditor determined to interview all 10 of these residents. It is noted that the one male youth observed during the intake process brought the total population to 11. However, this youth was not interviewed since he had just arrived at the facility, and the Auditor was able to observe the intake process, including the completion and documentation of all required activities at the point of intake. In addition, this youth was placed on medical isolation per the Medical Director due to COVID-19 restrictions and guidelines, and the Auditor did not want to violate these guidelines. The targeted and randomly selected resident interviews were planned with the following population:

Facility Population: 2 Female
(May 4, 2021) 8 Male
 10 Total

Targeted Youth:

Resident w/ Physical Disability; is Blind, Deaf, or Hard of Hearing; is LEP; w/ Cognitive Disability	1
Resident who Identifies as Lesbian, Gay, Bisexual, Transgender, or Intersex	0
Resident in Isolation	0
Resident who Reported Sexual Abuse	0
Resident who Reported Sexual Victimization During Screening	1

The Auditor was not able to meet the minimum number of 5 targeted resident interviews for a facility with a population of under 50, interviewing only 2 targeted residents. The overall minimum number of residents to interview for a facility of this size is 10, so the Auditor planned to conduct random interviews with all residents. Interviews with the residents were conducted at a time that was most convenient for the residents and staff, and were conducted in the late afternoon and evening when the residents had more free time. Interviews were conducted in an interview room in the intake area of in the facility. A Shift Supervisor and Intake Officer coordinated the transport of each youth from the residential area to the interview room. Privacy was provided with no conflict. All residents interviewed knew why the Auditor was

at the facility, and openly answered questions with no hesitation. It is noted that one male resident (designated as a non-targeted resident) refused to be interviewed, allowing for only a total of 9 residents being interviewed. The Auditor was informed that this resident had a Court hearing earlier in the day and had been anticipating he would be released. However, the Court further detained the resident, and he had been refusing to participate in any activities, would not follow directions from the staff, and was placed on room restriction. He was asked multiple times to participate in the interview, and he continually chose not to do so. From the consistency of information provided by all the other residents interviewed, including their knowledge of PREA-related expectations and expressions of feeling very safe in the facility, the Auditor determined that relevant and appropriate information had been provided by other residents. In addition, the two residents identified for targeted interviews were able to provide input on their stay in the facility, did not present any issue of concern for the Auditor, and none expressed specific concern with feeling unsafe sexually or otherwise in the facility. Specifics of their responses will be addressed within the context of related standards. Although the minimum number of residents that should have been interviewed for a Facility this size was not met, due to the consistent responses of all other residents interviewed, observations during the onsite phase, information gained from review of all documentation provided, and interviews with community agencies who interact with the Facility, the Auditor believes appropriate and more than adequate information was obtained during the audit to support the findings that are presented in this report.

During the onsite phase of the audit, the Auditor also reviewed the grievance log for calendar year 2020. All grievances are numbered and maintained chronologically in a separate log by the PREA Coordinator. There was a total of 95 grievances filed during the year. The Auditor reviewed all grievances to determine the general content or a consistent theme within the grievances, and reviewed in more detail every 6th grievance, for a total of 15. Most grievances (10 of 15, or 67%) addressed a specific incident where the youth was challenging the discipline received for misconduct. All but three of the grievances were resolved appropriately with signature by the resident acknowledging agreement, and those three were investigated and addressed appropriately but the resident was released prior to resolution and signature. The Auditor did not identify any information in the grievances indicating unaddressed allegations of potential sexual abuse or sexual harassment.

Also during the onsite phase of the audit, the Auditor contacted by phone the community agencies, identified by the Facility on posters and notices, who can provide advocacy or who can receive any complaint or allegation from residents. The local number was called for each agency located in Abilene, and the 1-800# number for the Hotline operated by the TJJD. The Auditor confirmed that these numbers are appropriate contacts. During interviews with Agency and Facility leadership, targeted staff, and randomly selected staff, the Auditor was informed that in order to address language differences that youth and families may present, a resource is available called "Language Line". A record is kept of all calls made using the Language Line. All staff interviewed were able to explain how to access this resource, and were able to describe how it works to assist them when needed. The Auditor requested that the records documenting the use of the Language Line be provided for review. Even though not used often, documentation is provided reflecting that the system was used to obtain interpretation for a family that spoke Swahili, and it was used on multiple occasions with both a resident and family members. The system was "tested" by the Auditor by calling the number provided, following prompts, and determining the ability to obtain needed services.

Upon completing interviews (Note: the only interviews not completed were with two selected volunteers, and these were completed by phone within 10 days of the final day of the onsite phase of the audit) and review of records, an exit conference was conducted on Friday May 7, 2021. The exit conference was attended by the same administrative personnel as at the entrance conference. The Auditor provided

information concerning what would be done next including any follow-up that is needed on any review of the standards. The Auditor reviewed information that was unclear during the onsite audit, and agreement was made concerning additional documentation that is needed to complete the audit process, with an expectation that this documentation will be provided to the Auditor by email. The Auditor requested of the Facility Administrator that notices remain posted for the period until the Auditor submits an audit report, whether an interim report or a final report, and it is received by the Facility. The Facility Administrator acknowledged that the facility would comply with this request. As of the date of this report, the Auditor has not received any correspondence in a privately managed business post office box from any youth or staff from the facility.

One item that was discussed during the exit conference specifically addressed the expected timeline for the Facility's next PREA audit. The Facility asked that this be clarified, and the Auditor agreed to provide guidance and clarification as requested. The Auditor contacted the National PREA Resource Center to clarify when the next audit would be required. The Auditor received the following information:

- Despite any COVID-19 delays, if an agency has not met audit requirements of standard 115.401a/b, specifically that all agency facilities be audited at least once during each 3-year audit cycle, "Does not Meet" should be reflected on the Final Audit Report for this specific standard. The PREA Management Office has provided guidance that they do not have the authority to change or waive this as it is a federal regulation, regardless of the circumstance.
- The Facility was previously audited in August 2017 during the previous audit cycle of August 20, 2016 - August 19, 2019.
- The current audit cycle is August 20, 2019 - August 19, 2022, so the Facility will have been audited during this cycle by completion of this current audit.
- The Facility will not need to be audited again until the next three-year cycle, August 20, 2022 - August 19, 2025. The Facility can be audited in the first, second, or third year of this next cycle in order to be in compliance with PREA Standards.

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.

Description of Facility Characteristics

The Taylor County Juvenile Detention Center (Facility) is operated and managed by the Taylor County Juvenile Probation Department (Agency), under the leadership of the County's Chief Juvenile Probation Officer, and is located at 889 S. 25th Street, Abilene, Texas 79602. In Texas, the Facility is referred to as a Pre-Adjudication facility, more commonly called a "juvenile detention center", and is registered with the Texas Juvenile Justice Department at a rated capacity of twenty-two (22) beds. Under the Texas Family Code, a Juvenile Probation Department in its entirety is under the jurisdiction of the Taylor County Juvenile Board, with membership generally consisting of District and/or County Judges, other County leadership, and in some cases, other County community members. This Board must certify annually that the Facility is suited for detaining youth. The facility serves both male and female youth, between the ages of 10-17, in accordance with Texas law. Over the past 12 months, the Facility has admitted 173 youth. The facility serves multiple counties in the region, particularly for those county juvenile probation departments that do not operate their own detention facility. The average daily population of the Facility for the past 12 months (for purposes of this report, this timeframe is specifically calendar year 2020) has been eleven (11) residents, with an average length of stay of twenty-two (22) days.

The Taylor County Juvenile Probation Department employs 65-70 personnel, with approximately 66% of the personnel having a role in the operation and programming of the detention center. The Department employs twelve Juvenile Probation Officers that serve only Taylor County youth, along with a Deputy Chief for Probation Services. The Department also operates the Taylor County Learning Center, an alternative school that serves youth from throughout the county (Note: these programs are referred to as Juvenile Justice Alternative Education Programs in Texas counties with a population over 125,000), located adjacent to the detention center. Direct care staff for the Facility includes Juvenile Supervision Officers and Shift Supervisors, ranging from 30-35 personnel, with additional staff that serve as Intake Officers, a Licensed Professional Counselor, and support staff for kitchen and janitorial services. Shift Supervisors and Juvenile Supervision Officers work 8-hour shifts, from 7 AM to 3 PM (referred to as 1st shift), 3 PM to 11 PM (2nd shift), or 11 PM to 7 AM (3rd shift). All direct care staff complete required training and testing to be certified as Juvenile Supervision Officers as required by the Texas Juvenile Justice Department.

The Facility is contained within a single building, with the Department's administrative offices accessible through a secured door. Offices for Probation Officers and the Learning Center are adjacent as well, creating one complex, referred to as the Taylor County Juvenile Justice Center. The Department's administrative staff consists of the Chief Juvenile Probation Officer, Deputy Chief of Fiscal Services, Deputy Chief for Secure Facilities, and Deputy Chief for Probation Services who provide leadership for the agency. This complex also houses a court room where most hearings are held for residents of the Facility rather than having to transport residents to an off-site location. Some cases are held off-site, based on the needs of the Court and other parties involved in a specific case.

Separate secure access to the Facility is provided for both law enforcement agencies (LEA) and visitors

to the Facility. Law enforcement agencies enter the building with a youth through a secure door operated internally by the Facility's control center. Intake staff receive the youth from an LEA, determine probable cause, and make a decision to release or detain the youth. Interview rooms are located in this area where the intake process is completed. Also, the intake area contains offices for Intake Officers and Shift Supervisors, an office/exam room for the contracted Medical Director and Nurse, and a restroom.

Visitors, including family members, attorneys, volunteers, and other service providers enter from another exterior door that also provides access to the Courtroom and is open during regular business hours, with a receptionist available through a secured glass in the intake area to greet and provide direction, as needed. After regular business hours, this exterior door is also operated internally by the control center to provide access to the Facility by parents, volunteers, etc. A comfortable waiting area that also serves as a waiting area for the Courtroom is provided while staff bring the youth to the intake area. Visitors then enter the intake area through a secure door from the waiting area. The interview rooms are utilized for individual visits with family or interviews with attorneys, psychologists, therapist, etc. These rooms are monitored by the camera system, but are not monitored for sound, providing for confidential interactions. Because the courtroom is adjacent to and directly accessible through the same secure door utilized by visitors to enter the intake area, staff can transport residents to court hearings without having to leave the secure complex.

The Facility provides housing for 22 residents, serving both male and female residents, and provides three residential hallways, with two wings extending off a central dayroom containing nine (9) single-occupancy rooms each, and one hallway with four (4) single-occupancy rooms located on the main hallway accessible through an additional secure doorway. With a smaller capacity, this arrangement provides the Facility with flexibility to separate youth who are placed on medical isolation, co-defendants, male-female genders, overtly aggressive residents requiring more significant supervision, etc, as needed to best manage the total population. The two larger wings have a single shower. Residents utilize a toilet facility within their assigned single-occupancy room.

Along the main hallway and separate from the hallway containing the four single-occupancy rooms is a classroom furnished with desks, chairs, and educational materials and equipment that provides classroom space for instruction of residents by two teachers from the Abilene Independent School District. Across from the classroom and along the main hallway is a cafeteria with tables that can seat up to four youth each, and an adjacent small kitchen with a serving line. All meals are prepared onsite in a separate prep-kitchen that is not accessible to residents, and meals are transported to the smaller kitchen and serving line. Also along the main hallway is a library with seating for youth. This space can be utilized for other group activities as well. There is a large dayroom in the center of the building with access from all the residential hallways that provides activity space. The two larger hallways are separated by a secure locked door.

Immediately adjacent to the dayroom is the Facility's control room enclosed by windows that provide direct observation of the dayroom and library, as well as the secure doors accessing the two larger hallways. From the control room, staff control the operation of all secure doors, monitoring of the camera system, alarm systems, and security for files/records of youth. Through a secure door off the dayroom, an outdoor recreation area is provided that includes a basketball court. The perimeter of the outdoor area is secured by the walls of the various building components of the complex. The Auditor was informed that this space is utilized as much as possible, as weather permits. Additional outdoor space with a security fence is directly accessible for evacuation purposes in the event of a fire or other emergency needs.

The Facility has effectively and strategically installed a camera/video system to provide additional

oversight and monitoring. Cameras are located throughout the complex to eliminate any blind spots and are positioned in the most vulnerable areas of the complex. The Facility Administrator reports that the Agency has the support of its Juvenile Board and the County's leadership to upgrade and replace cameras as needed to support the overall safety and security of the complex. The Facility Administrator explained that if any blind spot(s) has been identified, funds are provided to address the need and eliminate this concern. There is significant redundancy and overlay of camera views to minimize, if not eliminate, any blind spots. Cameras are well-placed in every operational and programming area. The Auditor was able to view the operation of the camera system during the onsite-phase, and observed personnel effectively managing cameras. The Auditor asked personnel to demonstrate how a specific camera can be enlarged to provide closer oversight, and this could be done within seconds. In addition, the Facility has installed an audio system that is controlled only by administrative personnel, allowing for further oversight and review, especially for investigative purposes. Both the video and audio recordings are maintained for a 30-day period before being erased from the system. These systems will be further addressed in the related standards review.

Overall, the facility was clean and well-kept. There was minimal "graffiti" or paint scratches in the individual resident rooms. The Facility Administrator indicated that any damage is addressed immediately to reduce further damage and to display the Facility's commitment to provide the best environment possible. The Agency's and Facility's leadership reflected and displayed a commitment to the operation of a safe and healthy environment for residents and staff. It was a pleasure to work with the Agency and Facility in completing this PREA audit.

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.

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

STANDARDS EXCEEDED (1)

115.313 Supervision and monitoring

In addition to the policy to address this provision of the Standards, the facility's Staffing Plan and Annual Meeting minutes provide guidance and documentation on how the plan will be specifically implemented to fully meet staffing levels on a daily, and shift-by-shift basis; provides a daily schedule for programming, meals, and academic instruction; identifies any blind-spots for the camera/video system; and, identifies specific requirements under PREA Standards, i.e. making unannounced rounds, making announcements upon entering opposite gender housing areas, etc. This plan provides a well-documented summary of various aspects for both staffing and video monitoring. Also, the facility conducts a vulnerability review utilizing a document entitled "Secure Facility Vulnerability Assessment" that is completed prior to the annual Staffing Plan meeting. This review provides an excellent overview of the sexual safety precautions in place throughout the facility by the PREA Coordinator (PC) that is separate from the Facility Administrator's oversight.

The Auditor asked facility staff to provide randomly selected population and staffing rosters for several weeks throughout the prior twelve months. Upon review of these rosters, the required staff-to-resident ratios of 1:8 were exceeded on all shifts during awake hours, and the ratio of 1:16 was exceeded during all sleep hours. The population ranged from a low of 8 residents to a high of 18 on the days selected for review. Typically, there were 7-8 staff on the awake hour shifts, and 4-6 staff on the sleep hour shift, even when the population dropped to as little as 8 youth. And, in all cases, multiple male and female staff were on duty at the facility. Since the last PREA audit in 2017, the facility reports in the In the On-Line Audit System that the average daily population for the facility is 11, and the facility staffing plan was predicated on a population of 22, the maximum population capacity. From interview with the Chief Juvenile Probation Officer (CJPO) and the Deputy Chief of Secure Facilities/Facility Administrator (FA), the required ratios can be met with minimal conflict. Both indicated they have the support from the Taylor County Juvenile Board and the County's leadership to fund staffing at this level. This allows the FA to more effectively manage staff absences due to vacation and sick leave, injuries under Workers Compensation Act guidelines, and personal emergencies. Also, staffing at this level allows time for both classroom and on-the-job staff training, the effective use of personnel to manage youth during routine activities and provide one-on-one supervision when needed, and dealing with emergent situations. It was

particularly noted that this staffing level was critical when dealing with the COVID-19 pandemic.

All rounds are consistently documented on the facility's "PREA Unannounced Rounds Form". This form documents the person conducting the round, the date and beginning/ending time of each round, and the shift that was observed. Documentation is provided on all areas observed, the number of staff and residents, the activity(s) and locations of staff providing supervision (specifically to identify compliance with required staff-to-resident ratios), and any other pertinent observations or concerns identified. Further, policy strictly prohibits all employees, volunteers, and interns from announcing or communicating in any form to one another that an unannounced round is taking place. A violation of this policy is grounds for administrative sanctions, including suspension, demotion, reassignment, or termination. The FA demonstrated to the Auditor how, by using the facility's camera and audio systems after a round is completed, staff can be identified if communicating to others. Both the CJPO and the FA identified that a staff member was terminated due to their internal review after a round was completed and it was found that the staff member communicated to others in violation of policy. The facility has effectively implemented a policy and practices to support this provision of the standards, and to support the sexual safety of residents and staff.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION I- Federal PREA Guidelines Introduction, subsection B, page 1; SECTION III-Prevention Planning Policy, subsection A, pages 6-8; & subsections B & C, page 8.</p> <p>Resident Orientation Handbook.</p> <p>2020 Resident Education Brochure.</p> <p>Various posters and information provided for youth to review located throughout the facility, provided in both English & Spanish.</p> <p>Posters provided in visitation area for parents, guardians, attorneys, and other visitors, provided in both English & Spanish.</p> <p>Handouts provided to parents, and available in the visitation area, provided in both English & Spanish.</p> <p>Agency website, found at: http://www.taylorcountytexas.org/165/Juvenile-Probation-Department</p> <p>Taylor County Juvenile Probation Department Organizational Chart.</p> <p>INTERVIEWS:</p> <p>Agency Director/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Detective, Taylor County Sheriff Department</p> <p>Director, Regional Victim Crisis Center (RVCC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a-1):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION I, Federal PREA Guidelines Introduction, subsection B, page 1, addresses this provision. Policy states that the facility has a zero tolerance for sexual abuse and sexual harassment, and that every juvenile detained has the right to be free from sexual abuse, sexual harassment, retaliation, neglect, and exploitation, whether it is perpetrated by</p>	

staff or other juveniles.

During the site review, the Auditor was able to clearly observe the various posters throughout the facility that reinforces the facility's zero-tolerance policy for youth, and found related handouts for parents in both English and Spanish in the facility's lobby and visitation area. In addition, the Auditor reviewed the Resident Orientation Handbook as well as the 2020 Resident Education Brochure, both available in both English and Spanish. A review of the facility's website revealed that the zero-tolerance policy is readily and easily accessible to families and the community as well.

During interviews with the CJPO, the agency's policy on zero-tolerance was addressed. The CJPO made it clear that compliance with this policy was an expectation of all staff working in the facility, as well as for those who serve as probation officers and other support staff within the department. In addition, the interviews with the FA and the PC indicated that zero-tolerance is addressed regularly with staff and youth through on-going staff training and youth resident education.

The facility is in compliance with this provision of the standard.

Subsection (a-2):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION I- Federal PREA Guidelines Introduction, subsection B, page 1; SECTION III-Prevention Planning Policy, subsection A, pages 6-8; & subsections B & C, page 8, all address this provision. Policy outlines how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy and procedures addressing this provision includes, but is not limited to, the following:

- 1) designation of an upper-level PREA Coordinator with time & authority to meet expectations of the position;
- 2) the facility will complete the Intake Behavioral Screening on every youth within 72 hours to determine potential for victimization or aggression;
- 3) same gender staff will always conduct pat-down and visual strip searches;
- 4) same gender staff will always supervise youth during showers, toileting or changing clothes;
- 5) agency/facility leadership will conduct unannounced rounds of the facility;
- 6) the facility will complete an Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization assessment prior to housing assignment or starting a program;
- 7) a grievance system is available to residents to report concerns directly to facility administrative staff;
- 8) victims are immediately removed from the presence of an alleged perpetrator;
- 9) an allegation of sexual abuse or harassment is investigated promptly & thoroughly;
- 10) mental health services will be provided to any victim of abuse at no cost; and,
- 11) any employee, intern, or volunteer who is found to have committed sexual abuse against

any resident is subject to termination as well as possible criminal prosecution; or if found to have committed sexual harassment, to administrative sanctions as well as possible criminal prosecution.

The agency's website provides public information concerning how the facility works to prevent and detect any allegation of sexual abuse and sexual harassment, and how it will respond to any such allegation. Information is also provided on multiple agencies that can be contacted, including an internal hotline, numbers to local community agencies, and a statewide hotline. During the site review, the Auditor viewed posters and other information throughout the facility that addresses the residents' right to be free from sexual abuse, and provides contact information from multiple agencies to seek advocacy and support, if needed.

Formal interviews as well as other interactions during the on-site portion of the audit with the CJPO, FA, PC, and staff in all roles within the agency reinforced the application of the facility's policy and procedures, and reflected the commitment of the agency's leadership to creating and sustaining a zero-tolerance policy, as well as implementing appropriate policy and procedure to ensure effective prevention and detection of any form of sexual abuse and sexual harassment.

The facility is in compliance with this provision of the standard.

Subsection (a)-3:

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION II- General Definitions, subsection B, pages 4-6, addresses this provision. Clear definitions are provided for the multiple potential forms of sexual abuse and sexual harassment. In addition to these policies, while reviewing the Resident Orientation Handbook, the Auditor found appropriate definitions and explanations of both sexual abuse and sexual harassment that provide appropriate information for residents.

The facility is in compliance with this provision of the standard.

Subsection (a)-4:

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection B, page 8, addresses this provision. Policy is clear concerning any employee, intern, or volunteer who is found to have been sexually abusive against any resident will be subject to termination and possible criminal prosecution; or in the case of sexual harassment against any resident, the individual will subject to administrative sanctions and possible criminal prosecution.

During interviews with the CJPO, the FA, and the PC, this provision was addressed. All three clearly indicated that there would be no hesitation to take steps to terminate the employment of any staff member found to have sexually abused a resident, and that they would work collaboratively with the appropriate law enforcement agency and the prosecutor's office to seek criminal prosecution. In addition, if any staff member was involved in sexual harassment, they would take appropriate administrative actions, and if criminal prosecution was warranted, would pursue such action as well. In addition, any volunteer or intern found to have been involved in the sexual abuse or sexual harassment of a resident, his/her involvement with the facility would be terminated immediately, and again, the agency would work with appropriate law enforcement agencies to prosecute the alleged offender.

The facility is in compliance with this provision of the standard.

Subsection (a)-5:

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection A, pages 7- 8, addresses this provision. Staff are required to act immediately upon receiving any allegation of sexual abuse or sexual harassment, separating the alleged victim and the alleged perpetrator, and this will be done in a manner favorable to the alleged victim. It is expected that allegations will be investigated promptly, thoroughly, and objectively, and the victim will be offered appropriate mental health support services. Any resident who believes he/she has been a victim or witness to sexual abuse or sexual harassment has the right to make an internal outcry to staff, volunteers, interns, or through the grievance process. In addition, residents are able to contact outside agencies by directly contacting the hotline maintained by the Texas Juvenile Justice Department (TJJD), the Taylor County Sheriff Department or other community agencies that provide advocacy services. These contacts are readily available to the residents and their family and attorney through posters and brochures located throughout the facility; and, to residents through the Resident Orientation Handbook and other educational materials provided throughout the period they reside in the facility. Policy requires that residents be given access to the reporting method of their choice, at no cost to the resident, and there can be no obstruction from accessing the desired reporting method unless the safety and security of the facility may become compromised.

Any allegation of sexual abuse that could potentially result in criminal prosecution would be immediately referred to the Taylor County Sheriff Department for criminal investigation. The Auditor interviewed the Detective who was identified by the facility leadership as well as the Director of the RVCC as the primary investigator for sexual abuse cases that may occur at the facility. The Detective confirmed that the Sheriff Department, and her office specifically, would be contacted in the event of any sexual abuse allegation and resulting criminal investigation. The Auditor also interviewed the Director of the RVCC who indicated that through an MOU with the facility, trained staff would provide initial screening and support, and would work collaboratively with the facility and the Sheriff Department to address any allegation of sexual abuse.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection C, page 8, addresses this provision. The CJPO has a full-time designated position with the title of Quality Assurance/PREA Coordinator. This position ensures the facility is in compliance with state regulatory standards as well as PREA standards. In review of the Taylor County Juvenile Probation Department Organizational Chart, the PREA Coordinator (PC) reports directly to the FA.

Policy also requires that the CJPO designate a PREA Coordinator who will have sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA requirements and standards. There is only one facility operated by the agency, a juvenile detention center, and that facility is the subject of this current PREA audit. In interview with the

PC, it was reported that, since this is the primary role of the position, there is sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA requirements and standards. By serving in this role, the PC indicated that implementation of the standards has enhanced the overall safety of the facility, and supports the agency's goal to provide a safe and healthy environment in the detention center for all residents. This position ensures training is provided to all agency personnel on PREA standards and supports agency expectations related to the standards. The position works with the CJPO and the FA to ensure compliance with the standards, including practices to maintain required documentation. Interviews with both the CJPO and FA supported this role and expectation.

The facility is in compliance with this provision of the standard.

Subsection (c):

The agency only operates the one juvenile detention center which is the subject of this audit. There is no designated PREA Manager. This provision of the standards is not applicable.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312 Contracting with other entities for the confinement of residents</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection D, pages 8-9.</p> <p>Existing six contracts with other confinement facilities.</p> <p>INTERVIEWS:</p> <p>Agency Director/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief OF Fiscal Services (DCFS)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection D, page 8, addresses this provision. Policy requires that when contracting with other agencies or facilities that provide for the confinement of youth, the contracted agency is required to adopt and comply with PREA standards, and agree to be monitored for compliance with the PREA standards.</p> <p>The Facility reported in its response provided in the On-Line Audit System that the agency has 13 contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, during interviews with the DCFS and the PC, it was learned that this number reflects the contracts with other juvenile probation departments that contract with Taylor County to detain youth in its detention facility, the subject of this current PREA audit. It was clarified that the agency does contract with six other juvenile detention centers and/or secure residential placements for treatment services (referred to as post-adjudication facilities in the state of Texas). These facilities are operated by both local county juvenile probation departments and by private vendors. All the facilities are expected to operate under PREA Standards. In addition, these facilities are all required to be registered with and to meet minimum standards promulgated by the Texas Juvenile Justice Department; and each of these facilities must be authorized annually as being suitable for the housing of youth by the local county Juvenile Board.</p> <p>In interview with the DCFS, it was reported that the agency has current contracts in place with all six facilities. The Auditor was provided a copy and was able to review these contracts. Language is in place in all six of the contracts requiring compliance with PREA standards as well as an agreement to be monitored by Taylor County.</p> <p>The facility is in compliance with this provision of the standard.</p>

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection D, page 8-9, addresses this provision. Policy is in place to require that the contracted agencies as discussed in Subsection (a) be monitored for compliance with PREA standards. Policy further states that failure to allow monitoring constitutes a breach of contract.

In addition to reviewing the six contracts, the Auditor was provided copies of historical annual reports provided by the various facilities on any alleged sexual abuse and/or sexual harassment incidents, with some having not yet provided a report for calendar year 2020. Also, in conversation with the DCFS, it was reported that one monitoring step that is taken is an annual review of the contracting agencies website to ensure that the current PREA audit report and the annual data review on sexual abuse and/or sexual harassment allegations is available. However, there is no notation of this review. Additional monitoring is provided by agency personnel who transport the youth to/from the facility, as well as providing on-going oversight for the youth's adjustment at the contracted facility, especially the secure post-adjudication facilities that provide long-term care and intervention services.

The facility is in compliance with the provisions of the standard.

The Auditor would recommend additional action(s) to document the steps the agency/facility is taking to ensure appropriate compliance monitoring is taking place with contracted facilities. The Auditor offers the following **RECOMMENDATION**:

It is recommended that the DCFS develop a methodology to document all reviews that are conducted, including any report from staff who visit the facility, actions taken to obtain the annual report from the contracted facility, and any review that is conducted of the contracting agencies website. This documentation can be completed on an annual basis that can be updated in the contract file and provided for future audits.

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.313 Supervision and monitoring</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsections E, F, & G, pages 9-11.</p> <p>Taylor County Juvenile Probation Department Organizational Chart.</p> <p>Taylor County Juvenile Detention Center Staffing Plan and Annual Meeting Minutes.</p> <p>Floorplan of facility and entire Juvenile Justice Center complex with designated locations of all cameras.</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, 2/1/18 Revision obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov).</p> <p>INTERVIEWS:</p> <p>Agency Director/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>Deputy Chief of Fiscal Services (FS)</p> <p>PREA Coordinator (PC)</p> <p>OBSERVATIONS:</p> <p>While conducting the site review during the onsite phase of the audit.</p> <p>During other onsite activities while conducting audit, i.e., observing intake, conducting interviews with residents, and observing supervision during various hours.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsections E & G, page 9 & 11, addresses this provision. Policy requires a staffing plan be developed that provides for adequate staffing, and, where applicable, video monitoring, to protect residents against sexual abuse; and the facility will comply with the plan except during limited and discrete exigent circumstances, documenting any deviations as required.</p> <p>In addition to the policy, the facility’s Staffing Plan and Annual Meeting minutes provide</p>

additional guidance and documentation on how the plan will be specifically implemented to fully meet staffing levels on a daily, and shift-by-shift basis; provides a daily schedule for programming, meals, and academic instruction; identifies any blind-spots for the camera/video system; and, identifies specific requirements under PREA Standards, i.e. making unannounced rounds, making announcements upon entering opposite gender housing areas, etc. This plan provides a well-documented summary of various aspects for both staffing and video monitoring. Also, the facility conducts a vulnerability review utilizing a document entitled "Secure Facility Vulnerability Assessment" (provided by TJJJ) that is completed prior to the annual Staffing Plan meeting. This review provides an excellent overview of the sexual safety precautions in place throughout the facility by the PREA Coordinator (PC) that is separate from the FA's oversight.

Interview with the FA indicates that the individual in this position is ultimately responsible for managing the staffing plan, with support and assistance from the PC and CJPO. The FA reports that all 11 criteria are considered when developing and implementing the staffing plan, and the annual review documents these considerations. The staffing plan is reviewed and approved by the Agency Head on an annual basis. In addition, the Taylor County Juvenile Board, with responsibility under Texas law to annually certify that the facility is suitable for detaining youth, approves policy as needed.

Video monitoring is in place for all sections of the facility that are currently being utilized for housing and programming, except in restrooms, showers, the single-occupancy resident rooms, and the medical office/exam room. Cameras are also not located in miscellaneous storage, janitorial, and mechanical rooms. However, where cameras are absent in specific rooms, there is an abundance of cameras on hallways and access doors to these rooms to provide appropriate and more than adequate vision and oversight. The cameras are monitored from the central control room 24 hours a day, 7 days a week by assigned staff. During the site review, the Auditor was able to see where all cameras are positioned throughout the facility. In addition, a camera layout was provided, identifying the location of all cameras within the entire complex. The Auditor was able to view the camera system from the control center as well as from the FA's office, and a demonstration was provided as to how the camera system operates. The facility has also installed an audio monitoring system in programming areas that allows for additional oversight. The audio system is managed solely by the FA, with access by other supervisory and management personnel.

Since the last PREA audit in 2017, the facility reports in the In the On-Line Audit System that the average daily population for the facility is 11, and the facility staffing plan was predicated on a population of 22, the maximum population capacity. From interview with the CJPO and the FA, the required ratios can be met with minimal conflict, except in exigent circumstances. Both indicated that they have the support from the Taylor County Juvenile Board and the County's leadership to fund staffing at this level. This allows the FA to more effectively manage staff absences due to vacation and sick leave, injuries under Workers Compensation Act guidelines, and personal emergencies; and allows time for both classroom and on-the-job training. This also allows for the effective use of personnel to manage youth during routine activities, provide one-on-one attention when needed, and deal with emergent situations. It was particularly noted that this was critical when dealing with the COVID-19 pandemic.

The facility exceeds this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsections E & F, pages 9-10, address this provision. Policy requires that the facility shall maintain security staff ratios at a minimum of 1 staff person to every 8 residents during waking hours and 1 to every 16 residents during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff certified as Juvenile Correction Officers (JSO) are included in these ratios.

In the On-Line Audit System, the facility reported that there have been no deviations from the plan. During interviews with the FA and the PC, this was reiterated, indicating that there are no deviations. As noted under subsection (a) above, with a population average of 11, and staffing predicated on a population of 22, the facility meets and/or exceeds staffing requirements at all times.

Because there have been no reported deviations and at no time is the facility out of compliance with the required staff-to-youth ratios, no documentation is available to review for any such deviation. To further review compliance with this provision, the Auditor requested copies of randomly selected Daily Population Rosters for the facility, along with corresponding staff rosters. The Auditor requested the population and staff rosters to review all shifts on various days of the week, and specifically included designated holidays and weekends, to ensure staffing compliance was met. The Auditor randomly selected the following week-long periods in 2020 upon arrival for the onsite audit, and this documentation was made available to the Auditor: January 19-25; March 15-21; June 28-July 4; October 4-10; December 20-26.

Upon review of the population and staffing rosters provided, the required staff-to-youth ratios of 1:8 were exceeded on all shifts during awake hours, and the ratio of 1:16 was exceeded during all sleep hours. The population ranged from a low of 8 residents to a high of 18 on the days selected for review. Typically, there were 7-8 staff on the awake hour shifts, and 4-6 staff on the sleep hour shift, even when the population dropped to as little as 8 youth. And, in all cases, multiple male and female staff were on duty at the facility.

The facility exceeds this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsections E & F, pages 9-10, address this provision. Policy requires that the facility maintains security staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Policy also requires that only security staff be included in this ratio. In addition, a pre-adjudication facility is required to meet standards promulgated by the Texas Juvenile Justice Department, found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, the following standards apply to staff ratios in a pre-adjudication facility (i.e., juvenile detention center):

§343.430. Minimum Facility Supervision.

At least two juvenile supervision officers shall be on duty at any time the facility has a resident. At least one of the officers shall be certified.

§343.432. Gender Supervision Requirement.

(a) If residents of both genders are housed within the facility, juvenile supervision officers of both genders shall be on duty and available to the residents for every shift.

(b) A juvenile supervision officer of one gender shall be prohibited from supervising and visually observing a resident of the opposite gender during showers, strip searches, disrobing of residents (suicidal or not), or when personal hygiene practice (e.g., onset of menstrual cycle, etc.) requires the presence of a juvenile supervision officer of the same gender.

(c) Juvenile supervision officers of one gender shall be the sole supervisors of residents of the same gender during showers, strip searches, disrobing of suicidal youth, or during other times in which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.

§343.434. Facility-Wide Ratio.

(a) The facility-wide juvenile supervision officer-to-resident ratio shall not be less than: (1) one juvenile supervision officer to every eight residents during program hours; and (2) one juvenile supervision officer to every 18 residents during non-program hours.

(b) For a juvenile supervision officer to be counted in the facility-wide ratio, the officer shall be present on the facility premises at all times.

During the site review, while conducting a variety of interviews in various areas of the facility, and while receiving a demonstration of the facility's camera system, the Auditor was able to observe staff ratios throughout the day and during over-night hours. At all times, staff were in place to ensure required ratios were met, and in all cases, required ratios were exceeded. During interview and follow-up conversation with the FD, it was made clear that only direct security staff, referred to as Juvenile Supervision Officers (JSOs), were included in determining the ratios, and does not include Shift Supervisors or other personnel.

The facility exceeds this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsections E & G, pages 9-11, address this provision, and requires that no less frequently than once each year, a review of the staffing plan be conducted in consultation with the PREA Coordinator in order to assess, determine, and document whether any adjustments are needed. A copy of the Staffing Plan as well as the minutes from the annual Staffing Plan meeting from July 2020 was reviewed by the Auditor. As noted under subsection (a) above, the facility has incorporated a document entitled "Secure Facility Vulnerability Assessment" (provided by TJJD) that is completed prior to the annual Staffing Plan meeting by the PREA Coordinator, and this document was reviewed as well.

In the interview with the PC and the FA, it was reported that the staffing plan is reviewed at least annually, and all aspects of the staffing plan are addressed. As noted above, the PC specifically completes a vulnerability assessment that is incorporated into the Staffing Plan. The current PC was not in this position at the time of the review in 2020, but is well aware of

this process and expectation for his position that supports direct involvement in the review process.

The facility exceeds compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection E, page 10, address this provision. Policy requires that an unannounced round will be conducted and documented on each of the three shifts at least monthly. Those designated to conduct the unannounced rounds are primarily the FA and the PC, with support of the CJPO and DCFS in their absence. All rounds are to be documented on the “PREA Unannounced Rounds Form” which provides consistency. This form documents the person conducting the round, the date and beginning/ending time of each round, and the shift that was observed. Then, documentation is provided on all areas observed, the number of staff and residents, the activity(s) and locations of staff providing supervision (specifically to identify compliance with required staff-to-resident ratios), and any other pertinent observations or concerns identified. Further, policy strictly prohibits all employees, volunteers, and interns from announcing or communicating in any form to one another that an unannounced round is taking place. A violation of this policy is grounds for administrative sanctions, including suspension, demotion, reassignment, or termination.

The Auditor was provided a copy of all the completed PREA Unannounced Rounds Forms from calendar year 2020 for review. The Auditor was able to confirm that forms were completed appropriately documenting at least one round each month on each shift for the entire year as required by policy.

During interviews with the CJPO, the FA, the PC, and the DCFS, each expressed their responsibility for this activity, and that in most situations, the FA and PC are primarily responsible for completing the rounds, with support from the CJPO and the DCFS when needed. Each described how they enter the facility at various times and through various doors and take different paths through the facility each time when conducting the rounds. Further, it was made clear that they take this responsibility very seriously, and hold staff accountable if any communication takes place. Staff are specifically trained about the no communication expectation. The FA demonstrated to the Auditor how, by using the camera and audio systems after a round is completed, staff can be identified if communicating to others. Both the CJPO and the FA identified that a staff member was terminated due to their review after a round was completed and it was found that the staff member communicated to others in violation of policy. The facility has effectively implemented a policy and practices to support this provision of the standards.

The facility is in compliance with this provision of the standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315 Limits to cross-gender viewing and searches</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12.</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov).</p> <p>Facility staffing plan.</p> <p>Review of randomly selected daily population and staff rosters.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>Random Staff (11)</p> <p>Random Residents (7)</p> <p>Targeted Resident (2)</p> <p>Contracted Medical Director (MD)</p> <p>OBSERVATIONS:</p> <p>While conducting the site review during the on-site phase of the audit.</p> <p>Observed intake of male youth.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses this provision. Policy states that no Juvenile Supervision Officer or Intake Officer shall conduct a cross-gender, transgender, or intersex pat search, cross gender, transgender or intersex visual strip search, or cross gender, transgender, or intersex visual body cavity search of a resident except in exigent circumstances or when performed by medical personnel. In addition, the facility must meet standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, §343.260</p>

titled Resident Searches, requires the following:

(a) The facility shall have written policies and procedures regulating the search of juveniles being admitted into the facility and residents already within the facility's population.

(b) Residents shall be subjected only to the following searches:

(1) a pat-down search, conducted by same-gender staff, as necessary for facility safety and security;

(2) an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication;

(3) a strip search based on the reasonable belief that the resident is in possession of contraband or reasonable belief that the resident presents a threat to the facility's safety and security;

(A) a strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident;

(B) a strip search shall be performed in an area that ensures the privacy and dignity of the resident; and

(C) a strip search shall be conducted by a staff member of the same gender as the resident being searched.

Interviews with the FA and the PC, as well as with random staff from various shifts and levels within the organization, indicate that staff know that cross-gender searches are prohibited and under NO circumstances is there to be a cross-gender strip or body cavity search.

Random and targeted residents interviewed consistently indicated that the only type of search that had been conducted on them personally was a pat-down search, and that it was always done by a staff member of the same sex. These residents further indicated that staff only do pat-down searches when they go to court, have an in-person visit with family or anyone else, and when they leave the building. There are no routine searches as youth move through the building for academic classes, having meals, seeing the doctor, etc. Residents expressed no concerns with the manner in which they are searched.

In the PREA On-line Audit System tool (OAS), the facility indicated that in the past 12 months, there has been NO cross-gender strip or cross-gender visual body cavity searches of residents. Because of this, there is no available documentation to provide explanation as to why such searches were necessary. In addition, in interview with the MD who coordinates medical services for all youth in the facility, there is no report of medical staff conducting such searches. It is understood that any body cavity search would only be done by medical personnel.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses

this provision. Policy states that no Juvenile Supervision Officer or Juvenile Probation Officer shall conduct a cross-gender pat search, cross-gender visual strip search, or cross-gender visual body cavity search of a resident or probationer except in exigent circumstances.

In addition, the facility must meet standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, §343.260 titled Resident Searches, requires, in part, the following:

- (a) The facility shall have written policies and procedures regulating the search of juveniles being admitted into the facility and residents already within the facility's population.
- (b) Residents shall be subjected only to the following searches: (1) a pat-down search, conducted by same-gender staff, as necessary for facility safety and security.

Interview with the FA, as well as with random staff, indicate that there is a clear understanding of this policy, and all staff interviewed reported that under NO circumstances is there to be a cross-gender pat-down search for any reason. Random staff interviews indicated that they have received training on this matter, and it was made clear that in no circumstance is there to be a cross-gender pat-down search conducted. Random staff clearly and consistently indicated that there is always a staff member of the same gender in the facility to conduct a pat-down search on a resident, as needed. The staffing plan supports that there is always both male and female staff on every shift to ensure that same-gender pat-down searches can be conducted.

Random and targeted residents interviewed consistently indicated that pat-down searches are always completed by a staff member of the same gender. In addition, residents indicated that they are not searched very often after their admission to the facility, and pat-down searches are generally only conducted if they have a visit with anyone from outside the facility or if they leave the facility to go to court, the doctor, or any other reason.

In the PREA On-line Audit System tool (OAS), the facility indicated that in the past 12 months, there has been NO cross-gender pat-down searches of residents, including exigent circumstances that would require one. Because of this, there is no available logs or supportive documentation to provide explanation as to why such searches were necessary. Based on the interviews with staff and residents, as well as the policy and practices discussed, this policy is practiced in all cases.

The facility is in compliance with this provision of the standards.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses this provision, requiring that all cross-gender searches be documented. As discussed in subsections (a) and (b) of this standard, cross-gender searches of any kind are prohibited, and standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically, §343.260 titled Resident Searches, requires that searches only be conducted by same-gender personnel.

In the PREA On-line Audit System tool (OAS), the facility indicated that policy requires the documentation and justification of all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility has developed a log to document any such searches, and for 2020, there has been no such searches documented in the log since searches of this type are not allowed by policy and by standards. This is further supported by the staffing plan that requires both male and female staff to be on duty within the complex. Interviews with the staff at different levels of the organization, and particularly those who provide direct supervision, and with random residents, clearly confirm that there are no exceptions to this policy.

The facility is in compliance with this provision of the standards.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses this provision. Policy requires that no employee, intern, or volunteer may supervise, including by the use of camera, a resident of the opposite sex when showering, performing bodily functions, or changing clothes, other than what may be incidental to a routine room check. Further, policy requires that upon entering any area where residents of the opposite sex may be performing any of these functions, staff, interns, and volunteers shall immediately announce their presence by proclaiming “Male In” or “Female In”, whichever is applicable to the staff, intern, or volunteer.

During interviews with random staff, it was clear that the policy for same-gender observation while residents are showering, toileting, or changing clothes is strictly followed by all staff. The housing complex is made up of three residential hallways, two with nine individual rooms each and one with four individual rooms. The two larger hallways have showers, and depending on the gender of the residents in the smaller third hallway, they are provided the opportunity to shower in one of the other two hallways under same-gender supervision. Staff were able to clearly describe and show the Auditor how male and female youth are showered in different showers in the housing areas of the facility. For toileting, there is no community toilet facility in any of the residential hallways, or in other program areas. Youth utilize only the toilet in their assigned room, providing privacy for the resident. In interview with the FD, it was noted that due to the small size of the facility, due to the close proximity from the dayroom, classroom, cafeteria, and outdoor recreation space, this is very manageable for staff. Whenever a resident is showering or toileting, only same-gender personnel are allowed to supervise. Residents change clothing in their assigned rooms only or after showering, and residents are only supervised by same-gender personnel during these times.

During interviews with random staff, it was consistently reported that all staff regularly and consistently announce “Male in” or “Female in” whenever entering the housing units. Further, staff report that when conducting room checks of youth of the opposite gender, they will announce themselves in the same manner, giving the resident the opportunity to let them know that he/she is toileting. It is understood by staff that there is a policy and the expectation to always announce oneself pertains to ALL staff.

During interviews with random and targeted residents, all consistently reported that same gender staff always monitor them during showers and when using the toilet. All residents indicated that they do not recall a time when they observed or had concern with a staff

member of the opposite gender viewing them during these times, or when changing clothes. No resident reported any concern with being observed changing clothes or being naked in front of opposite gender staff...several residents reported it would “never” happen. Concerning staff announcing themselves when entering the housing unit, all residents indicated that staff consistently make the “Male in” or “Female in” announcement, and described how staff are careful to allow them privacy when toileting.

Finally, while conducting the site review during the onsite phase of the audit, the Auditor observed and heard all staff announcing themselves when entering a residential hallway, regardless of their position. In addition, same gender staff were observed escorting residents to their individual room for toileting purposes. If a youth was being checked while in their individual room, same gender staff conducted the checks; and, if youth were being transported to another location, same gender staff were always supervising and monitoring.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses this provision. Policy requires that no resident may be searched or physically examined for the sole purpose of determining the resident’s genital status. If the resident’s genital status is in question it may be determined by the following: a. conversations with the resident; b. reviewing medical records; c. as a by-product of a broader medical examination conducted in private by a medical practitioner; or, d. as a by-product of a visual strip search necessary for the safety and security of the facility.

Interviews with random staff indicate that the staff understand this policy and that they have not conducted a search of any resident for the purpose of determining gender. All staff interviewed could not recall any resident that had been admitted in the past several years who identified as being transgender or would be considered intersex. It is understood that if such a resident was admitted, that conducting a search to merely determine genital status is not allowed and is a violation of policy.

There were no residents identified as being transgender or intersex in the population, so no specific interview could be completed to specifically address the facilities’ practices. In addition, no information could be obtained on any youth who could have been previously admitted over the past 12 months. The agency reports that no such searches have occurred in either facility over the past 12 months.

The facility is in compliance with this standard.

Subsection (f):

In the PREA On-line Audit System tool (OAS), the facility indicated that 100% percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs of the facility. Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection H, pages 11-12, addresses this provision. Policy requires that all staff shall be trained in how to conduct cross-gender pat searches and searches of transgender and

intersex residents. In addition, Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, §343.260 titled Resident Searches, includes, in part, and requires the following:

(c) Staff members conducting searches shall:

(1) not touch residents any more than is necessary to conduct a comprehensive search;

(2) make every effort to prevent embarrassment or humiliation of resident;

(3) refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;

(4) refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks; and

(5) conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff, and facility safety.

Interviews with the FA and the PC indicate that all staff are trained regarding the specific manner for searches as described in the policy and standards provided above. It is noted that there is a prohibition against ANY cross-gender search. All other searches of residents, including searches of transgender and intersex residents, are to be completed in a professional and respectful manner, again as provided in the policy, practices, and standards provided above.

Interviews with random staff indicate that staff have received training on how to conduct searches of all residents, including transgender and intersex residents, in a professional and respectful manner. Staff provided an explanation of how the search is to be conducted, and emphasized the manner by which the search is to be conducted along with the mechanics of conducting the search. Staff were consistently able to describe an appropriate process for conducting this type of search.

Even though no transgender or intersex residents were a part of the population to be interviewed, other random and targeted resident interviews indicated that searches are done appropriately and without intimidation. They indicated that they were made to feel comfortable, and did not believe the staff were inappropriate in any way. Residents were asked how often they are searched, and indicated that the only times they could recall having a pat-search was when they first came to the facility, have a personal visit with family or their attorney, go to court, or if they leave the facility for some reason. No complaints were received about how they were treated during these times.

The facility is in compliance with this provision of the standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 Residents with disabilities and residents who are limited English proficient</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection I, pages 12-13.</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov).</p> <p>2020 Language Line MOU/Agreement and log.</p> <p>Resident Orientation Handbook in English & Spanish.</p> <p>“How to Report” document in English & Spanish, posted in facility and contained in Orientation Handbook.</p> <p>PREA “Book Markers” (These are book markers that the facility created that are provided to residents at intake as a quick reference on who and how to contact community resources to report sexual abuse or sexual harassment, and/or how to obtain assistance).</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>Chief Medical Director (MD)</p> <p>Random Staff (11)</p> <p>Random Residents (7)</p> <p>Targeted Residents (2)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection I, pages 12-13, addresses this provision. Facility policy states that the facility shall take appropriate steps to ensure that residents with disabilities are afforded the same rights and 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.</p>

During interview with the CJPO and the FA, the Auditor was informed that the agency utilizes available resources in Taylor County to address the needs of any resident with the described disabilities. The MD also reported that he can assist with obtaining needed resources. The agency is able to access resources to address the needs of residents and/or family members who may be disabled, whether it be for legal purposes or other intervention, assessment, or educational purposes. The agency is an active participant with other community agencies to meet the needs of the juvenile population, along with their families, so as needed, resources can be accessed when needed. It is also noted that the agency employs a mental health professional, specifically a Licensed Professional Counselor (Associate) who is under the supervision of a fully Licensed Counselor, who is available to address the needs of residents with special needs.

One resident was identified as being bi-polar while conducting the on-site phase of the audit, and this resident along with all the randomly selected residents, reported that the staff made sure that they understood the information provided concerning their sexual safety. No resident indicated any concern with understanding their rights, specifically concerning sexual abuse and sexual harassment.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection I, pages 12-13, addresses this provision. Policy requires that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The most dominant group that the agency serves who has limited English proficiency is the Hispanic community. The agency employs a significant number of Spanish-speaking staff, and they are assigned to all shifts in the facility, as well as having Spanish-speaking probation officers. In interview with the FA, it was also reported there are a sufficient number of personnel employed by the facility to provide information in Spanish to any resident who is not English proficient, and that written materials, handouts, youth handbook, pamphlets, posters, etc., are available in both English and Spanish versions. On a broader scale, the FA reported that the agency and facility have served residents and families with other dialects from within the community. In these situations, the agency/facility has an agreement with "Language Line Services, Inc" who can provide interpretation services by phone 24 hours a day and 7 days a week. The facility maintains a log to document all calls made for this service. The Auditor asked to see the log, and determined that no calls were required in 2020. However, historically, documentation indicated that the service was used for a resident and family that spoke Swahili. In addition, handouts, the resident handbook, and other information for both the resident and families is provided in both English and Spanish versions, including informational posters that are clearly visible throughout the facility.

The Auditor not only checked the log for the Language Line Services but also used the line to determine if clear access can be provided. The Auditor called the access number as provided in the log, and then followed recorded cues to access another language. Interviews with

randomly selected staff indicated that they have been trained on how to access this service when needed, and described how to easily access the information for use of the service.

While conducting the site review during the onsite phase of the audit, the Auditor was able to review multiple resources in the Spanish language, including the youth handbook, posters directing residents to a hotline to report abuse, and other related information. Those residents who speak Spanish also indicated that they know that the resources are available, if needed.

No residents were identified as being limited English proficient while conducting the on-site phase of the audit, so no resident was interviewed for this specific purpose. During interviews with the randomly selected and targeted residents, all reported the staff made sure they understood the information provided concerning their sexual safety. Several residents also indicated that they know about the Language Line Services that are available if needed.

The facility is in compliance with this provision of the audit.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection I, pages 12-13, addresses this provision. Policy requires that the facility not rely on resident interpreters or other types of resident assistants, including that staff must document the use of resident readers if used in exigent circumstances.

Interviews with the FA and PC indicate that the facility does not use residents as interpreters for limited English-speaking residents. It is reported that there are sufficient personnel at site on every shift to meet the specific needs of any Spanish-speaking youth. In addition, as described in subsection (b) above, the FA and PC reported the facility has an agreement with “Language Line Services, Inc” who can provide interpretation services in multiple languages by phone 24 hours a day and 7 days a week. Though rarely used, it is an available resource if needed. Because there has not been an incident where residents have had to serve as an interpreter, readers, or other types of resident assistants, no documentation is available for review.

Interviews with randomly selected staff is consistent with that provided by the FA and the PC. Staff indicated that there is never a need for residents to serve as interpreters, particularly for the population of Spanish-speaking residents. Staff are aware of other available resources, if needed, and particularly the Language Line Services. All clearly described how to access this resource with no difficulty. These staff also indicated they can seek the assistance of a Shift Supervisor, the FA, and/or the PC to ensure interpretation services were provided as promptly as possible.

No residents were identified as being limited English proficient while conducting the on-site phase of the audit, so no resident was interviewed for this specific purpose. During interviews with the randomly selected and targeted residents, all reported the staff made sure they understood the information provided concerning their sexual safety, did not indicate they had any issue understanding the information and materials presented.

The facility is in compliance with this provision of the standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317 Hiring and promotion decisions</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14.</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.310. (https://texreg.sos.state.tx.us)</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, Subchapter G: Certification, Rule §344.862. (https://texreg.sos.state.tx.us)</p> <p>Personnel Files of Randomly Selected Staff, including the following specific forms:</p> <p>Child Abuse Registry Check Consent Form;</p> <p>Authorization to Conduct a Criminal/Sex Offender History Records Investigation;</p> <p>Disclosure of PREA Employment Standards Violation (used to specifically solicit an applicant's or employee's responses to the three specific inquiries as provided in Standard 115.317(a); and,</p> <p>Institution Reference Check Form (used to identify an applicant's previous work in a residential institution setting).</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>Deputy Chief of Fiscal Services (DCFS)</p> <p>PREA Coordinator (PC)</p> <p>Quality Assurance Officer (QAO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. Policy provides that the facility shall not hire or promote personnel and/or contractors who would have contact with residents who had previously engaged in sexual</p>

abuse in any type of secure facility setting, adult or juvenile; or had been convicted of engaging or attempting to engage sexual activity in a community setting; or had been civilly or administratively found to have engaged in such behaviors.

The Auditor interviewed the FA, the PC, and the QAO, and all reported that the facility considers the three factors described in the above referenced policy for any applicant, and for any position including contractors, as well as for promotions. Documentation has been developed to solicit an applicant's responses to these specific statements prior to employment as a part of the application process, referred to as Disclosure of PREA Employment Standards Violation. It was acknowledged that these factors are again considered for promotions.

The Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of 20 records. Of the files monitored, all twenty contained the completed Disclosure of PREA Employment Standards Violation form. Of the total available records (60) for all current employees (42), contractors (12), and volunteers (6) who have direct and regular contact with the youth in the facility, one-third of the records were audited for compliance.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. Policy requires that the facility consider any incidents of sexual harassment when hiring or promoting personnel, or contracting with any service provider who may have contact with the residents.

The Auditor interviewed the FA, the PC and the QAO, and all reported that the facility considers any historical involvement in incidents of sexual harassment when considering candidates for initial hiring or promotion, including contractors, and if there has been such behavior, it would nullify candidacy for the position. Documentation has been developed to solicit an applicant's and contractor's responses to these specific statements prior to employment, promotion, or contracting, referred to as Disclosure of PREA Employment Standards Violation. This documentation is completed as a component of the process.

The Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of 20 records. Of the files monitored, all twenty contained the completed Disclosure of PREA Employment Standards Violation form. Of the total available records (60) for all current employees (42), contractors (12), and volunteers (6) who have direct and regular contact with the youth in the facility, one-third of the records were audited for compliance.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses

this provision. Policy requires that prior to hiring or promoting employees who may have contact with residents, the CJPO or designee shall:

1. Perform a criminal background records check, utilizing the State of Texas Department of Public Safety fingerprint system (FAST system), that will notify the CJPO and the DCFS of any arrest for criminal activity of current employees, and includes contractors and volunteers/interns who may have contact with residents.
2. Consult the child abuse registry check maintained by the Texas Department of Family and Protective Services centralized background check system.
3. Direct the DCFS or designee to make the best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Auditor interviewed the QAO and the DCFS, as well as had conversations with the FA and PC, and all reported that the facility completes criminal background checks, child abuse registry checks, and makes efforts to contact prior institutional employers. The agency created the Institution Reference Check Form to document relevant prior work history in an institutional setting, and to use this information to solicit input from prior employers.

The Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of 20 records. Of the files monitored, a criminal background record check and child abuse registry check was completed on all applicants prior to employment. All staff who had documented in their application a prior work history (5) in an institutional setting completed the Institution Reference Check Form. Documentation was included in some files indicating that responses were provided in some cases, including follow-up email correspondence with the prior employer. The agency/facility is taking steps to obtain this information as possible, realizing that some agencies do not provide details.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. Policy requires that criminal records check (also using the FAST system as described in subsection (c) above) and the child abuse registry (also using the system described in subsection (c) above) will be conducted prior to enlisting the services of any contractor who may have contact with residents.

Interview and on-going interactions with the DCFS, the QAO, and the PC during the onsite phase of the audit indicate that the facility completes the background checks for both criminal activity and child abuse history on all contractors prior to them having contact with residents.

The Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of twenty records. Of the files monitored, a criminal background record check and child abuse registry check was completed on all applicants prior to employment and all contractors prior to providing any services. More specifically, the records of five contractors

were monitored, and again, background checks were completed on all.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. Policy requires that background checks using the FAST system will be conducted every 2 years on employees, contractors, and volunteers/interns; the Child Registry check will be conducted at hire, with any promotions, and every August for all employees and contractors.

During the interview with the QAO and DCFS, it was reported that, in accordance with Texas Juvenile Justice Standards and requirements for certification as a Juvenile Corrections Officer (as well as for Juvenile Probation Officer), criminal background checks are required every 2-3 years, corresponding with the requirement to meet specific training requirements for re-certification every 2 years. The period is reflected as 2-3 years due to an adjustment that is made once an employee meets initial certification requirements after employment, the re-certification date becomes the same date as the employee's date of birth rather than the employment date or date of initial certification. This may extend some recertifications beyond the 2 years by a few months.

It is also noted that juvenile probation departments are required, under Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, to meet the following requirements for certified Juvenile Corrections Officers who work in a Pre-Adjudication facility:

(d) Before any individual listed in subsection (b) of this section begins employment or service provision:

(1) the department or facility must ensure the individual has electronically submitted fingerprints using Fingerprint Applicant Services of Texas (FAST) and verify that the department is able to subscribe to the individual's Fingerprint-Based Applicant Clearinghouse of Texas (FACT) record;

(2) the department must subscribe to that individual's record in FACT; and

(3) the department must use the information in FACT to determine if the individual has a disqualifying criminal history as specified in §344.400 of this title.

(e) The department must maintain a FACT subscription for each individual in a position requiring a criminal history check for as long as the individual remains in such a position. This requirement applies regardless of the date employment or service provision began.

By participating in the system, the agency/facility is notified any time an employee is involved in a criminal offense, and can make a determination as to whether it impacts certification. This is also true for any contractor or volunteer/intern. In addition, the Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of twenty records. Of the files monitored, a criminal background record check and child abuse registry

check was completed on all applicants prior to employment and all contractors/volunteers prior to providing any services, as well as additional background checks as required by policy were completed, well within the five-year requirement of the standard.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision: The facility shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who respond affirmatively to any previous misconduct described Subsection (a) of this standard.

As noted under Subsection (a), the facility has developed appropriate documentation for new applicants from outside the facility who are being considered for a position or for contractors and volunteers who may have direct contact with residents. The Auditor reviewed the personnel files of nineteen randomly selected personnel, contractors, and volunteers, as well as the employee who serves as the Licensed Professional Counselor, for a total of 20 records. Of the files monitored, all twenty contained the completed Disclosure of PREA Employment Standards Violation form. Of the total available records (60) for all current employees (42), contractors (12), and volunteers (6) who have direct and regular contact with the youth in the facility, one-third of the records were audited for compliance.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. The facility requires that all employees, contractors, interns and volunteers immediately (within 24-hours) disclose, in written and verbal form, to their immediate supervisor, or his/her designee in the supervisors' absence, any misconduct [as described in standard 115.317 and this policy]; further, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Interviews and on-going conversations with the CJPO, the FA, and the PC clearly indicate that there is an expectation for all personnel, volunteers, interns, and contractors to report any behaviors that are sexually abusive as described in this standard and related policy, and that not reporting or falsifying such information is grounds for termination. No such incidents were reported to the Auditor, and no documentation was provided that would reflect any such action was required.

The facility is in compliance with this provision of the standard.

Subsection (h):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection J, pages 13-14, addresses this provision. Policy provides that unless prohibited by law, the facility administrator shall

provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Interview with the CJPO indicates that the FA reviews any such request, and that the agency/facility will 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. In addition, due to standards and requirements of the Texas Juvenile Justice Department (TJJD), the agency must report such incidents to the TJJD due to the officers' certification requirements. TJJD maintains this information, and can provide information if an employee was to apply for a position with another juvenile facility in the state of Texas.

The facility is in compliance with this provision of the standard.

In relation to the provisions of Standard 115.317, the Auditor believes it is important to note the requirements of juvenile probation officers and particularly juvenile corrections officers who work in pre-adjudication facilities in the state of Texas. All officers must follow a code of ethics as found in Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.310.

(<https://texreg.sos.state.tx.us>). The Code of Ethics require, in part, and specifically related to compliance with PREA standards:

TJJD may take disciplinary action against the certification or deny certification of a juvenile justice professional who is found by TJJD to have violated the code of ethics.

(c) Juvenile justice professionals must adhere to the following code of ethics principles:

(1) Juvenile justice professionals must:

(A) abide by all federal laws, federal guidelines and rules, state laws, & TJJD administrative rules;

(C) respect and protect the legal rights of all juveniles and their parents and/or guardians;

(D) serve each child with concern for the child's welfare & with no expectation of personal gain;

(G) be diligent in their responsibility to record and make available for review any & all information that could contribute to sound decisions affecting a child or public safety;

(H) report without reservation any corrupt or unethical behavior that could affect a juvenile or the integrity of the juvenile justice system;

(J) treat all juveniles and their families with courtesy, consideration, and dignity.

(2) Juvenile justice professionals must not:

(A) use their official position to secure privileges or advantages;

(B) permit personal interest to impair the impartial & objective exercise of professional responsibilities;

(C) accept gifts, favors, or other advantages that could give the appearance of impropriety or impair the impartial & objective exercise of professional responsibilities;

(D) maintain or give the appearance of maintaining an inappropriate relationship with a juvenile, including, but not limited to, bribery or solicitation or acceptance of gifts, favors, or services from juveniles or their families;

(G) be designated as a perpetrator in an abuse, exploitation, & neglect investigation conducted by TJJD under Chapter 350 of this title & Texas Family Code Chapter 261;

(H) interfere with or hinder any abuse, exploitation, & neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under Chapter 350 and Chapter 358 of this title or Texas Family Code Chapter 261;

These requirements reinforce and further maintain accountability for personnel of Taylor County Juvenile Detention Center to meet the PREA Standards as well as agency/facility policy in regard to the sexual safety of residents housed in the facility.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 Upgrades to facilities and technologies</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection K, page 15.</p> <p>Facility Floor Plan.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>OBSERVATIONS:</p> <p>While conducting the site review during the onsite phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>In the PREA On-line Audit System tool (OAS), the facility responded that the agency or the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Even though there has been no expansion or modification, it is noted that policy contained in Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection K, page 15, addresses this by providing that if steps are taken to design or acquire a new facility, or plan any substantial expansion or modification of existing facilities, considerations will be given to the impact such action will have on the facility’s ability to protect residents from sexual abuse.</p> <p>Interviews with the CJPO and the FA confirmed that there have been no new facilities built, and no substantial expansion or modification since the last PREA audit, completed August 2017. The CJPO did indicate that if or when they begin to plan for any new complex or any modifications, the agency will consider any factors that would potentially impact the agency and facility’s ability to protect residents from sexual abuse.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>In the PREA On-line Audit System tool (OAS), the facility responded that the agency or the facility has not installed or updated a video monitoring system, electronic surveillance, or other</p>

monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. Even though there has been no installation or update, it is noted that policy contained in Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION III – Prevention Planning Policy, subsection K, page 15, addresses this. Policy indicates that the facility shall consider how technology may enhance its ability to protect residents from sexual abuse, and such considerations shall be documented through planning meeting minutes, statements of work, design specifications, and contracting documents.

During the interviews with both the CJPO and the FA, it was reported that the camera and video system, and an audio system has been in place since before 2012. There have been minor adjustments as needed, and a small number of cameras have been added to address identified blind spots both on the interior and exterior of the complex. The protection of residents was a consideration when making these minor additions. No other adjustments or additional cameras or other monitoring devices are needed at this time.

While conducting the site review during the on-site phase of the audit, the Auditor was able to see all cameras within the complex, and the FA noted where in the facility the cameras were added. In addition, the Auditor was able to observe monitors in the central control station that are managed by personnel 24 hours a day, 7 days a week, as well as monitors maintained in the offices of the FA. The Auditor was able to view monitors in both locations, and there were no issues observed or identified with the system.

The facility has utilized creative signage that provides additional guidance and direction to staff while working with youth. In the primary areas of the facility where closets and storage rooms are not specifically monitored by a camera on the interior of the room, a sign is placed on the outside of the door that states “STOP-No Residents Allowed”. These signs include large bold lettering, with red fonts to draw attention to the notice. These doors are all monitored by the camera system, and staff would be readily seen entering these rooms with a resident.

The facility is in compliance with this provision of the standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321 - Evidence protocol and forensic medical examinations</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsections A & B, pages 15-20.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Randomly selected staff (11)</p> <p>Detective (DET), Taylor County Sheriff Department (TCSO)</p> <p>Nursing Coordinator, Hendricks Hospital, Abilene (NRSCOOR)</p> <p>Director, Regional Victim Crisis (RVCC)</p> <p>Program Director, The Noah Project (PDNOAH)</p> <p>Contracted Medical Director (MD)</p> <p>OBSERVATIONS:</p> <p>While conducting the site review during the on-site phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection A & B, pages 15-18, addresses this provision. Policy states that (1) the Taylor County Juvenile Justice Center Investigator is responsible for conducting administrative investigations of sexual abuse; and (2) the Taylor County Sheriff Department is responsible for conducting criminal investigations of allegations of sexual abuse. Policy further provides for an enumerated protocol for facility investigators to follow when an alleged incident occurs, and requesting that the TCSO utilize a uniform protocol as well.</p> <p>Through interview with the FA and the PC, it is clear that the facility will immediately initiate an administrative investigation upon receiving any allegation of possible sexual abuse or sexual harassment. Both the FA and the PC have received specialized training to conduct such an investigation. Once the investigation is initiated, and it is clear that the allegation involves sexual abuse requiring criminal investigation, the criminal investigation takes precedence. An</p>

administrative investigation will be initiated on allegations of resident-on-resident or staff-on-resident sexual harassment that does not involve the potential for criminal conduct.

Interviews with the randomly selected security staff who supervise the youth indicated that staff are knowledgeable of protocol for how to collect and manage physical evidence in the event that they are the first responder in a sexual abuse or sexual harassment allegation. Also, staff could identify that an internal administrative investigation would be conducted by the FA or the PC for sexual harassment allegations, and a criminal investigation would be conducted by the TCSO. Staff also expressed an understanding of the facilities protocol for evidence protection and collection, the importance of following the protocol in the event of a criminal investigation, and their role once the TCSO arrives at the facility to conduct the criminal investigation.

The Auditor noted while conducting the interviews with randomly selected security staff during the onsite phase of the audit, several staff discussed and displayed for the auditor a set of laminated "cards" that provide guidelines and instructions for following the required protocols. Staff expressed appreciation and support for having these available to reference during a time that can be stressful. Information is also included on contacts within the facility, the agency, and the community. Staff indicated that all of this would be helpful in the event of receiving an allegation.

The facility is in compliance with this provision of the standard.

Subsection (b):

As noted in Subsection (a), the facility conducts administrative investigations only of sexual harassment allegations, and all criminal investigations of sexual abuse allegations are conducted by the TCSO. The PC provided contact information for the Detective (DET) at the TCSO who would be primarily responsible for the criminal investigation.

The Auditor contacted the DET with TCSO by phone and was able to discuss the process that would be utilized in the event of a sexual assault investigation. The DET indicated that any call would be first received by the TCSO dispatcher, and then she is the first contacted for any sexual assault allegation at the facility, with an expectation that the call would be made immediately upon receiving any report. She, or another DET in her absence, would immediately respond to the facility and ensure the safety and well-being of the alleged victim, and would coordinate transport of the youth to the Hendricks Hospital for forensic evaluation by a SANE. Further, the Unit would coordinate gathering of evidence, interview appropriate staff and/or youth as witnesses, and the entire investigation until completion. A forensic interview would be conducted by trained staff from the RVCC. The DET indicated that she and other staff in the TCSO are required to receive specialized training on conducting sexual abuse investigations, esp. in the case of children and youth, following nationally recognized protocols. In addition, the DET reported that meetings are held on a regular basis to review cases and protocols, and involves law enforcement agencies, a child welfare representative, representatives from the RVCC, NOAH, and Hendricks Hospital. From interview with the Nursing Coordinator at Hendricks Hospital, this same process and collaborative experience was described for dealing with any allegation of sexual abuse that is received from anywhere in the county, and specifically for any allegation made by a youth at the facility.

It is also noted that the agency and the TCSO have an MOU in place describing each

agencies responsibility to meet PREA standards. Specifically, within the MOU, the TCSO agrees to follow a uniform evidence protocol that is developmentally appropriate for youth and that is based on or adapted from the publication "A National Protocol for Sexual Assault Forensic Medical Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection A & B, pages 15-18, addresses this provision. Policy requires that the facility offer all residents who may experience sexual abuse access to forensic medical examinations through Hendricks Hospital with no financial cost; examinations are to be performed by a SAFE or SANE, where possible; and, if SAFEs or SANEs are not available, the examination is performed by other qualified medical practitioners. If necessary, the facility shall document its efforts to provide SAFEs or SANEs.

The Auditor contacted and spoke with the Nursing Coordinator (NRSCOOR) at Hendricks Hospital in Abilene and the Director of the RVCC. The NRSCOOR reported that there are currently eleven (11) SANEs associated with the Hospital who are either on-site or on-call 24 hours a day and 7 days a week. Further, it was reported that the SANEs are responsible for all referrals of sexual abuse in Taylor County, including the Taylor County Juvenile Detention facility. Policy requires that the facility document its efforts to provide SAFEs or SANEs, but no documentation is necessary from the facility as they are readily available through the Hospital.

In the PREA On-line Audit System tool (OAS), the facility reported that there no medical forensic exams, no exam by a SAFE/SANE, and no exam performed by a qualified medical practitioner during the past 12 months. This has not been necessary as there has not been any allegation of sexual abuse at the facility during this time. The NRSCOOR, the DET, and the PDNOAH all indicated that they have not received any referral or indication from the facility of any sexual abuse allegations for the past several years, with the last being in 2018.

The Auditor also spoke with the Director (ED) of the RVCC. This individual confirmed that it provides advocacy, counseling, and intervention services for sexual assault victims throughout Taylor County, including the Taylor County Juvenile Detention facility. The ED indicated that the facility has appropriate safety precautions in place to deal with sexual abuse.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection A & B, pages 15-18, addresses this provision. Policy provides that the facility shall attempt to make available to the victim a victim advocate from a rape crisis center, or if not available, a qualified staff member from a community-based organization or a qualified agency staff member. Once services are in place, the resident would have unhindered access to the advocate, and should expect a high level of confidentiality.

During interview with the FA and the PC, information was provided concerning the

facility/agency having MOUs in place with the RVCC and NOAH to provide victim advocacy services. Copies of the MOUs were uploaded into the OAS while the facility was completing the pre-audit information, and the Auditor obtained copies of other MOUs to confirm that this relationship has been in place for several years, and esp. since the initial PREA certification in 2017. It was noted that some of the MOUs were not specifically dated in 2020 or 2021, and had not been updated since 2017. However, the CJPO, the FA, and the PC indicated that it is not the practice of the agencies involved to renew these documents on an annual basis and the relationships are in place as required and needed. The Auditor spoke with the Director (ED) of the RVCC and the Director and Program Director of NOAH, and confirmed that they both provide advocacy, counseling, and intervention services for sexual assault victims throughout Taylor County, and confirmed the MOU is in place with the facility.

Even though it would not be necessary in most cases due to the facility's MOU with the RVCC and NOAH, as well as the understood county-wide protocols described under this Standard indicating that the RVCC is expected to provide victim advocate services, the facility has other resources if the need was to arise in an emergent circumstance. The facility employs a LPC and also has an MOU with the Betty Hardwick Center of Abilene (BHC) for mental health services. Any of these resources could serve as the resident's advocate in the event resources were not readily available through the RVCC.

No current resident at the time of the onsite phase of the audit had made a sexual abuse allegation, so no targeted resident was interviewed.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection A & B, pages 15-18, addresses this provision. Policy provides that, if requested by the victim, a victim advocate, qualified staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

As described in Subsections (c) & (d), the agency/facility has an MOU in place with multiple agencies, including the RVCC, NOAH, and BHC to provide victim advocacy services for any resident who is the victim of sexual abuse. Also as described in other subsections of this Standard, the staff from the RVCC are available under the expectations and protocols of the TCSO and Hendricks Hospital to serve as a victim advocate for any resident from the facility. From an interview with the Director of the RVCC, a representative from this agency would be available to accompany and support the resident through the forensic medical exam and investigative interviews, and provide supports throughout the process, including referral for other on-going services. The RVCC works collaboratively with the Hendricks Hospital SANEs and the Taylor County Sheriff Department to ensure the needs of all sexual assault victims in the county are effectively addressed. The PC reports that a responsibility of the position is to ensure that the resident is well aware of available services, would coordinate services with the RVCC, and ensure support and intervention services are in place.

As previously reported, no resident had reported sexual abuse at the time of the onsite phase of the audit, so no targeted youth was interviewed.

The facility is in compliance with this provision of the standard.

Subsection (f):

The facility itself does not conduct criminal investigations involving allegations of sexual abuse. As has been discussed under previous subsections of this Standard, criminal investigations are completed by the Taylor County Sheriff Department (TCSO). The agency and the TCSO have an MOU in place describing each agencies responsibility to meet PREA standards, including the elements provided in subsections of this Standard. Further, policy requires that the PC ensures full cooperation with any law enforcement or regulatory agency investigations and endeavors to remain informed about the process of the investigation.

The facility is in compliance with this provision of the standard.

Subsection (g):

As reflected in the On-Line Audit System tool, the Auditor is not required to audit this provision.

Subsection (h):

As reflected in the On-Line Audit System tool, because the agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d), this provision is not applicable.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322 Policies to ensure referrals of allegations for investigations</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection B, pages 19-20.</p> <p>Facility's Policy and Notices on the Agency's website.</p> <p>Facility's Grievance Log.</p> <p>Randomly selected Incident Reports.</p> <p>INTERVIEWS:</p> <p>Agency Director/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Random Staff, both Direct Care and Shift Supervisors</p> <p>Detective (DET), Taylor County Sheriff Department</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection B, page 19-20, addresses this provision. Policy provides that all allegations or outcries of sexual abuse made by a resident shall be investigated administratively, and if the behavior constitutes criminal conduct, be referred to the Taylor County Sheriff Department.</p> <p>From interviews with the CJPO, the FA, and the PC, the facility reports that trained administrative personnel conduct administrative investigations and any criminal investigation is referred to the local law enforcement agency (LEA), specifically the Taylor County Sheriff Department. Further, policy requires that any allegation of sexual abuse or sexual harassment be reported immediately, and the CJPO, the FA, and the PC reiterated this expectation. Upon receipt of an allegation of sexual abuse, the TCSO is contacted immediately for criminal investigation, and at the same time, an administrative investigation is initiated that ensures no interference with the criminal investigation. If it is clear that no criminal charges are involved, an administrative investigation would be initiated immediately. The facility is also required to report incidents to the Texas Juvenile Justice Department (TJJD) within 4 hours. Random staff interviewed indicated that they understand the requirement to report any allegation of abuse or harassment, and that the FA and PC are to be notified immediately, as well as notification</p>

to the local LEA if the allegation involves sexual abuse.

As noted in the OAS, the facility received one allegation of sexual abuse or sexual harassment during the previous 12 months. The Auditor reviewed the documentation on the investigation that was conducted and learned the allegation involved the mother of a male youth reporting that she believed her son was involved in an on-going relationship with a female staff member who worked at the agency/facility because of something she heard her son say during a phone call. An administrative investigation was launched, it was determined that there was no relationship at all involving the youth and staff member, and the only interaction between the two was a casual exchange of pleasantries when they saw each other in the community. The youth indicated that he did not know why his mother made the allegation, and indicated that there was no relationship. The administrative investigation was closed as unfounded.

The facility is in compliance with this provision of the standard.

Subsection (b)

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection B, pages 19-20, addresses this provision. Policy addresses expectations for the local LEA criminal investigation as well as the internal administrative investigation.

Interviews with the CJPO, the FA, and the PC support this policy. Taylor County Sheriff Department receives referrals for all criminal investigations. All randomly selected security staff and shift supervisors interviewed were well versed on this policy, and more specifically, expectations for reporting. It is understood that any report that may be made through the 1-800# hotline directly to the Texas Juvenile Justice Department would be referred to the FA and the PC, and ultimately to the CJPO.

The facility's policy is on the agency's website, along with notifications on how to report any allegation of abuse, neglect, or exploitation. As described under subsection (a) of this Standard, only one allegation was received in the past 12 months, and the Auditor reviewed this documentation [see subsection (a)]. The auditor also reviewed the facility's grievance log for calendar year 2020, to determine if any subtle or other indirect information concerning possible abuse or harassment could have been overlooked. No additional information was found. The auditor also reviewed incident reports from calendar year 2020 and found no indications of unreported allegations of sexual abuse or sexual harassment.

The facility is in compliance with this provision of the standard.

Subsection (c)

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IV- Responsive Planning, subsection B, pages 19-20, addresses this provision. Policy addresses expectations for the local LEA criminal investigation as well as the internal administrative investigation. In addition, information is provided on the agency's website that includes contact information to (1) the PREA Coordinator; (2) the agency phone number that allows contact with the CJPO, the FA, the PC, or any other administrative personnel; (3) a confidential email to the Taylor County Juvenile Justice Center; (4) phone number to the Taylor County Sheriff Department; (5) the TJJD Hotline; (6) the NOAH project; and (7) Hendricks Hospital. The website also provides information on the policy and

interaction of the facility with the Taylor County Sheriff Department. Information is also provided for immigrant residents and non-English speaking residents on how to contact the Department of Homeland Security OIG and the Consulate General of Mexico located in Austin, TX.

The Auditor confirmed that the information provided on the website is accurate.

The facility is in compliance with this provision of the standard.

Subsection (d)

As reflected in the On-Line Audit System tool, the Auditor is not required to audit this provision.

Subsection (e)

As reflected in the On-Line Audit System tool, the Auditor is not required to audit this provision.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331 Employee training</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsections A, B, C, D, & E, pages 20-23.</p> <p>Employee (13), Contractor (5), Volunteer (2) training records (20 total)</p> <p>Training Curriculum</p> <p>Signed Staff Training Rosters</p> <p>Training Certificates</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Quality Assurance Officer (QAO)</p> <p>Randomly Selected Employees (13)</p> <p>Contractors, Volunteers (4)</p> <p>Contracted Medical Director</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsections A, pages 20-21, addresses this provision, requiring that all staff who have contact with residents receive training in all of the specified topics under Standard 115.331, (a) 1-11.</p> <p>Interviews with the FA, the PC, and the QAO provided information concerning how training is conducted and documented for all staff, and how this information is provided in each employee's training records. The PC manages and maintains training records, and provided the Auditor with the records for the selected employees.</p> <p>The Auditor interviewed ten (13) randomly selected direct care staff, selected from all shifts and various positions, and included both male and female staff. These staff include direct care staff referred to as Juvenile Corrections Officers (9), Shift Supervisors (2), a cook (1), and a custodian/janitor (1). All reported that they had been trained on the specific items contained in Subsection (a) 1-11 of the Standard, and indicated that they understand the expectations of</p>

the facility and agency regarding the different aspects of this training. The Auditor asked various staff to describe their recollection of the training on specific topics, and each case, the employee was able to appropriately describe the training and what he/she learned. Staff were well-versed in the training topics and did not hesitate when responding, and there was consistency across the staff in their explanation of the training received.

The Auditor reviewed the training curriculum, and verified that all the required topics are included in the training. A review of all twelve (12) randomly selected employees' and the LPC's training files found appropriate documentation of the training with staff signing that they had received the training.

The facility is in compliance of this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsections A, pages 20-21, addresses this provision, requiring that training shall be tailored to meet the need and attributes of both male and female residents.

The Taylor County facility is a small juvenile detention facility, with a maximum capacity of 22, and an average population of 11 residents in 2020 who remained in the facility for an average of only 22 days. From the interview with both the FA and the PC, staff are not assigned specifically to work only with male or female residents due to the size and fluctuation of the population in a detention center setting. In addition, as also described by the FA, staffing is assigned daily with one Shift Supervisor and Juvenile Supervision Officers to manage the population, predicated on the maximum daily population of 22, providing significant flexibility to assign and manage personnel. Staff are not assigned and reassigned to work with one population or the other, and must be able to work and support each other with either population as needed. All staff receive training on how to work effectively with both male and female residents.

Interviews with the randomly selected security staff (11) indicates that they have received training on how to work with both a male and female population, and the various aspects of working with both, especially related to the aspects of providing a sexually safe environment for both populations. Training documentation in the employees training records support that training has been conducted to address this need.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsections A, pages 20-21, addresses this provision. The facility's policies related to PREA compliance were initially adopted in September 2016 by the Taylor County Juvenile Board, and the facility was initially certified under PREA Standards in August 2017. Policy indicates that the facility will provide or arrange for PREA training reviews and updates on an annual basis to ensure employees know the current sexual abuse and sexual harassment policies and procedures.

In interviews with the FA and the PC, both indicated that the facility provides annual training

for all staff. During Interviews with all randomly selected staff (13), all indicated that they have received regular and on-going training, at least annually, related to PREA standards and various aspects of creating and maintaining a sexually safe environment.

Review of the training files of the 13 employees indicates that all have received appropriate training upon employment, and at least annually since that time. General PREA-related policy and procedure training was documented for staff in calendar years 2017, 2018, 2019, and 2020, with more specific topics such as cross-gender viewing and searching, resident education including the video that is utilized, intake behavioral screening, and expectations with unannounced rounds. The PC also reported that in addition to the more formal classroom training, staff are provided various handouts and brochures related to sexual safety.

Interviews with the randomly selected staff indicate that training has been provided on a regular basis. Much of the training focus appears to have been on policy and procedures related to PREA Standards compliance, and this training has been on-going since the initial PREA certification in August 2017. Documentation includes staff signatures indicating that each has received and understands the training provided.

The facility is in compliance with this provision of the standard.

Though not necessary for meeting compliance with this audit, the Auditor makes the following **RECOMMENDATION**:

- Provide staff with a listing of available e-learning courses available from TJJJ and other resources on sexual abuse and sexual harassment topics that can be completed at their convenience as refresher courses.
- Review and present other training topics that will continue to enhance the staff's knowledge and sensitivity to providing an environment that is free of sexual abuse and sexual harassment in addition to basic policy and procedure training. The PREA Coordinator can review and consider other training videos and resources available from such resources as the PREA Resource Center, the National Institute of Corrections, Just Detention International, and TJJJ.
- Other specific training that is available at no cost and can be completed individually by staff or as a classroom training includes such resources as:
 1. "Cultural Equity" and "Gender & Sexuality: A Changing Perspective", two modules developed and provided by TJJJ.
 2. "Overview of Federal Law & Policies: What Must Do to be in Compliance (with PREA Standards)", a TJJJ e-learning course.
 3. "PREA: Investigating Sexual Abuse in a Confinement Setting", online course from the National Institute of Corrections.
 4. "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting", online course from the National Institute of Corrections.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJJ) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsections A, pages 20-21, addresses this provision. Policy requires that PREA training shall be documented by signature to reflect the employee's, intern's, and volunteer's attendance and understanding of the subject matter.

Interview with the FA and the PC provided information concerning how training is conducted and documented for all staff, and how this information is provided in each employee's training file. A review of training documentation in randomly selected employee, contractor, and volunteer files (20) indicated that all participants are required to sign that they attend and understand training by personal signature.

The facility is in compliance with this provision of the standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 Volunteer and contractor training</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21.</p> <p>2021 Active Volunteer List</p> <p>On-Line Audit System, Taylor County responses</p> <p>Training Records of Contractors (5) and Volunteers (2)</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Deputy Chief Fiscal Services (DCFS)</p> <p>Quality Assurance Officer (QAO)</p> <p>Contractors (2)</p> <p>Volunteers (2)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that the level and type of training provided to volunteers, contractors, and interns shall be based on the services they provide and level of contact they have with residents. All interns, volunteers, and contractors who have contact with residents shall be trained on their responsibilities under agency/facility policy and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This training shall consist of: (a) the zero-tolerance policy; (b) preventing, detecting, and responding to sexual abuse and sexual harassment; (c) reporting requirements including how and when to report, and (d) their potential role in an internal investigation.</p> <p>In order to address this standard appropriately, discussion is provided separately for volunteers and contractors.</p> <p>Volunteers. Interviews with the FA, the PC, and the QAO provided information concerning how training is conducted and documented for volunteers and contractors, and reviewed how they</p>

track required application, background checks, child registry checks, current ID's, and a required PREA Orientation completed by facility personnel. From information provided on the 2021 Active Volunteer List, there are currently six (6) volunteers who have been screened, trained, and approved.

The Auditor conducted separate interviews with two volunteers by phone. Both volunteers reported that they have received training provided by the facility staff. They both indicated that they were trained on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. They also described training regarding other related topics, including not being alone with a resident, having no physical contact with a resident, juvenile rights, and suicide prevention. One volunteer indicated that he has been involved with the facility for a number of years, and is beginning to reduce volunteer hours, but has received refresher training periodically over the past several years. The other volunteer indicated that refresher trainings have been provided for him as well.

Contractors. The DCFS reported that there are two primary types of contractors that provide regular services to residents of the facility, with one being the teachers from the local school district and the other being counselors who primarily work with youth in the community, and periodically see youth in the facility in order to continue treatment services. All contractors are required to complete the PREA training that addresses the zero-tolerance policy and reporting requirements concerning sexual abuse and sexual harassment, as well as providing an overview of the standards.

The Auditor conducted separate interviews with two contractors at the facility, specifically the two teachers provided by the local school district. Both teachers reported that they have received training provided by the facility staff. They both indicated that they were trained on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. They also described training regarding other related topics, including not being alone with a resident, having no physical contact with a resident, and juvenile rights. Both teachers indicated that they have been teaching at the facility for several years, and both have received refresher training since PREA standards were introduced to the facility.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that the level and type of training provided to volunteers, contractors, and interns shall be based on the services they provide and level of contact they have with residents. All interns, volunteers, and contractors who have contact with residents shall be trained on their responsibilities under agency/facility policy and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This training shall consist of: (a) the zero-tolerance policy; (b) preventing, detecting, and responding to sexual abuse and sexual harassment; (c) reporting requirements including how and when to report, and (d) their potential role in an internal investigation.

Interviews with two volunteers by phone and the two teachers at the facility as described

under Subsection (a) above indicate that they all received training on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. Their responses were consistent and displayed a clear understanding of their responsibility to report immediately to facility staff, particularly the FA.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that training shall be documented by signature to reflect the intern's, volunteer's, or contractor's attendance and understanding of the subject matter.

Interviews with two volunteers by phone and the two teachers at the facility confirmed that they all signed documentation indicating the completion and understanding of the training. All indicated that they were trained on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. The Auditor reviewed this documentation, examples provided in the OAS and others from the volunteers' and contractors' training records. This training is documented by signature of participants.

The facility is in compliance with this provision of the standards.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 Resident education</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21.</p> <p>Resident records/files (10)</p> <p>2020 Education Brochure used to educate residents, English & Spanish versions.</p> <p>Video used to educate residents.</p> <p>Resident Orientation Handbook, English & Spanish versions.</p> <p>INTERVIEWS:</p> <p>Random security staff (11), including Juvenile Supervision Officers and Shift Supervisors.</p> <p>Intake Officers.</p> <p>Intake Supervisor.</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Random and Targeted Residents (10) NOTE: There were only ten in residence at the time of the onsite-phase of the audit, so all residents were interviewed.</p> <p>Contracted Medical Director (MD)</p> <p>OBSERVATIONS:</p> <p>Observations during site review of the facility.</p> <p>Observation of intake process of a youth.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. It is required by policy that during the intake process, residents shall receive information explaining, in an age-appropriate fashion, the facility's zero-tolerance policy against sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p>

The Auditor reviewed the files of all 10 residents who were in the facility's population on the first day of the on-site phase of the audit. Records clearly reflect that information is consistently provided upon every admission, with the youth signing that they received the information on zero-tolerance and how to report. This information is provided in a clear written format as well as discussed verbally with the youth during the intake process, with staff asking the youth if he/she understands the information or has any questions. Documentation in the youth records indicates that this information is provided at the time of initial intake processing, generally within the first 2 hours of arrival at the facility, and prior to the youth being placed in the assigned residential unit.

During interviews with Intake Officers and the Intake Supervisor, each one interviewed consistently reported that they review this information with the resident, and provide an opportunity to ask questions, as needed.

All residents interviewed consistently reported that they have received this information at the time of intake, and that they clearly understand the expectations of zero-tolerance and were able to provide multiple options on how to report any sexual abuse or sexual harassment. In addition, the auditor was able to observe the intake process of 1 youth during the onsite phase of the audit, and observed staff providing the information, providing the youth an opportunity to ask questions, and the youth signing that they received and understood the information.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that within 10 days of intake, residents shall be provided with comprehensive, age appropriate PREA education in person or through video regarding the rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures of the facility for responding to such incidents.

Interviews with the FA and the PC were conducted on the first morning of the onsite phase of the audit, and both reported that due to the COVID-19 pandemic, and the extensive number of cases being diagnosed in Taylor County, the MD directed that all youth admitted to the facility be initially placed on a 14-day medical quarantine/isolation. This required that these youth have no interaction with other youth, and minimal contact with staff to provide required services. It was noted that this had impacted the facility's ability to complete the more comprehensive education within the first 10 days of admission. Documentation indicates that prior to the COVID-19 pandemic and resulting 14-day medical isolation directive, the facility was providing the comprehensive education within 10 days of admission. The Auditor considered this factor as other auditing activities took place.

All resident interviews indicated that they had all seen the education video used by the facility to provide more comprehensive education. They each noted that they saw the video after completing the 14-day isolation, and that the video is shown every Sunday afternoon to all residents. Residents interviewed consistently reported that they had received additional education beyond the initial intake process, and described the video presentation as helpful and easy to understand. All randomly selected Security Staff report that residents are shown

the video presentation every Sunday and that it provides the comprehensive information in an age-appropriate manner.

A review of records indicates that the video during 2020 was consistently provided on a weekly basis, but since all the youth had been on medical isolation, they did not see the video for as long as 20 days after completing the medical isolation, and then waiting until the next Sunday for the video to be presented to all residents. After the residents view the video, they sign documentation indicating that they have seen the video and understand the material covered. This documentation is maintained by the FA and the PC.

It is particularly noted that the 10 residents interviewed clearly indicated that they fully understand that there is zero-tolerance for any sexual abuse or sexual harassment in the facility, and that they are encouraged to report any potential threat or fear if such was to occur. Several of the youth stated that they feel very safe in the facility, and have no concern for their sexual safety.

The Auditor interviewed the MD and inquired of the 14-day medical isolation. The MD reinforced the need for this action on his part due to the COVID-19 pandemic, and hopes to be able to remove this requirement in the near future. He indicated he understands that this disrupts normal protocol and procedures, and believes the staff are doing what is necessary to manage this directive.

After considering all the information provided concerning this provision of the standard, the Auditor discussed options with the CJPO, the FA, and the PC to determine if there is an alternative to postponing the comprehensive education until after the 14-day medical isolation, and providing this information within 10 days of admission. After discussion, it was agreed that the PC can work individually with youth, following required COVID-19 protocols (wearing a mask, maintaining 6-foot distance), show the video and provide the education as required. It was agreed that this process would begin immediately, and was begun prior to the Auditor completing the onsite phase of the audit; documentation was provided for a youth that was admitted during the onsite audit and placed on medical isolation, then completed the comprehensive education before the onsite audit was completed, well within the 10-day requirement. In addition, the FA provided documentation to the Auditor by email indicating that youth admitted on May 17, 18, 20, and 21, all received the more comprehensive education and signed documentation that they had seen the video and understand the material covered on May 21. Additional documentation was provided reflecting that youth admitted on June 2 and 3, all received the more comprehensive education and signed documentation that they had seen the video and understand the material covered on June 6. The FA also informed the Auditor that the MD had discontinued the quarantine medical isolation, and the normal timeline was being followed to provide the training every Sunday for all youth, ensuring the comprehensive education was completed within 10 days of admission for all residents. The Auditor has determined that by taking this action, the facility has not only been in compliance with this provision of the standard prior to the COVID-19 pandemic, but has also taken necessary action to currently be in compliance.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards

Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that within 10 days of intake, residents shall be provided with comprehensive, age appropriate PREA education in person or through video regarding the rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures of the facility for responding to such incidents. This includes all youth who may have transferred from another facility.

Information provided under subsection (b) addresses how youth receive comprehensive education, and the situation due to COVID-19, that has required delay in completing the education within 10 days of admission. As noted above, this has been resolved and all youth receive the comprehensive education within 10 days of admission.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that PREA education shall be provided in a format 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, with formats including: forms, brochures, videos, and in-person verbal notification.

Documentation maintained by the FA and PC indicates that all youth have received an orientation, including signature indicating that they understand the materials provided. In addition, documentation with youth signature indicates that a comprehensive education has been provided. Interview with the CJPO and FA indicated that the vast majority of youth served by the agency are either English or Spanish speaking, reflective of the general population in the county. Written materials are provided in both English and Spanish. The FA and the PC also reported that it is rare that a youth is admitted that does not speak English or Spanish. There is a good balance of personnel who are proficient in both languages, and this has not been a concern for the facility. If a youth is deaf, additional written resources are available in both English and Spanish, and if necessary, someone proficient in sign language would be made available. For a youth who has limited reading skills or are visually impaired, the comprehensive education is provided by the video with audio, and staff read to the resident one-on-one, as needed. Even though the need for special services for someone who is disabled services is rare, the FA and the PC report resources would be made available to ensure appropriate education can be provided to the resident. Finally, the FA, the PC, and all the randomly selected Security Staff provided information on the availability of a service called "Language Line" where interpretive services can be accessed by phone. The Auditor was provided information concerning this resource that can provide over 240 different languages by calling a 1-800# to access interpretive services. Staff were able to describe how this service is accessed, and the Auditor tested the service by calling the 1-800#, following the prompts, and accessing service.

Interviews with youth did not indicate that they had any concern with understanding the materials presented, and described that the information is provided verbally during the intake and orientation process, in writing and in the Handbook. In addition, more education is provided through the video presentation every Sunday. All youth recalled this information

being provided, and expressed full understanding. The auditor was able to observe the intake/admissions process of 1 youth during the on-site portion of the audit. Staff were observed and heard providing information on both zero-tolerance and reporting guidelines with the youth, asking if the youth understood the information provided, and asking the youth to sign documentation that they do understand the information provided.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that PREA education shall be documented by signature or electronic verification to reflect the resident's participation in the education session. As has been documented in previous subsections of this provision, documentation is maintained in resident files and/or by the FA and the PC that provides the youth signature indicating receipt of information during intake and for comprehensive education within 10 days of admission. Interview with the FA and the PC, as well as with the Intake Officers and Intake Supervisor, supports that providing the information and obtaining the youths' signature is a requirement for all admissions to the facility. During observations by the auditor of the intake/admission process during the on-site portion of the audit, staff provided information and had youth review and sign appropriate documentation that they understood the information provided.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection B, page 21, addresses this provision. Policy requires that the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the site review of the facility, the auditor observed a variety of posters and notices throughout the facility, in residential areas, in classrooms, in hallways, in the intake area, and in the visitation area for parents and other visitors. This information reinforces the zero-tolerance policy, and provides information on how youth or parents can speak to staff, contact community agencies, or use a 1-800# to report sexual abuse or sexual harassment. In addition, a Resident Orientation Handbook is provided to the youth with additional information. Copies of the Handbook are provided on each residential unit, and are available for youth to review. Staff also noted that posters and notices are provided throughout the facility on zero-tolerance and options for reporting abuse or harassment, different from information provided to access needed services. Interviews with youth indicated that they are well aware of the notices posted throughout the facility. All youth indicated that the Intake Officer reviewed and provided a copy of the Resident Orientation Handbook.

The facility is in compliance with this provision of the standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334 Specialized training: Investigations</p> <p>POLOICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection D, pages 22-23.</p> <p>Staff training records of any employee assigned to conduct internal investigations on allegations of sexual abuse or sexual harassment.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Intake Supervisor (INTSUPER)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection D, pages 22-23, addresses this provision. Policy requires that in addition to training required by Standard 115.331, the agency/facility shall ensure that any employee assigned to conduct internal investigations into allegations of sexual abuse and sexual harassment have received training in conducting such investigations in a confinement setting.</p> <p>From interviews with the CJPO, the FA, and the PC, it is the Auditor’s understanding that the agency/facility would initiate an administrative investigation into an allegation of sexual abuse, but once it is determined that criminal activity is involved, that investigation would be referred to the local law enforcement agency. The agency/facility would also initiate an administrative investigation into an allegation of sexual harassment, and would continue the investigation until its conclusion.</p> <p>During interview with the FA and the PC, it was reported that the three staff responsible for investigations within the facility are the FD, the PC, and the INTSUPER. The facility provided certificates of completion for relevant training in the OAS, and the Auditor reviewed and confirmed that the FA and INTSUPER both completed a 12-hour training course provided by the Texas Juvenile Justice Department, and titled “TJJD Internal Investigators and Special Sexual Abuse Investigations.” The PC completed an on-line 3-hour course available through the National Institute of Corrections, and titled “PREA: Investigating Sexual Abuse in a Confinement Setting.” It was also confirmed that all three of these personnel completed</p>

required training under Standard 115.331.

The facility is in compliance with the provision of this standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection D, pages 22-23, addresses this provision. Policy is in place to describe that the training must include the specific elements as required in the standard, including interviewing techniques, use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

As noted under Subsection (a) above, all three of the designated investigators have attended this specialized investigator training. The curriculum for both trainings was developed to meet the requirements of this PREA Standard, 115.334.

The facility is in compliance with this provision of this standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection D, pages 22-23, addresses this provision, requiring the facility maintain documentation and a signed acknowledgement form of any employee who has completed the required specialized training in conducting sexual abuse investigations.

In the On-line Audit System, the facility responded that three individuals have completed the training with appropriate documentation to confirm. As noted in Subsections (a) and (b) of this Standard, the FA, the PC, and the INTSUPER have participated and have signed certification of participation and completion of the required training.

The facility is in compliance with this provision of this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 Specialized training: Medical and mental health care</p> <p>POLOICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection E, page 23.</p> <p>Training certificates of medical and mental health care employees.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Contracted Medical Director (MD)</p> <p>Licensed Professional Counselor Associate (LPCA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection E, page 23, addresses this provision. Policy requires that these individuals who regularly work in the facility shall receive training as either an employee (under Standard 115.331) or as a contractor (under Standard 115.332). In addition, all medical and mental health-care practitioners who regularly work in the facility shall receive specialized training in how to (1) detect and assess signs of sexual abuse and sexual harassment; (2) preserve physical evidence; (3) respond effectively and professionally to victims; and (4) to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>In interview with the FA and the PC, it was learned that the facility’s Nurse and MD are provided under a county-wide contract agreement, with the MD providing medical services at the county jail as well. The Nurse is at the facility on an on-call basis, with the PC making contact whenever serves are needed. The MD makes regular visits to the facility and is available as needed. Both the MD and the Nurse receive PREA training annually as required by a contractor, and receive specialized training as required by the standard and policy. In interview with the MD, he indicated that he has participated in the required training, and documentation was provided indicating that the MD has completed all the required training.</p> <p>The agency has a full-time Licensed Professional Counselor Associate (LPCA) on staff who is available to respond to crisis situations in the facility, or is otherwise needed, and would be available to provide services to any youth who alleges victimization of sexual abuse or sexual harassment. This individual is under the supervision of an LPC, that is not associated with the</p>

facility or agency, until he completes all required supervision requirements, anticipated by the end of June 2021 when he will meet full licensure requirements. In addition, the LPCA is currently certified as an Affiliate Sex Offender Treatment Provider, also under supervision to obtain full licensure as an Licensed Sexual Offender Treatment Provider. This individual has received all training required as an employee as well as the specialized training.

The facility is in compliance with the provisions of this standard.

Subsection (b):

The facility responded “No” regarding whether any agency medical staff at the facility conduct forensic medical exams. The FA and the PC, as well as the MD, confirmed that no forensic medical examination is completed by facility personnel or the MD at the facility.

This provision of the standard is not applicable.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection E, page 23, addresses this provision, requiring that documentation of training for medical and mental health care practitioners be maintained. As noted under Subsection (a) above, documentation is provided for the contracted MD and Nurse who regularly work within the facility. In addition, documentation has been provided for the agency’s LPCA who provides services as required.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION V- Training and Education, subsection E, page 23, addresses this provision. Policy requires that these individuals who regularly work in the facility shall receive training as either an employee (under Standard 115.331) or as a contractor (under Standard 115.332).

As described in Subsection (a) above, the facility requires medical and mental health staff to receive training as mandated for all employees under Standard 115.331 or 115.332, depending upon the practitioners’ status at the facility. Interviews with the FA and the PC indicate that this is the expectation whether these professionals are employees or contractors. Interview with the MD indicates that this training was completed, and is supported with documentation provided in training records. Training for the LPCA was also confirmed during the interview as well as found in training records.

The facility is in compliance with this provision of the standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341 Obtaining information from residents</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, pages 23-24.</p> <p>Review of the “Intake Behavioral Screening/PREA Info” tool utilized by the facility.</p> <p>Documentation in resident files (10).</p> <p>Documentation in resident medical files (10).</p> <p>INTERVIEWS:</p> <p>Intake Officers (2) and Intake Supervisor</p> <p>Randomly selected residents (7)</p> <p>Targeted residents (2)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>OBSERVATIONS:</p> <p>Observed the intake process for one (1) youth admitted during the onsite phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, page 23, addresses this provision. Policy requires that within 72 hours of a resident’s admission to the facility and periodically throughout a resident’s confinement, the facility shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon another resident.</p> <p>Interviews with the Intake Officers and the Intake Supervisor who are responsible for obtaining this information during the intake process indicate that the assessment is completed on all youth admitted, and is completed within the first few hours of receiving the youth from a law enforcement agency (LEA) or from another county.</p> <p>Interviews with the randomly selected (7) and targeted (2) youth all reported that they recall being asked about whether they had been sexually abused or if they were afraid of being</p>

abused at the facility during the intake process. None of the youth expressed any fear of being abused, and none of the youth interviewed expressed that they had been sexually abused. There was one youth identified as having reported prior victimization during the admissions process, and this youth acknowledged this. He was offered an opportunity to speak with the LPCA, and chose not to see him on a regular basis.

A review of resident files (10) indicated that the youth were all screened for a history of victimization and abusiveness. Documentation is maintained in 100% of the resident files indicating that each youth was screened during the admission process to the facility.

While conducting the on-site phase of the audit, the Auditor was able to observe the admissions process for one (1) youth referred by the local LEA. The Auditor was able to watch and listen as staff conducted the admissions process, and completed the screening for victimization or abusiveness. The process was completed in an office away from other youth, and the staff involved interacted professionally and in a supportive manner throughout.

The facility provided a response of "21" in the On-Line Audit System as to the number of residents admitted during the past 12 months, whose length of stay in the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents. In reviewing this with the FA and the PC, it was determined that this was a misunderstanding and misrepresentation. The FA and the PC indicated that all 173 youth who were admitted were screened as required by the policy and the standard.

Also, the facility reports that the average length of stay in the facility is 22 days, and rarely are residents detained for extended periods of time. Policy requires that the resident be reassessed periodically, and due to the average length of stay, this is rarely, if ever, needed or required. The two residents with the longest length of stay at the time of the on-site audit, and interviewed by the Auditor, was forty-two (42) and thirty-five (35) days, with all other residents having been in the facility for 30 days or less, with seven (7) residents in placement for less than the average length of stay. If a youth was to remain for an extended time, the FA and the PC indicated that the reassessment would be conducted based on information that is gained during the resident's stay. Specifically, policy reflects that information will be gathered through staff/counselor's conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff working the unit.

This information will be placed in the resident's file and relayed to the Shift Supervisor. If warranted, the supervisor will notify the FA and/or the PC to determine if further action is necessary.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, page 23-24, addresses this provision. Policy requires that information will be obtained through the use of the Intake Behavioral Screening/PREA Information instrument. The instrument shall attempt to ascertain information about but is not limited to:

- a. Prior sexual victimization or abusiveness
- b. 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

- c. Current charges and offense history
- d. Age
- e. Level of emotional and cognitive development
- f. Physical size and stature
- g. Mental illness or mental disabilities
- h. Intellectual or developmental disabilities
- i. Physical disabilities
- j. The resident's own perception of vulnerability
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the "Intake Behavioral Screening/PREA Information" instrument utilized by the facility, and found that the tool provides an objective review of the resident's physical stature and appearance; sexual orientation; current emotional status or state of mind; historical delinquent conduct (available in the agency's electronic case management system); any known or recorded history of assaultive or sexually aggressive behavior or prior victimization; any mental, intellectual, or physical disabilities; the resident's own perception of vulnerability; and, any other known contributing factors. This information is reviewed prior to making any housing decision.

Interviews with the Intake Officers (2) and the Intake Supervisor indicates that they have been trained in the use of the tool, and feel comfortable with completing the screening on residents. They report that if there is a question or concern with a specific youth that may be unclear, the Intake Supervisor and the Shift Supervisor will review and assist in making a determination for room placement and other considerations. From the Auditor's observations of the admissions process completed on one youth during the onsite audit, the staff involved obtained the information from the youth and from reviewing the case record, and completed the screening tool appropriately.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, page 23-24, addresses this provision. The policy requires that all 11 criteria listed in the standard be included in the screening instrument utilized by the facility, as reflected in subsection (b) above.

As noted in subsection (b) above, the Auditor reviewed the "Intake Behavioral Screening/PREA Information" instrument utilized by the facility, and found that the tool

provides an objective review of the 11 criteria provided in the standard. Interviews with the Intake Officers and Intake Supervisor indicates that they understand the factors that need to be considered when completing the screening tool, have been trained in the use of the tool, and feel comfortable with completing the screening on residents. They report that if there is a question or concern with a specific youth that may be unclear, the Intake Supervisor and the Shift Supervisor will review and assist in making any necessary determinations. Policy requires that the staff completing the intake will provide the information to the Shift Supervisor for review to determine if the information indicates a heightened need for supervision, additional safety precautions, or separation from certain other residents.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, page 24, addresses this provision. Policy requires that to the extent possible, information shall be ascertained during the intake process through conversations with the resident and medical/mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's detention file, if one exists.

Interviews with the Intake Officers (2) and the Intake Supervisor who complete the "Intake Behavioral Screening/PREA Information" instrument indicate that they understand the requirement to consider all information that is available to make an appropriate determination. The Intake Supervisor and the Shift Supervisors are available to review and work with the staff to make the best assessment. The FA and the PC will also review the resident information and the screening, especially on those youth who do not have a history with the facility. The MD and Nurse are available to conduct a screening upon referral by the PC, and the MD confirmed a screening can be completed within 24 hours of referral, and that information is provided to the staff of any specific concerns or issues that may impact the resident's safety. This information is further considered along with the information previously provided and obtained.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection A, page 24, addresses this provision. Policy states that the assessment will be conducted privately with the resident to the extent possible; further, at no time will sensitive information, possibly detrimental to the resident, be entered into the agency's electronic case management system. Information learned from an assessment will be limited to those who discovered the information, administrators, others responsible for housing assignments, the PREA Coordinator, and behavioral health staff. Other staff will only receive information directly related to facility safety and security, and only information regarding potential risk is disseminated, omitting factors as to why the risk exists.

Interview with the FA and the PC indicates only information that is needed or required to maintain the safety and security of the facility would be disseminated to all facility staff, and

discretion used to ensure as much confidentiality as possible for the safety of the individual resident. The FA and PC will have access to appropriate information, and as such, works with staff to ensure resident confidentiality as much as possible, and at the same time, address facility safety for all residents and staff. Interviews with random staff also indicates that they understand the need to deal with confidential information concerning specific residents, and at the same time, work with the Shift Supervisors, the FA, and the PC to ensure safety for all residents and staff.

The facility is in compliance with the provision of this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342 Placement of residents</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25.</p> <p>Review of the “Intake Behavioral Screening/PREA Info” instrument utilized by the facility.</p> <p>Documentation in resident files (10).</p> <p>Documentation in resident medical files (10).</p> <p>Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities.</p> <p>INTERVIEWS:</p> <p>Intake Officers (2) and Intake Supervisor</p> <p>Randomly selected residents (7)</p> <p>Targeted residents (2)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Contracted Medical Director (MD)</p> <p>Licensed Professional Counselor Associate (LPCA)</p> <p>OBSERVATIONS:</p> <p>Observations while conducting the site review during the on-site phase of the audit</p> <p>Observed the intake process for one (1) youth admitted during the onsite phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. Policy requires that the facility shall use all information obtained pursuant to Standard 115.341 and subsequently to make housing,</p>

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

Interview with the FA and the PC indicates that staff utilize the information provided in the screening to make decisions about where residents will be placed in the facility and if there are any special precautions. It is important to note that the facility consists of two (2) hallways for housing with 9 single-occupancy rooms in each unit, and one (1) hallway with 4 single-occupancy rooms, for a total of 22 beds. Upon admission, the resident can be placed in any of the three hallways, based on the current population, considering such factors as the total population, the number of male and female residents, any medical isolations (this has particularly been in use due to the COVID-19 medical isolation initiated by the MD), need to separate older/younger residents, need to separate co-defendants, or need to separate more vulnerable residents. As has been discussed previously, due to the facility being a juvenile detention center with residents being admitted and discharged within a few days, there is regular fluctuation of the total population. Information gathered from the risk screening is utilized to place residents into the most appropriate housing unit given these factors and potentially other considerations, as well as making any adjustments for participation in programming that the facility provides.

Interviews with Intake Officers who complete the risk assessment and the Intake Supervisor indicate that they consider all the information gained from the screening to make the most appropriate decision possible, especially concerning the housing assignment, and given the current population and available space. Shift Supervisors assist and provide direction as needed. It is noted that room assignments can be modified as needed and as the population fluctuates, especially if a particular need of individual resident(s) is identified. The FA and the PC also review the room assignments and consider other options as needed, based on the total population of the facility.

The Auditor reviewed the "Intake Behavioral Screening/PREA Info" instrument utilized by the facility and found that after reviewing information collected, the staff documents the hallway and room assignment, including the date and time the decision is made. The staff member also signs the instrument so that, if needed, supervisors and administrators can follow-up and review decisions made. The Auditor also reviewed resident files (10) and found in 100% of the files, this documentation is completed, and a determination is made prior to the youth being placed in one of the residential hallways.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. Policy provides that residents at risk of sexual victimization may be 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. Further, during any period of isolation, the facility shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services.

Interview with the FA and the PC indicates that the facility does not operate an "isolation unit"

for any purpose due to the size of the facility and arrangement of the residential hallways. If necessary, residents placed on a medical or other isolation are assigned to rooms at the far end of a hallway, but not totally removed from other residents in a separate area of the facility; or, based on the number of residents at any given time, the small hallway with only four single-occupancy rooms can be utilized. Even though the facility has had one allegation of sexual abuse over the past year, as reported in the On-Line Audit System for this audit, no youth has been isolated due to being at risk of sexual victimization. The one allegation made did not specifically involve an incident occurring in the facility, but rather an on-going relationship in the community that was unfounded. Based on this, no resident was denied exercise or educational programming due to any risk of sexual abuse or sexual harassment.

The Auditor inquired of the FA and the PC during the onsite phase of the audit if any youth are placed on "room restriction" in their own room for reasons other than risk of sexual abuse. It was reported that youth can be restricted to their room for behavioral issues, being a threat for physical acting out, or refusing to participate in programming. Interviews with all nine of the randomly selected and targeted residents indicated that some had been placed on a room restriction for misbehavior, but this generally lasted for only a few hours at most. No resident described any feeling or thoughts of being mistreated in this process, and reported that he/she was able to return to regular programming upon completion of the room restriction.

Interview with the MD and the LPCA indicated that no resident is denied medical care or the opportunity to receive counseling, as needed, if placed on room restriction for any reason, or on medical isolation.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. Policy requires that lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular housing, bed, or other assignments solely on the basis of such identification or status as an indicator of likelihood of being sexually abusive.

Interview with the FA and the PC indicates that staff are not allowed to place residents in a particular housing unit or bed, or any other program assignment, based on their sexual identity. Due to the small population served by the facility, the FA and the PC review residents' room assignments and records at any time, especially those who are admitted for the first time. The FA and the PC indicate that adjustments would be initiated, and staff would be counseled and redirected if it is learned that they were making any such decision. The Auditor also reviewed the "Intake Behavioral Screening/PREA Info" instrument utilized by the facility, and there is nothing in this documentation that would direct or guide the staff completing the risk assessment to make any such determination or decision.

At the time of the onsite phase of the audit, there was no youth who identified as lesbian, gay, bisexual, transgender, or intersex, so the Auditor was not able to conduct a targeted interview with such resident. Further, while conducting interviews with other residents, the Auditor did not further identify any such youth.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. Policy provides that in deciding whether to assign a transgender or intersex resident to a housing for male or female residents, and in making other programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The FA reported that the facility has rarely, if ever, served a transgender or intersex youth while he has served in this capacity for the past 4-5 years, and particularly since the PREA Standards have been in effect in the facility since prior to the first PREA audit in August 2017. The agency operates only one facility for juvenile offenders, and as described under Subsection (a) above, the facility only has 22 single-occupancy rooms for both male and female residents. If a resident who is transgender or intersex was to be admitted, the facility would act on a case-by-case basis to ensure the health and safety of the individual resident, and consider how the placement of the resident would present management issues. Up to the time of this audit, this has not presented an issue for the facility, and it is anticipated that the facility staff would be able to appropriately serve and manage a resident as required.

Because there was no resident who identifies as transgender or intersex in the population during the onsite phase of the audit, and no records to review to provide insight into how the facility best serves this population, no targeted interview or record review was completed. The Auditor did interview a total of nine residents, and all consistently indicated that they feel safe within the facility, and do not have any fear of being victimized by staff or other residents.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. requiring that placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice a year to review any threats to safety experienced by the resident.

As has been previously addressed, the facility is a 22-bed juvenile pre-adjudication facility, or more commonly referred to as a juvenile detention center, with an average daily population of 11 and an average length of stay of 22 days. The facility's population changes constantly as youth are arrested and admitted to the facility, the case is processed, the resident is possibly released to the family, court action is taken, and the case is adjudicated and disposed. The FA and the PC report, as well as policy provides, that an assessment would be conducted at least twice a year if a resident was to remain in the facility for that length of time.

Because there was no resident who identifies as transgender or intersex in the population during the onsite phase of the audit, and no records to review to provide insight into how the facility best serves this population, no targeted interview or record review was completed. The Auditor did interview a total of nine residents, and all consistently indicated that they feel safe within the facility, and do not have any fear of being victimized by staff or other residents.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. requiring that a transgender or intersex resident's own view with respect to his/her own safety will be given serious consideration.

The FA reported that the facility has rarely, if ever, served a transgender or intersex youth while he has served in this capacity for the past 4-5 years, and particularly since the PREA Standards have been in effect in the facility since prior to the first PREA audit in August 2017. The agency operates only one facility for juvenile offenders, and as described under Subsections above, the facility only has 22 single-occupancy rooms for both male and female residents. If a resident who is transgender or intersex was to be admitted, the facility would give serious consideration to a transgender or intersex resident's personal view with respect to his/her own safety consideration. Up to the time of this audit, this has not presented an issue for the facility. From interviews with the FA and the PC, as well as Intake Officers who complete the risk screening and randomly selected security staff who provide direct supervision of residents, it is anticipated that the facility staff would be able to appropriately serve and manage a transgender or intersex resident as required.

Because there was no resident who identifies as transgender or intersex in the population during the onsite phase of the audit, and no records to review to provide insight into how the facility best serves this population, no targeted interview or record review was completed. The Auditor did interview a total of nine residents, and all consistently indicated that they feel safe within the facility, and do not have any fear of being victimized by staff or other residents. It is expected that the FA and the PC, as well as all staff, would take necessary steps and precautions to ensure the safety of any resident, and particularly a transgender or intersex resident as required, and take the resident's input into consideration when making any decision.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. requiring that transgender and intersex residents shall shower separately from other residents.

Interviews with the FA and the PC, as well as randomly selected security staff and Shift Supervisors (11), all residents are allowed to shower one-at-a-time, in privacy, and outside of the view of any camera. Interviews with randomly selected and targeted residents verify that all residents shower separately, one at a time. Both staff and residents consistently explained how this is done using showers located in two residential hallways. Both staff and residents indicate that this arrangement allows sufficient time and space for residents to shower separately, especially considering the average daily population of the facility.

While conducting the site review of the facility during the onsite phase of the audit, the Auditor

was able to view the residential hallways and specifically the available showers. The layout of the hallways provides for the ability to have residents shower one at a time in the two different locations identified and discussed.

The facility is in compliance with this provision of the standard.

Subsection (h):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. Policy requires that if a resident is isolated pursuant to subsection (b) of this standard, and paragraph VI.B.2 of this policy, the facility shall clearly document the basis for the concern for the resident's safety, and the reason why no alternative means of separation can be arranged.

As documented in the On-Line Audit System, the facility reports no incidents of isolating a resident at risk of sexual victimization in the 12 months prior to the audit. As noted previously, there has been one allegation of sexual assault in the previous 12 months that was determined as unfounded. In addition, this incident did not involve activity in the facility, but rather an alleged on-going relationship in the community between a youth who had been in the facility. This is also supported by reports from the Office of the Inspector General, Texas Juvenile Justice Department. The Auditor reviewed the documentation on this one incident as well and found no other indications of concern. Policy is in place that does require that the facility will document the basis for isolating a resident for safety purposes, and why no other arrangements could be provided, in the event such was to occur.

The facility is in compliance with this provision of the standard.

Subsection (i):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VI- Screening for Risk of Sexual Victimization and Abusiveness, subsection B, pages 24-25, addresses this provision. requiring that every 30 days, the facility shall afford each resident described within this provision of the standard and within this policy a review to determine if there is a need for separation from the general population.

As has been described under other subsections of this provision of the standard, the facility does not operate a separate "isolation unit" and has not isolated a resident that required a 30-day review, and that it is rare, if ever, that a transgender or intersex youth is detained in the facility. From interview with the FA and the PC, the facility places value on having the youth engaged in services and programming rather than being placed on a room restriction for any extended time, unless exigent circumstances require such action, based on the health and safety of residents and staff.

In addition, as a certified Juvenile Pre-Adjudication Facility in Texas, the facility must meet standards promulgated by the Texas Juvenile Justice Department. These standards are found in the Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Standard in §343.290, Protective Isolation, requires, in part:

(a) Protective isolation may be used as a last resort only when: (1) a resident is physically threatened by a resident or a group of residents; (2) less restrictive measures are inadequate to keep the resident safe; and (3) the decision is approved in writing by the facility administrator.

(b) Protective isolation may be used only until alternative means for keeping the resident safe can be arranged.

(d) If the protective isolation of a resident exceeds 24 hours, the facility administrator shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. If continued protective isolation is approved, the facility administrator shall ensure that the review document includes a plan to ensure the isolated resident is provided all required program services during the period of protective isolation.

The FD is required under these standards to review the placement within 24 hours, and to determine if continuation is required or if other less restrictive alternatives are available. In addition, the FD is required to develop a plan to meet the needs of the resident.

The facility is in compliance with this provision of the standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351 Resident reporting</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsections A, B, C, & D, pages 25-28.</p> <p>Grievance Form.</p> <p>Posting titled “How to Report” providing multiple contact agency names and phone numbers.</p> <p>Resident Orientation Handbook in both English and Spanish.</p> <p>Various posters in both English and Spanish.</p> <p>Juvenile Supervision Officers’ (JSO) “reference card” that provides a quick reminder on various items such as contacts, resources, and responsibilities as a first responder.</p> <p>Bookmarks provided to residents at intake.</p> <p>MOUs with multiple community agencies, including the Taylor County Sheriff Department, the NOAH Project, the Regional Victims Crisis Center, the Betty Hardwick Center.</p> <p>INTERVIEWS:</p> <p>Randomly selected security staff (9) and Shift Supervisors (2)</p> <p>Randomly selected residents (7)</p> <p>Targeted residents (2)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>OBSERVATIONS:</p> <p>Observations while conducting the site review during the on-site phase of the audit, including multiple posters and notices.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection A, pages 25-26, addresses this provision, requiring that the facility shall provide multiple methods for residents to privately report sexual abuse or sexual harassment, and retaliation by other residents or staff for reporting sexual</p>

abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Facility policy specifically provides options such as the resident grievance process; the 1-800# number that connects directly to the Texas Juvenile Justice Department (TJJD) abuse hotline; in person confidential meeting with any employee, intern, volunteer, or contract provider; or, the phone number to the Taylor County Sheriff Office.

During interviews with random security staff and Shift Supervisors, several options were identified including the 1-800 hotline to TJJD and other agencies, filing a grievance, disclosing to a staff member in private, talking to a supervisor, talking to the FA or the PC, and talking to a volunteer. Several staff members referenced the JSO Reference Card that each carry with them while working and that provides a quick reference, if needed. During interviews with randomly selected residents (7) and targeted residents (2), they indicated the same resources, including the 1-800#, file a grievance, talk to staff, talk to a teacher, write it down and give to staff, and often referenced the posters and other notices provided with contact numbers.

While conducting the site review during the onsite phase of the audit, the Auditor observed posters and notifications throughout the facility, especially where youth would be involved in activities, providing information for the TJJD hotline and other available resources in the community.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection A, pages 25-26, addresses this provision. Policy requires that the facility provides information to residents to report abuse or harassment to a public or private entity or office that is not part of the TCJJC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to TCJJC officials, allowing the resident to remain anonymous upon request. These public and private agencies include: the Texas Juvenile Justice Department (TJJD), the Taylor County Sheriff Department, the Abilene Police department, and the NOAH Project of Abilene. In addition, even though there is no specific policy requiring it, contact information is provided on the Consulate General office in Austin, Texas, and the Department of Homeland Security OIG for any youth held for civil immigration purposes. Residents can make anonymous reports to any of these agencies.

Interviews with the FA and the PC confirm that the facility provides contact information to residents for the agencies identified. If the resident was to contact the TJJD 1-800# hotline, a TJJD representative will contact either the Agency Head or the FA to inform them of any reported allegation immediately. The same would be true if a resident was to contact one of the local law enforcement agencies or the NOAH Project. From interviews with representatives from the Sheriff Department and the NOAH Project, the Auditor was informed that the facility would be contacted immediately and informed of the allegation. Neither agency is restricted due to receiving federal funds or other limitations, and understand the need to immediately report any allegation so that actions can be taken immediately to support the alleged victim. There were no youth being detained for only civil immigration purposes. The CJPO and the FA indicate that detaining a youth for this purpose would rarely occur, if at all, as other facilities are used for this purpose in the state. The facility has information for the consular office

available, if needed, and this information is posted throughout the facility for residents to call both the Consulate General of Mexico and the Department of Homeland Security OIG.

Interviews with the residents confirm that they have information available to them to contact an outside agency. Residents consistently indicated that they know about the 1-800# hotline. They have been informed of the availability to contact this number, as well as other agencies, and they are aware of the posters throughout the facility that provide the contact numbers. While conducting the site review during the on-site phase of the audit, the Auditor was able to see posters, in both English and Spanish, with the 1-800# hotline that youth can call to report any allegation of sexual abuse or sexual harassment, as well as the Sheriff Office and the NOAH Project. Posters were located throughout the facility, and in locations where youth regularly participate in activities.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection A, pages 25-26, addresses this provision. Policy requires the staff will accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports on a witness statement. Staff are then required to follow mandatory reporting duties, and the witness statement will be turned in to the supervisor on duty to follow the mandatory reporting requirements.

Further, the response documented in the On-Line Audit System to this specific standard indicates that staff are to document verbal reports "immediately." From interview with the FA and the PC, it is reported that any staff member receiving a verbal report involving an allegation of sexual abuse or sexual harassment is expected to report the allegation immediately, as required by policy, and would make a report to the Shift Supervisor immediately. Written documentation with all details would be provided as soon as possible. Interviews with randomly selected staff indicates that staff understand their collective responsibility to report any verbal allegation they receive immediately, without hesitation. All staff interviewed stated that they would report an allegation of sexual abuse or sexual harassment immediately after completing their conversation with the resident.

As noted previously, there has been one allegation of sexual assault in the previous 12 months that was determined as unfounded. In addition, this incident did not involve activity in the facility, but rather an alleged on-going relationship in the community between a youth who had been in the facility and a facility employee. This is also supported by reports from the Office of the Inspector General, Texas Juvenile Justice Department. The Auditor reviewed the documentation on this one incident as well and found no other indications of concern. Policy is in place that does require that the facility will document the basis for isolating a resident for safety purposes, and why no other arrangements could be provided, in the event such was to occur.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection A, pages 25-26, addresses this provision.

The facility shall provide residents with access to the necessary tools to make a written report regarding sexual abuse or sexual harassment, retaliation, or any staff neglect.

From conversation with the FA and the PC, the primary method for residents to submit a written report is the grievance form. Grievances are made readily available to residents, and they can complete and submit a completed grievance without having to give it to a staff member to submit. Staff will provide a pen or pencil to complete the grievance. A grievance box is provided in the dayroom where residents can insert the completed grievance form into an opening in the box where staff or other residents cannot access. The grievances are collected by the Shift Supervisors for review and response. If the grievance cannot be resolved by the Shift Supervisor, the FA or the PC will review and address. A grievance log is maintained with all grievances filed on an annual calendar-year basis, and each grievance is numbered and logged chronologically.

The Auditor was able to review the grievance logs maintained for those filed in calendar year 2020, and year-to-date in 2021. A total of 95 grievances were filed in 2020. The Auditor reviewed all of the grievances, and selected every sixth grievance in 2020 for more thorough review, a total of fifteen (15). All of the grievances were related to complaints that were not related to any allegation of sexual abuse or sexual harassment. The Auditor found no subtle information in the grievances that would indicate that there was an incident of sexual abuse or sexual harassment that was overlooked or went unreported.

From interviews with residents, all know that they can complete a written grievance report and submit it by dropping it in the box provided in the dayroom area. All youth were able to describe how to obtain the grievance form, that they are allowed to complete the grievance as soon as possible, and how to get it submitted in the box provided. No youth expressed any concern with how and when to submit a grievance, and were able to describe to the Auditor the steps each would take to do so.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection A, pages 25-26, addresses this provision. Policy requires that employees, interns, and volunteers shall be provided with a method to privately report sexual abuse and sexual harassment of residents, and provides methods to do so, including (1) in person in a confidential meeting with an administrator or the PC; (2) email to an agency administrator or PC; (3) directly reporting to the Texas Juvenile Justice Department, using the 1-800# hotline; or, (5) contacting the Taylor County Sheriff Department. Staff, interns, and volunteers are informed of how they can make a report during the required PREA training, posters with the 1-800# hotline are posted throughout the facility, and the JSO reference cards provided to each staff member that they carry with them while on duty.

Interviews with randomly selected staff (13) indicates that 100% of those interviewed are aware of their ability to make a private report, and most indicated that they would report directly to either the FA or the PC, or use the 1-800# hotline. From interviews with the volunteers (2) and contractors (3), they also indicated that they had received training specifically on this issue, and understand ways that they can report any allegation. All indicated with no hesitancy that they would make a report if they personally witnessed or

became aware of any allegation of sexual abuse or sexual harassment.

As noted previously, there has been one allegation of sexual assault in the previous 12 months that was determined as unfounded. In addition, this incident did not involve activity in the facility, but rather an alleged on-going relationship in the community between a youth who had been in the facility and an employee of the facility. This is also supported by reports from the Office of the Inspector General, Texas Juvenile Justice Department. The Auditor reviewed the documentation on this one incident as well and found no other indications of concern. From interviews with staff, contractors, and volunteers, all are trained and are well informed on their responsibility to report and how the report can be made, including making the report privately.

The facility is in compliance with this provision of the standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352 Exhaustion of administrative remedies</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27.</p> <p>Resident Orientation Handbook in both English and Spanish.</p> <p>Grievance Form.</p> <p>Sexual Abuse and Sexual Harassment Logs for 2018, 2019, 2020, & 2021.</p> <p>Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities (https://texreg.sos.state.tx.us).</p> <p>INTERVIEWS:</p> <p>Randomly selected staff (10)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision. The facility does have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>As facility certified in Texas as a pre-adjudication detention center, the facility is required to meet standards promulgated by the Texas Juvenile Justice Department, and contained in Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically §343.376 Resident Grievance Process. This standard, in part, requires at a minimum that the facility provides:</p> <p>(a) Written policies, procedures, and actual practices that demonstrate there is a formal grievance process to address residents' complaints about their treatment and facility services.</p> <p>(b) The formalized grievance process shall include the following policy, procedural, and practice elements:</p>

(1) Staff members shall not deny a resident the opportunity to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility.

(2) Residents shall have full access to the grievance process, including forms and methods of submission.

The facility is required under these standards to have a grievance process in place, with additional standards providing additional requirements and guidance for an effective grievance system. Residents are able to file a grievance regarding their treatment at the facility, including any allegation of sexual abuse.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision, establishing that there is no time limit on when a resident may submit a grievance or make an outcry regarding an allegation of sexual abuse. In addition, the facility will not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

In interview and follow-up conversation with the FA and the PC, residents would be encouraged to use the grievance system to report an allegation of sexual abuse if they did not feel they were able to directly communicate the incident to a staff member, use the 1-800# hotline, or otherwise make an outcry regarding sexual abuse. The agency and facility would want to know of any allegation of sexual abuse against a resident, regardless of when it is alleged to have occurred.

The Resident Orientation Handbook provides information on how to utilize and access the grievance process for any complaint or report of any concern. This information is reviewed with the residents as well. Interviews with residents indicates that they are knowledgeable of the grievance system, and know how to file a grievance if they believe there is a need to do so.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision. Under this policy, residents are ensured that: (a) a resident who alleges sexual abuse may submit a grievance without submitting it to an employee, intern, or volunteer who is the subject of the complaint, and (b) such grievance is not referred to an employee, intern, or volunteer who is the subject of the complaint.

The Resident Orientation Handbook provides information on how to utilize and access the grievance process for any complaint or report of any concern. Information is provided that encourages residents to resolve general complaints with staff, but it is also clear that a grievance can and should be filed if this will not resolve the complaint. This information is reviewed with the residents as well as part of the on-going education that takes place at the

facility. Interviews with residents indicates that they are knowledgeable of the grievance system, know how to file a grievance if they believe there is a need to do so, indicated that this would be one process they could use to file an allegation of abuse if needed, and expressed no concern or fear of how the grievance would be addressed.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision, and policy outlines the timeframes as provided in the standard will be met.

As noted under Subsection (a) above, as a facility certified in Texas as a pre-adjudication detention center, the facility is required to meet standards promulgated by the Texas Juvenile Justice Department, and contained in Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically §343.376 Resident Grievance Process. Requirements for addressing a grievance filed in pre-adjudication facility require, in part, that the formalized grievance process shall include...A written response and resolution shall be provided to the resident no later than 10 calendar days after the date the grievance is received by pre-adjudication staff, and documentation of the resident's acknowledgment of the resolution shall be maintained. And, further, in §343.378 Grievance Appeals, a written resolution to all grievance appeals shall be provided to the resident no later than 10 calendar days after the date the appeal is received by pre-adjudication staff.

It is understood that any investigation of an allegation of sexual abuse filed through the grievance system may take longer than what is expected in the grievance timelines provided within the above referenced Texas Juvenile Justice Department standards. To this end, facility policy requires that the timelines as described in standards will be met, including any required extension.

The facility provided responses in the On-Line Audit System indicating that no grievances have been filed in the previous 12 months alleging sexual abuse. The Auditor reviewed the facility's Sexual Abuse and Sexual Harassment Logs for 2018, 2019, 2020, & 2021, which contain all allegations made by residents. There were allegations received verbally and from a third party, but none by a grievance. The Auditor reviewed all 95 of the grievances filed in calendar year 2020, and specifically reviewed in more detail every 6th grievance recorded in the grievance log. No grievance was found that made specific allegations of sexual abuse or sexual harassment.

There were no related grievances to review to confirm how the grievance was addressed, and there were no residents identified as having filed such a grievance while conducting the onsite phase of the audit.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards

Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision. Policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist a resident in filing a request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such request on behalf of residents. If the third party is someone other than a parent or legal guardian, the facility acknowledges that it 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 process. If the resident declines to have the request processed on his or her behalf, the agency shall document that decision. Further, policy provides that a parent or legal guardian is allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of a resident, and such actions would not require the resident's agreement. From interview and conversation with the FA and the PC, as well as the Agency Head, in any such cases, the facility would investigate the allegations fully, following the same investigative procedures as any other allegation of sexual abuse.

The facility provided responses in the On-Line Audit System indicating that the number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline, as "0". The Auditor reviewed the facility's Sexual Abuse and Sexual Harassment Logs for 2018, 2019, 2020, & 2021, which contain all allegations made by residents. There were allegations received verbally by the residents or from a parent, but none by a formal written grievance. The Auditor reviewed all 95 of the grievances filed in calendar year 2020, and specifically reviewed in more detail every 6th grievance recorded in the grievance log. No grievance was found that made specific allegations of sexual abuse or sexual harassment. The allegation received from the third-party/parent is addressed elsewhere in this report, and was found to be unsubstantiated.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision. Policy requires that after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The facility provided responses in the On-Line Audit System indicating that there were "0" emergency grievances filed alleging substantial risk of imminent sexual abuse in the past 12 months. The Auditor reviewed the facility's Sexual Abuse and Sexual Harassment Logs for 2018, 2019, 2020, & 2021, which contain all allegations made by residents. There were allegations received verbally by the residents or from a parent, but none indicated it was an emergency notification. The Auditor reviewed all 95 of the grievances filed in calendar year 2020, and specifically reviewed in more detail every 6th grievance recorded in the grievance

log. No grievance was found that made specific allegations of sexual abuse or sexual harassment, including emergency grievance.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection B, pages 26-27, addresses this provision, allowing the facility to discipline a resident for filing a grievance related to sexual abuse only where the agency demonstrates that the resident filed the grievance was filed in bad faith.

The facility provided responses in the On-Line Audit System indicating that In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was "0". The Auditor reviewed the facility's Sexual Abuse and Sexual Harassment Logs for 2018, 2019, 2020, & 2021, which contain all allegations made by residents. There were allegations received verbally by the residents or from a parent, but none indicated it was an emergency notification. The Auditor reviewed all 95 of the grievances filed in calendar year 2020, and specifically reviewed in more detail every 6th grievance recorded in the grievance log. No grievance was found that indicated a grievance was filed in bad faith. In addition, the Auditor reviewed all investigations based on allegations of sexual abuse and found no documentation indicating that the allegation was made in bad faith, or that the resident making the allegation was disciplined.

The facility is in compliance with this provision of the standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353 Resident access to outside confidential support services and legal representation</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection C, pages 27-28.</p> <p>Posted information on residential units as well as other locations.</p> <p>Resident Orientation Handbook in both English and Spanish.</p> <p>Memorandum of Understanding (MOU) with Regional Victim Crisis Center (RVCC)</p> <p>Memorandum of Understanding (MOU) with The NOAH Project.</p> <p>Posting of Visitation Guidelines in the main entrance area of the facility.</p> <p>INTERVIEWS:</p> <p>Random and targeted youth. At the time of the onsite phase of the audit, no resident was identified or interviewed as a victim of sexual abuse while at the facility.</p> <p>Random security staff (11)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Director, Regional Victim Crisis Center (RVCC)</p> <p>Director & Program Director, The NOAH Project (NOAH)</p> <p>OBSERVATIONS:</p> <p>During site review of facility, as well as whenever moving throughout the facility, observed informational posters containing contact information to report allegations of sexual abuse as well as information on counseling resources, particularly in living units, classrooms, and other common areas for youth, as well as in main entrance lobby where parents and volunteers enter the facility.</p> <p>Visitation area for parents during site review of the facility.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p>

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection C, pages 27-28, addresses this provision.

The facility shall 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. Further, the facility shall enable reasonable communication between residents and these organization and agencies, in as confidential a manner as possible.

The FA and the PC reported that the facility has an effective working relationship with the RVCC and NOAH who provide advocacy and support services for youth throughout Taylor County and specifically for the residents of the facility. The facility has an MOU with both the RVCC and NOAH to provide services, as needed. The RVCC would be involved with any resident who makes an outcry of alleged sexual abuse, and would work with the facility, the local law enforcement agency, and Hendricks Hospital in such situations. The Auditor interviewed the Director of the RVCC, and learned that this agency is the primary agency in the region to intervene in cases of sexual assault, and they work closely with the Taylor County Sheriff Department and the Hospital to address allegations of sexual abuse and resulting criminal investigation. The Auditor also spoke with the Director and Program Director of NOAH, and learned they too are available to provide advocacy services in collaboration with the RVCC and the Hospital. This agency has also conducted classes for residents at the facility prior to COVID-19 restrictions, and hope to do so again once restrictions are lifted.

All residents interviewed reported that they know they can access support systems if they have in fact experienced sexual abuse, both to report the abuse through a 1-800# hotline, as well as obtain counseling and support services through other agencies in Abilene. No youth reported that he/she had ever made a report of sexual abuse while at the facility. Staff interviewed also indicated that the 1-800# is available, and youth can access support through the facility's relationship with the RVCC and NOAH for immediate assistance. All of this information is also contained in the Resident Orientation Handbook, including: the phone number and confidential email for the agency's PREA Coordinator; the phone numbers for the Taylor County Sheriff Department and the NOAH Project; and the TJJD 1-800# hotline.

The auditor viewed the posters providing the 1-800# hotline, in both English and Spanish, as well as information on available resources for support services, throughout the facility while conducting the on-site phase of the audit. Posters were prominently displayed in all areas where residents are involved in activities and programming, such as the classroom, the housing area and dayroom, the cafeteria, and the intake area, as well as in the lobby and visitors' entrance where parents/guardians, volunteers, and other visitors can access the information. The contact information was the same as those identified above. The Auditor tested the system during the onsite phase of the audit by having the staff contact the 1-800# operated by the TJJD, and informing them a youth wants to speak with them about a complaint. The Auditor spoke with the representative who answered the phone and who was ready to take my information on any concern until I explained that I was conducting a PREA audit on the facility. The Auditor personally called each phone contact provided in the notices, and was able to make contact with someone at each agency.

Included in the notices posted in the various locations throughout the facility and described above is the contact information for the Consulate General of Mexico located in Austin, TX,

and a 1-800# for the OIG for the U.S. Department of Homeland Security. These provides necessary contact information for a resident who may be detained solely for civil immigration purposes or any resident and family who need this additional support.

Finally, as has been discussed, this information is posted throughout the facility in appropriate locations where residents participate in various activities throughout the day. During the onsite phase of the audit, the Auditor was able to observe where phones are located that can be used by residents to make a call to one of the contact agencies. The Auditor also asked a resident and a security staff member to describe the process if a resident wants to make a call to one of these agencies. Both were able to describe the process, and described how the resident would be able to have reasonable privacy during such a call. In particular, the resident expressed that he believes he could speak confidentially when needed as other youth are in other parts of the building or in their assigned room.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection C, pages 27-28, addresses this provision. Policy requires that the facility shall inform residents, prior to giving them access to outside support services, 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.

The Resident Orientation Handbook in both English and Spanish provides information regarding the facility's requirement(s) by law to report any outcry or allegation of sexual abuse to multiple agencies, including local law enforcement and the Texas Juvenile Justice Department. Written information is provided during the intake process (in both English and Spanish languages), and the youth signs receipt for and understanding of this information as well.

Interviews with residents consistently indicated that they are aware of how they can access outside agencies for support services as well as to report allegations of sexual abuse or sexual harassment. Specifically, residents report that they can request from staff to call any of the agencies on the notices that are posted, then they are readily provided access to a phone for this purpose. They understand that staff will observe them while making a call, but the call will be made in a private location away from other youth. From what residents described, this can be accomplished on a phone in the cafeteria during non-mealtimes or in the dayroom area where they can maintain appropriate distance from staff or other residents.

Staff interviewed also reported that residents have access to the 1-800# hotline to make any report of alleged sexual abuse or sexual harassment if they do not want to use other available options or resources. If a resident was to request to make such a call, they would ask the staff person in the control room to dial the number of the agency the resident wants to call, and then ensure the resident has as much privacy as possible to speak to the contact agency. Staff described that this can be accomplished by using the phone in the cafeteria, or by ensuring other residents are separated from the youth at one of the phones in the dayroom.

Current policy and practices meet the requirements of the standard. Though not required to be in compliance with this provision of the standard, based on interviews with the residents

and randomly selected staff, as well as the Auditor's observations during the onsite phase of the audit, the Auditor makes the following RECOMMENDATION:

The facility should consider installation of a separate, private phone that can only provide access for residents to call the 1-800# hotline managed by TJJD to report sexual abuse or sexual harassment, and be able to contact available resources to talk with a counselor or victim advocate. Current technology is available to make this resource available, and will enhance the residents' ability to access resources, if needed. Consideration would need to be given to the most private and confidential location possible for the resident to make the call while remaining under appropriate supervision by staff.

The facility is in compliance with the provision of this standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection C, pages 27-28, addresses this provision. Policy reflects that the facility will maintain a memorandum of understanding with NOAH or other agreements with community service providers that are able to provide residents with confidential emotional support service related to sexual abuse, and the agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

An MOU has been in place with NOAH for several years, and specifically since the facility was PREA certified in August 2017. The PC is responsible for ensuring the MOU is in place. The Auditor interviewed the Director and Program Director of NOAH, and learned they are available to provide advocacy services and emotional support in collaboration with the RVCC and the Hospital. This agency has also conducted classes for residents at the facility prior to COVID-19 restrictions, and hope to do so again once restrictions are lifted. In addition, the facility maintains an MOU with the Betty Hardwick Center, a community mental health center, that can also provide support services as needed. The Auditor reviewed and confirmed the existence of these MOUs.

The facility is in compliance with the provision of this standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection C, pages 27-28, addresses this provision, stating that the facility will provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Interview with the FA and the PC indicates that the residents have access to their legal guardian at any time upon request, and particularly at detention hearings that are held in the juvenile justice complex. Confidential locations are provided for the resident and attorney on site, as well as during any phone calls. Residents interviewed reported that they can ask to contact their attorney as needed, and can speak in private, with several specifically reporting that they had met privately with their attorney in an interview/visitation room within the facility.

The FA and the PC reported that visitation with a parent or legal guardian is provided every day from 3:30 to 6:00 PM in a private interview/visitation room in the intake area of the facility. There may be occasional disruption of this schedule due to an intake that may occur, at which

time the visits must be suspended to ensure the security and safety of the intake area. If parents or legal guardians are not able to visit personally, the facility allows phone calls to maintain regular contact. Unfortunately, the COVID-19 pandemic during most of 2020 and the beginning of 2021 has limited parent visitation. The facility took steps to provide phone contacts as much as possible during this time.

Observation of the visitation area during the site review confirms that residents have reasonable space and privacy for interacting with parents/guardians and attorneys in two interview/visitation rooms. The Auditor utilized one of the confidential interview/visitation rooms for resident interviews that is used for visitation by both attorneys and parents/guardians. Direct visual observation can be maintained as well as camera monitoring, but there is no audio monitoring in either of these rooms.

The facility is in compliance with the provision of this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 Third-party reporting</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection D, page 28.</p> <p>Informational posters in visitation area.</p> <p>Taylor County Juvenile Probation website found at (http://www.taylorcountytexas.org/165/Juvenile-Probation-Department)</p> <p>INTERVIEWS:</p> <p>Deputy Director of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>OBSERVATIONS:</p> <p>During site review of facility, observed informational posters containing contact information to report allegations of sexual abuse as well as information on counseling resources, in main entrance lobby where parents and volunteers enter the facility.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VII- Reporting, subsection D, page 28, addresses this provision, and provides that the facility shall establish a method to receive third-party reports of sexual abuse or sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. These methods include but not limited to, signage, brochures, and the Taylor County website.</p> <p>While conducting the site review during the on-site phase of the audit, the Auditor observed informational posters, in both English and Spanish, containing information on resources where parents, visitors, volunteers, or other third parties can report sexual abuse or sexual harassment that they observe or that are reported to them, or where they can obtain additional information and resources. The Auditor reviewed brochures, also in English and Spanish, that were available in the lobby area for parents that provide the same information.</p> <p>The Auditor accessed the agency’s website to determine if information for making third-party reports was available. Contact information was easily found that can assist any third party to report abuse, neglect, or exploitation by contacting any of the following:</p>

- (1) The PREA Coordinator, phone number
- (2) Agency Administration, phone number
- (3) Confidential email managed by the PREA Coordinator and Administrators
- (4) Taylor County Sheriff Department, phone number
- (5) The NOAH Project of Abilene, phone number
- (6) Texas Juvenile Justice Department, Hotline number
- (7) Consulate of Mexico, Austin, TX, phone number
- (8) Department of Homeland Security OIG, phone number

The posting concludes with the statement:

“No child should suffer in silence. Your voice may be the voice they need.”

The facility is in compliance with this provision of the standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361 Staff and agency reporting duties</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsections A, B, C, D, E, F G, & H, pages 28-33.</p> <p>Taylor County Juvenile Probation website found at:</p> <p>(http://www.taylorcountytexas.org/165/Juvenile-Probation-Department)</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.300 & §345.310. (https://texreg.sos.state.tx.us)</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, Subchapter G: Certification, Rule §344.862. (https://texreg.sos.state.tx.us)</p> <p>Texas Family Code, Subtitle E. Protection of the Child, Chapter 261 Investigation of Report of Child Abuse or Neglect, Subchapter A General Provisions; and, Subchapter B Report Of Abuse Or Neglect; Immunities, Sec. 261.101 Persons Required to Report; (https://statutes.capitol.texas.gov/Docs/SDocs/FAMILYCODE.pdf)</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Randomly selected staff (13)</p> <p>Contracted Medical Director (MD)</p> <p>Licensed Professional Counselor Associate (LPCA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A,</p>

page 28-29, addresses this provision. Policy requires that employees, contract staff, volunteers, and interns shall immediately report any knowledge, suspicion, or information they may receive regarding: (a) an incident of sexual abuse or sexual harassment that occurred within any program administered or operated by the agency, whether or not it is part of the agency; (b) retaliation against residents or employees who reported such incidents; and (c) any employee neglect or violated of duties that may have contributed to an incident or retaliation.

During interview with the CJPO, the FA, and the PC, it was reported that all staff are trained on their duty to report any knowledge, suspicion, or direct information that they may have regarding any incident of possible sexual abuse or sexual harassment. This training is also provided to contractors, volunteers, and interns. Interviews with the randomly selected staff reinforces that training has been provided on several occasions that includes the reinforcement of this requirement, and staff understand their responsibility in this situation. All staff interviewed indicated that they have a responsibility and duty to report immediately if they become aware, or suspect, or hear of any potential sexual abuse or sexual harassment. This is not only required under PREA Standards, but also under the staff's responsibilities under Texas law.

It is noted that all staff working in the facility are certified as Juvenile Corrections Officers and are required under the Texas Administrative Code (Title 37, Part 11, Chapter 345, Subchapter C: Code of Ethics) to adhere to the following code of ethics principles directly related to the requirement to report any knowledge of abuse:

(1) Juvenile justice professionals must:

(A) abide by all federal laws, federal guidelines and rules, state laws, and TJJJ administrative rules;

(C) respect and protect the legal rights of all juveniles and their parents and/or guardians;

(D) serve each child with concern for the child's welfare and with no expectation of personal gain;

(G) be diligent in their responsibility to record and make available for review any and all information that could contribute to sound decisions affecting a child or public safety;

(H) report without reservation any corrupt or unethical behavior that could affect a juvenile or the integrity of the juvenile justice system;

(J) treat all juveniles and their families with courtesy, consideration, and dignity.

(2) Juvenile justice professionals must not:

(D) maintain or give the appearance of maintaining an inappropriate relationship with a juvenile, including, but not limited to, bribery or solicitation or acceptance of gifts, favors, or services from juveniles or their families;

(G) be designated as a perpetrator in an abuse, exploitation, and neglect investigation conducted by TJJJ under Chapter 350 (Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) of this title and Texas Family Code Chapter 261 (Duty to Report Child Abuse);

(H) interfere with or hinder any abuse, exploitation, and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under Chapter 350 (Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) and Chapter 358 (Identifying, Reporting, and Investigating Abuse, Neglect, Exploitation, Death, and Serious Incidents) of this title or Texas Family Code Chapter 261 (Duty to Report Child Abuse);

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A, page 28-29, addresses this provision. The facility shall require all staff to comply with any applicable mandatory child abuse reporting laws.

During interview with the FA and the PC, it was reported that all staff are trained on their duty to report any knowledge, suspicion, or direct information that they may have regarding any incident regarding possible sexual abuse or sexual harassment. Interviews with the randomly selected staff (13) reinforces that training has been provided on several occasions that includes the reinforcement of this requirement, and staff understand their responsibility to report under Texas law and the Code of Ethics for juvenile justice professionals. All staff interviewed indicated that they have a responsibility and duty to report immediately under PREA Standards as well as under Texas law.

It is noted that all staff working in the facility are certified as Juvenile Corrections Officers and are required under the Texas Administrative Code (Title 37, Part 11, Chapter 345, Subchapter C: Code of Ethics) to adhere to the following code of ethics principles directly related to the duty to report any knowledge of abuse:

(1) Juvenile justice professionals must:

(A) abide by all federal laws, federal guidelines and rules, state laws, and TJJD administrative rules;

(H) report without reservation any corrupt or unethical behavior that could affect a juvenile or the integrity of the juvenile justice system;

(2) Juvenile justice professionals must not:

(G) be designated as a perpetrator in an abuse, exploitation, and neglect investigation conducted by TJJD under Chapter 350 (Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) of this title and Texas Family Code Chapter 261 (Duty to Report Child Abuse);

(H) interfere with or hinder any abuse, exploitation, and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under Chapter 350 (Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) and Chapter 358 (Identifying, Reporting, and Investigating Abuse, Neglect, Exploitation, Death, and Serious Incidents) of this title or Texas Family Code Chapter 261 (Duty to Report Child Abuse);

Under Texas Family Code, Sec. 261.101. PERSONS REQUIRED TO REPORT, in part, requires:

(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected...the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected...A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A, page 28-29, addresses this provision. Apart from reporting to the Facility Administrator or designee, designated State or local services agencies, and the CJPO, the FA, supervisors, the PC, and internal investigators, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Interviews with the randomly selected staff (13), made up of direct care/security staff (referred to as Juvenile Corrections Officers), Shift Supervisors, a cook, and a custodian/janitor, indicate that these staff understand their duty to report and the necessity of keeping information confidential, and provide information only as allowed by policy. As noted in Subsections (a) and (b) above, as certified Juvenile Supervision Officers required under the Texas Administrative Code to adhere to code of ethics principles, the following is directly related to the requirements for confidentiality:

(1) Juvenile justice professionals must:

(I) maintain the integrity and confidentiality of juvenile information, not seek more information than needed to perform their duties, and not reveal information to any person who does not have authorized access to the information for a proper, professional use;

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A, page 28-29, addresses this provision. Policy requires that medical and mental health

practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to Subsection (a) of this standard provision, as well as to the designated State or local services agency where required by mandatory reporting laws according to their licensing bodies. These practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The only medical providers related directly with the facility and see residents on a regular basis are the MD and a contracted Nurse. This service is provided through a contract with Taylor County, and services are provided at both the facility that is the subject of this audit and the County's adult jail facility. Interview with the MD indicates that he understands and follows policy to report any knowledge of sexual abuse or sexual harassment to the CJPO, the FA or the PC. In addition, the MD indicated that the Nurse understands this policy and is expected to also report any such knowledge. At that point, he understands that all other mandatory and other required contacts under Texas law and local protocols are made by these individuals. Further, he reports that if there is an actual sexual abuse case that is investigated, he would work with the law enforcement agency involved, representatives from the Regional Victim's Crisis, and medical professionals at the Hendrick's Hospital to address any follow-up needs.

Mental health services for residents of the facility are primarily provided by a full-time LPCA, a representative from the Betty Hardwick Center (a community mental health center) on a referral basis (an MOU is in place for these services), and counseling services are available through The NOAH Project. The Auditor interviewed the LPCA who reported that as an employee of the Juvenile Probation Department, he would be required to meet mandatory reporting laws in accordance within licensing requirements, as well as requirements as an employee of the Department under PREA Standards and Texas Juvenile Justice Standards.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A, page 28-29, addresses this provision. Policy requires that upon the receiving an allegation of sexual abuse, an employee, intern or volunteer shall promptly report the allegation to the PC/Investigator, who in turn, shall contact the CJPO and the alleged victim's parents or legal guardians, unless the agency 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 report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the CJPO, 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.

In interview with the CJPO, the FA, and the PC, the expectation and requirement to contact all of those listed in policy was confirmed. The FA or the PC would contact the resident's family, and the CJPO, the FA, or the PC will make the necessary contacts with the appropriate representative of the Texas Department of Family and Protective Services and the attorney. It is also expected that the CJPO will notify the Juvenile Court of the allegation, as well as the steps that are being taken to appropriately respond.

The only allegation received during the previous 12 months from the audit involved an

allegation made by a third party (parent) who reported that she believed her son was involved in a long-term relationship with a female staff member in the community. There was no allegation of any inappropriate contact while in the facility, and the mother overheard a phone conversation between her son and another person. Upon investigation, it was learned that there was no contact between the youth and the staff member, and it was between the other person on the phone with the staff member. The contact was a casual exchange of pleasantries when they saw each other in the youth's neighborhood while the staff member was visiting with family who happened to live in the same neighborhood. The allegation was determined to be unfounded. Documentation of the allegation reflects that appropriate contacts were made.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection A, page 28-29, addresses this provision. Policy requires that the facility/agency shall report all allegations of sexual abuse and sexual harassment, including any third-party and anonymous reports, to the PREA Coordinator/Investigator.

During interview with the FA and the PC, it was further clarified that any allegation of sexual abuse or sexual harassment will receive immediate attention and an investigation will be initiated. If it is clear that the allegation involves sexual abuse, the local law enforcement agency, specifically the Taylor County Sheriff Department, will be contacted to initiate a criminal investigation immediately. If the allegation involves sexual harassment, then an administrative investigation will immediately be initiated, and if at any time it appears that there are potential criminal elements involved, including sexual abuse, the PC will refer the allegations to the Sheriff Department as well. In interviews with the CJPO, the FA, and the PC, it was made clear that the facility and agency will coordinate its investigation with the Sheriff Department, and not do anything that would impede or interfere with the criminal investigation, as warranted.

The facility is in compliance with this provision of the standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362 Agency protection duties</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection B, page 29.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Randomly selected staff (13)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection B, page 29, addresses this provision. Policy requires that upon learning that a resident is subject to substantial risk of imminent sexual abuse, the facility staff will ensure that protective measures are put in place immediately to ensure the safety and well-being of the resident. Such measures may include, but are not limited to, re-assignment to a different housing unit, protective assignment, isolation of the threatening resident, or employee re-assignment.</p> <p>Interview with the CJPO, the FA, and the PC indicates that the agency as a whole, and specifically the staff working within the facility, will take necessary action to protect the resident and ensure his/her safety and well-being. Staff have been trained and are expected to take immediate action if there was ever any indication that a resident is in imminent risk of any form of sexual abuse, or any indication of any other potential abusive situation. During interview and on-going conversations with the FA, the Auditor inquired about what impact the application of the PREA Standards has had on the daily operation of the facility. The FA responded that it has enhanced the overall safety of the facility, and staff are mindful of their role to maintain a safe environment for all residents and staff.</p> <p>Interviews with randomly selected security staff (11), specifically Juvenile Supervision Officers and the Shift Supervisors, also indicates that staff understand and are able to articulate steps that need to be taken if a resident is in imminent risk. Staff were able to articulate that they would work with other staff and the Shift Supervisor to create immediate separation between the two residents; reassign residents to different rooms and locations; and take whatever steps within policy that proved to be more appropriate and effective to best provide for the</p>

safety of the possible victim. Staff expressed that they would need to evaluate this on a case-by-case basis to ensure the safety and protection of the victim, as well as protect other residents. The Auditor asked specifically about how staff would address one of their peers if a staff member was the potential perpetrator, and all staff interviewed indicated that they would do what was necessary to protect the resident, asking the staff member to leave, or not allowing the resident out of their sight, and contacting the Shift Supervisor for assistance.

The facility provided responses in the On-Line Audit System indicating that in the past 12 months, there were "0" incidents when the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse. Because there have been no reported incidents, there were no files or documentation to review, or residents to interview to provide any further detail.

The facility is in compliance with this provision of the standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363 Reporting to other confinement facilities</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection C, page 29.</p> <p>Documentation on allegation of sexual abuse or sexual harassment at another facility.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection C, page 29, addresses this provision. Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the CJPO or FA shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, the law enforcement agency with jurisdiction, and any other appropriate investigating agency.</p> <p>During interviews with the CJPO, the FA, and the PC, all indicated that they would not hesitate to report any allegation of sexual abuse or sexual harassment that was reported while the youth is in custody at the facility, or involved in any program of another agency. They would make necessary contacts to the appropriate agency representative where the allegation was reported to have occurred, as well as the appropriate law enforcement agency, and depending on the location of the other program/facility, the appropriate investigating agency, i.e. Texas Juvenile Justice Department, Child Welfare/Child Abuse Hotline, or any other appropriate authority if the facility is located outside the state of Texas.</p> <p>The facility provided responses in the On-Line Audit System indicating that in the past 12 months, the facility has received one (1) allegation that a resident was either sexually abused or sexually harassed while confined at another facility. Upon review of the documentation and report on the allegation provided in the OAS, the staff member who received the allegation from the youth took immediate action to the report to the Shift Supervisor, completed a call to the Texas Child Abuse Hotline, and documented the resident's allegation and steps taken to make proper notifications. The CJPO, the FA, and the PC were all notified. The FA initiated contact with the facility where the alleged incident took place within 72 hours of learning of the</p>

allegation.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection C, page 29, addresses this provision. Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the CJPO or FA shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, the law enforcement agency with jurisdiction, and any other appropriate investigating agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

As reported above in Subsection (a), during interviews with the CJPO, the FA, and the PC, all indicated that they would not hesitate to report any allegation of sexual abuse or sexual harassment that was reported while the youth is in custody at the facility, or involved in any program of another agency. These reports to the appropriate agency representatives as well as any investigative agencies would be made as soon as possible, and no later than the 72 hours required by this standard.

The facility provided responses in the On-Line Audit System indicating that in the past 12 months, the facility has received one (1) allegation that a resident was either sexually abused or sexually harassed while confined at another facility. Upon review of the documentation and report on the allegation provided in the OAS, the staff member who received the allegation from the youth took immediate action to the report to the Shift Supervisor, completed a call to the Texas Child Abuse Hotline, and documented the resident's allegation and steps taken to make proper notifications. The CJPO, the FA, and the PC were all notified. The FA initiated contact with the facility where the alleged incident took place within 72 hours of learning of the allegation.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection C, page 29, addresses this provision. Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the CJPO or FA shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, the law enforcement agency with jurisdiction, and any other appropriate investigating agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation, and the facility shall document that it has provided such notification.

As reported above in Subsection (a) and (b) above, interviews with the CJPO, the FA, and the PC indicated that they would follow the requirements of this standard and agency/facility policy. In the On-Line Audit System, the facility responded "Yes" concerning that it has provided such notification within 72 hours of receiving the allegation. The facility also provided responses in the On-Line Audit System indicating that in the past 12 months, the facility has received one (1) allegation that a resident was either sexually abused or sexually harassed

while confined at another facility. Upon review of the documentation and report on the allegation provided in the OAS, the staff member who received the allegation from the youth took immediate action to the report to the Shift Supervisor, completed a call to the Texas Child Abuse Hotline, documented the call, and documented the resident's allegation and steps taken to make proper notifications. The CJPO, the FA, and the PC were all notified. The FA initiated and documented contact with the facility where the alleged incident took place within 72 hours of learning of the allegation.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection C, page 29, addresses this provision. Policy requires that the CJPO shall ensure that allegations of sexual abuse made by residents of another facility but alleged to have occurred at the Taylor County facility are fully investigated in accordance with this policy.

During interviews with the CJPO, the FA, and the PC, all indicated that they would follow the requirements of PREA Standards, as well as related facility policies that are in-line with PREA Standards, to investigate any allegations of sexual abuse or sexual harassment that were alleged to have occurred while a youth was residing in the Taylor County Juvenile Detention Center facility or participating in any program or service provided by Taylor County Juvenile Probation, and are made at another facility. All indicated that such allegations would be addressed and handled no differently than if the allegation was made while the youth was in the custody of the Detention Center or a part of any program or service the agency operates.

The facility reported in On-Line Audit System indicating that in the past 12 months, the facility has received no allegations from other facilities that a resident was abused while confined at the Taylor County facility or participating in any Taylor County Juvenile Probation program or service. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency investigated the allegations.

The facility is in compliance with this provision of the standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364 Staff first responder duties</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection D, pages 29-30.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Randomly selected staff (13)</p> <p>OBSERVATIONS</p> <p>Observations while conducting the site review during the on-site phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection D, page 29-30, addresses this provision. Facility policy requires that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall be required to take the following actions:</p> <ul style="list-style-type: none"> ● separate the alleged victim and alleged abuser, ● preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by Taylor County Sheriff Department, ● if the allegation is made within a time period that still allows for the collection of physical evidence, restrict the alleged victim and alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, and ● if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. <p>During interviews with the FA, the PC, and the randomly selected personnel (13), all were able to provide the responsibilities of the first responder as documented in policy and as provided in this standard. There was little, if any, hesitation in responses provided, and all were well versed in these expectations.</p>

In addition to the on-going training that takes place on PREA standards and practices, including the responsibilities of the first responder, the facility leadership has created "JSO cards" (Juvenile Supervision Officer is the title of front-line security staff) that provide information and guidance on PREA-related expectations and guidelines, including first responder duties. The JSOs interviewed indicated that this is a valuable resource to ensure all expectations are met. These cards are laminated and are sized so that they can fit in a pants or shirt pocket while staff are on-duty. This should prove beneficial for staff in the event of an allegation.

The facility reported in On-Line Audit System indicating that in the past 12 months, the number of allegations that a resident was sexually abused as "1". However, the allegation was not made by a resident who was currently being detained in the facility, so no actions as required under this provision were initiated. Rather, this involved an allegation made by a third party (parent) who reported that she believed her son was involved in a long-term relationship with a female staff member in the community. There was no allegation of any inappropriate contact while in the facility, and the mother overheard a phone conversation between her son and another person. Upon investigation, it was learned that there was no contact between the youth and the staff member, the contact was with the other person on the phone, and the contact was a casual exchange of pleasantries when they saw each other in the youth's neighborhood when the staff member was visiting family who happen to live in the same neighborhood. The allegation was determined to be unfounded. Documentation of the allegation reflects appropriate actions were taken, and because the youth was not residing in the facility at the time of the accusation, there was not a need to separate the youth from the staff member.

Because there has been no other allegations, there were no files or documentation to review to determine how the security staff responded to such allegations, how the facility managed the allegation, or interview any youth who had alleged sexual abuse while at the facility either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection D, page 29-30, addresses this provision. Policy provides that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The facility has a total of 22 beds, and all staff who work in the facility are certified as Juvenile Supervision Officers, which would be considered "security staff". Other personnel who are regularly in the facility are Food Service personnel, Intake Officers who conduct the intake and orientation process, Juvenile Probation Officers who visit residents on a regular basis, agency and facility supervisors and administrators, and non-employees, including teachers with the Abilene ISD and the contract medical personnel. All Department staff have been instructed on PREA Standards, expectations, and requirements of the facility under these standards, as well as all contractors and volunteers. In interview with the FA and the PC, the PREA training for all non-security personnel directs staff to notify facility security staff for appropriate follow-up.

The facility reported in On-Line Audit System indicating that in the past 12 months, the number of times a non-security staff member was the first responder as "0" since there have been no allegations of sexual abuse at the facility. Because there have been no reported incidents, there were no files or documentation to review to determine how the non-security staff member responded to such allegations, how the facility managed the allegation, or interview any youth who had alleged sexual abuse while at the facility either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 Coordinated response</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection E, pages 30-31; SECTION IV-Responsive Planning, subsection A, pages 15-20.</p> <p>Coordinated Response to Allegations of Sexual Abuse.</p> <p>MOUs with TCSD, RVCC, NOAH, HOSP.</p> <p>Staff training records.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Detective (DET), Taylor County Sheriff Department (TCSD)</p> <p>Director, Regional Victim’s Crises Center (RVCC)</p> <p>Program Director, The Noan Project (NOAH)</p> <p>Nurse Supervisor, Hendricks Hospital (HOSP)</p> <p>Randomly Selected Security Staff (11)</p> <p>Contracted Medical Director (MD)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection E, pages 30-31, addresses this provision, and requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Auditor reviewed the referenced policy that provides portions of what should be included in a Coordinated Response Plan. However, the Auditor inquired of the FA and PC if there is a written plan as called for in policy, and learned that there was no separate document that</p>

outlines the various responsibilities of each of the individuals and agencies who would be a part of the coordinated response. The FA and the PC provided reference to additional policy that appropriately addresses the responsibilities of the various parties, specifically SECTION IV-Responsive Planning, subsection A, pages 15-20. Information is contained and spelled-out in various facility policies that should be contained in a Coordinated Response Plan, even though a separate plan is not specifically in place. After learning the facility does not have a written plan, the Auditor provided examples of what a plan should include, how it could be formatted to provide guidance to staff at all levels of the organization, and how to include agencies outside the facility to ensure an appropriate and effective response to an allegation of sexual abuse, especially if it requires a criminal investigation.

As has been documented under other provisions of the PREA Standards, from interviews within the facility, including the CJPO, the FA, the PC, the randomly selected security staff, and the MD, as well as with representatives from the other agencies who would be a part of the Coordinated Response Plan, including the RVCC, NOAH, the HOSP where SANE/SAFE nurses are located, and the DET with TCSD, all parties are aware of the different duties and responsibilities to ensure an allegation of sexual abuse is appropriately addressed. In addition, the facility/agency has an MOU with all of the community agencies to provide needed services.

With the feedback from the Auditor, the FA and PC developed a “Coordinated Response to Allegations of Sexual Abuse” (prior to the completion of the Final Report on the audit) that identifies specific responsibilities and detailed action steps for the various participants, including the facility staff member(s) who is the first responder (both non-security and security staff), the on-duty Shift Supervisor, facility leadership and the PREA Coordinator, medical and mental health providers who are available at the facility, the investigator with the Taylor County Sheriff Department, and the Sexual Abuse Review Board. During follow-up contact with the FA and the PC, as well as the documented training in the personnel training files audited, it was determined that the various responsibilities for the facility staff involved have been addressed in training, so no further specific training is required. The Auditor reviewed the plan, and determined it provides expectations and guidance for all parties involved.

The facility is in compliance with this provision of the standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 Preservation of ability to protect residents from contact with abusers</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection F, page 31-32.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>In the facility’s response to this provision that states: “The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later”, the response was “No”.</p> <p>The policy was created to be in line with the PREA Standard, but there is no collective bargaining agreement related to the personnel involved in the operation of the agency or facility. All personnel work under the direction of the juvenile court, the Taylor County Juvenile Board, and Taylor County policies.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>The auditor is not required to audit this provision.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367 Agency protection against retaliation</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection G, page 32.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection G, page 32, addresses this provision. Residents/Program participants, other complaining parties, employees, interns, and volunteers of TCJJC shall be protected against retaliation for reporting an incident of sexual abuse or sexual harassment or cooperating with an investigation of sexual abuse or sexual harassment. Protective measures may include but are not limited to:</p> <ul style="list-style-type: none"> (a) housing or assignment changes or transfers for program participant victims or alleged abuser, whichever is more favorable to the victim, (b) removal of alleged resident or employee, intern, or volunteer abusers from contact with victims, (c) emotional support services for residents or staff. <p>Interview with the CJPO, the FA, and the PC indicates that the facility and agency will take necessary actions to ensure that retaliation is not tolerated by anyone, regardless of their position, and it will be addressed promptly. The CJPO indicated that the primary person(s) responsible for monitoring for any form of retaliation are the FA and the PC. The Shift Supervisors would support the FA in such monitoring that could involve residents and direct care staff, but they too could be the subject of retaliation due to their direct work with and supervision of residents and direct care personnel. Interview with the PC and the Intake Supervisor further indicates that these positions would play a primary role in support of the FA to monitor for retaliation against residents or employees, as well as volunteers, interns, or other possible parties, i.e., contractors or other community agencies involved with the facility.</p>

In their response in the OAS, the facility identified all these positions as having responsibility for monitoring for retaliation, and interviews confirmed this information.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection G, page 32, addresses this provision. Residents, other complaining parties, employees, interns, and volunteers of TCJJC shall be protected against retaliation for reporting an incident of sexual abuse or sexual harassment or cooperating with an investigation of sexual abuse or sexual harassment. Protective measures may include but are not limited to:

- (a) housing or assignment changes or transfers for program participant victims or alleged abuser, whichever is more favorable to the victim,
- (b) removal of alleged resident or employee, intern, or volunteer abusers from contact with victims,
- (c) emotional support services for residents or staff.

In interview with the FA and the PC, the potential measures that would be utilized to protect any of the involved parties, and depending on the nature of the alleged retaliation, who is involved, etc, could include such actions as:

- moving a resident to a different residential hallway, with the move being done on a case by case basis in the best interest of the alleged victim
- reassigning an employee, if he/she is not completely removed from the facility due to an allegation of retaliation
- reviewing resident and program participant discipline reports
- conducting regular personal status checks with the potential victim(s) of retaliation, including residents, employees, volunteers, intern, or others, to determine any concerns
- monitoring for any change in behaviors of residents or staff, having Shift Supervisors observe and check for any changes
- providing counseling services and support, through agency resources and/or community agencies
- conducting additional training and education; and,
- in all cases if a resident is involved, review the resident's status and interactions with the parent/guardian.

The facility reported in the OAS that there had been one allegation of sexual abuse reported in the 12 months prior to the audit, and provided documentation on this allegation and investigation. The Auditor reviewed all documentation on this allegation (Case # 2020-11332). This incident involved the mother of a youth who was not currently residing in the facility, but was under the supervision of the agency (Taylor County Juvenile Probation Department), and had previously resided in the facility. The mother made the allegation, and reported that she believed her son was involved in a relationship with a female staff member of the agency. The allegation was based on a phone call that the mother overheard between her son and a friend who was also involved with the Juvenile Probation Department. The allegation was made on

6-9-2020, and the investigation began the same date. Upon investigation, the staff member was identified as an employee of the facility. It was determined that the youth had no contact with the staff member outside the facility. The only contact determined to have occurred was between the youth's friend who was on the call and the female staff member, the contact was incidental and occurred when the female staff member saw the youth in the same neighborhood when visiting a family member. Allegation was determined to be UNFOUNDED. The FA met with the resident when he returned to the facility after being apprehended for absconding from his home. The resident reiterated that nothing ever happened between himself and the female staff member, and indicated he did not know why his mother reported it.

The Auditor requested that the facility provide documentation on all allegations of sexual abuse or sexual harassment that have been made since the last PREA audit in August 2017, the resulting investigation that was completed, and the ultimate findings of each allegation. The facility provided a log for year-to-date 2021, and calendar years 2020, 2019, and 2018. The Auditor reviewed documentation on the investigations contained in each log. As of the date of the onsite phase of the audit, there has been no allegation thus far in 2021. There was the one allegation in calendar year 2020 that was described above. There was no allegation in calendar year 2019. In calendar year 2018, there were four allegations listed, and the facility provided the documentation on these allegations and investigations in the OAS under Standard 115.386, Sexual Abuse Incident Reviews. The Auditor reviewed each of these allegations and resulting investigations and found that three of the allegations were unfounded and one was unsubstantiated. All were initiated and completed within appropriate timelines, notices were provided as required by PREA standards, and follow-up for potential retaliation was conducted and documented by the PREA Coordinator.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection G, page 32, addresses this provision. Policy requires that following a report of sexual abuse or sexual harassment, the supervisors or administrators of the facility shall monitor for any changes which may suggest possible retaliation by residents, employees, interns, or volunteers. Such monitoring shall continue for an indeterminate amount of time but no less than 90 days following the report of sexual abuse or sexual harassment. Monitoring may include, but not be limited to, the review of resident discipline reports, housing changes, program changes, periodic status checks, negative staff performance reviews, and staff reassignments.

During interviews and on-going conversations during the onsite phase of the audit with the CJPO, the FD and the PC, information provided indicates that the facility will act promptly and without hesitation to address and remedy any such retaliation. In addition, by policy, the facility will monitor for a minimum of 90 days, and will continue to monitor beyond the 90 days if there is a need to do so.

In the On-Line Audit System, the facility indicated that the number of times an incident of retaliation occurred in the past 12 months is "0". Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility

addressed the situation either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

Subsection (d):

As described under Subsection (c) above, monitoring may include, but not be limited to, the review of resident discipline reports, housing changes, program changes, periodic status checks, negative staff performance reviews, and staff reassignments. During interviews with the CJPO, the FD, and the PC, information provided indicates that the facility will act promptly and without hesitation to address and remedy any such retaliation, and will utilize several strategies, including periodic status checks.

In the On-Line Audit System, the facility indicated that the number of times an incident of retaliation occurred in the past 12 months is "0". Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

The Auditor requested that the facility provide documentation on all allegations of sexual abuse or sexual harassment that have been made since the last PREA audit in August 2017, the resulting investigation that was completed, and the ultimate findings of each allegation. The facility provided a log for year-to-date 2021, and calendar years 2020, 2019, and 2018. The Auditor reviewed documentation on the investigations contained in each log. As of the date of the onsite phase of the audit, there has been no allegation thus far in 2021. There was the one allegation in calendar year 2020 that was described above. There was no allegation in calendar year 2019. In calendar year 2018, there were four allegations listed, and the facility provided the documentation on these allegations and investigations in the OAS under Standard 115.386, Sexual Abuse Incident Reviews. The Auditor reviewed each of these allegations and resulting investigations and found that three of the allegations were unfounded and one was unsubstantiated. All were initiated and completed within appropriate timelines, notices were provided as required by PREA standards, and follow-up for potential retaliation was conducted and documented by the PREA Coordinator.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection G, page 32, addresses this provision. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation.

As described under Subsection (a), (b), (c), & (d) above, during interviews with the CJPO, the FD, and the PC, policy and information provided indicate that the facility will act promptly and address any retaliation that may take place with any party that expresses any fear of retaliation, expresses the retaliation has taken place, and will take necessary actions. It is also noted that facility policy and practices include that if any employee, volunteer, or intern of the facility should detect any conduct that would suggest retaliation, they are expected to immediately notify their supervisor, who is then expected to contact the FD or other administrative staff to develop a strategy to address and remedy such retaliation. Any such

retaliation by an employee is grounds for immediate administrative action, up to and including termination.

Again, the facility has had no reports of retaliation for the past 12 months. There have been no residents who reported a sexual abuse while residing in the facility, and no related reports of retaliation. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months

The Auditor requested that the facility provide documentation on all allegations of sexual abuse or sexual harassment that have been made since the last PREA audit in August 2017, the resulting investigation that was completed, and the ultimate findings of each allegation. The facility provided a log for year-to-date 2021, and calendar years 2020, 2019, and 2018. The Auditor reviewed documentation on the investigations contained in each log. As of the date of the onsite phase of the audit, there has been no allegation thus far in 2021. There was the one allegation in calendar year 2020 that was described above. There was no allegation in calendar year 2019. In calendar year 2018, there were four allegations listed, and the facility provided the documentation on these allegations and investigations in the OAS under Standard 115.386, Sexual Abuse Incident Reviews. The Auditor reviewed each of these allegations and resulting investigations and found that three of the allegations were unfounded and one was unsubstantiated. All were initiated and completed within appropriate timelines, notices were provided as required by PREA standards, and follow-up for potential retaliation was conducted and documented by the PREA Coordinator.

The facility is in compliance with this provision of the standard.

Subsection (f):

The Auditor is not required to audit this provision.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 Post-allegation protective custody</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection H, page 33.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Randomly Selected Security Staff (11)</p> <p>Licensed Professional Counselor Associate (LPCA)</p> <p>Contracted Medical Director (MD)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION VIII- Official Response Following a Resident Report, subsection H, page 33, addresses this provision, and provides:</p> <ol style="list-style-type: none"> 1. A resident who is alleged to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. 2. During such times of protective segregated housing, the resident shall be offered daily large muscle exercise, access to legally required educational programming and special education services, daily visits from a mental health and medical practitioner, and access to other services/programs and work opportunities to the extent possible. 3. Is a resident who alleges to have suffered sexual abuse is held in protective segregated housing, the facility shall afford each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. <p>The facility is registered with the State of Texas to house up to 22 residents. As has been discussed in other sections of this report, the facility has three residential hallways, two hallways with nine (9) single-occupancy rooms each, and one hallway with four (4) single-occupancy rooms. There is no separate living unit or hallway that is designated as an "isolation unit". In addition, as a short-term detention facility, the general population can change daily, and most likely will change weekly. The FA works with Shift Supervisors to</p>

determine how to best manage the population on a day-to-day basis. If a youth requires "isolation" for any reason (i.e., medical, alleged sexual abuse, extreme assaultive or disruptive behaviors), the staff must determine how best to meet this need given the small capacity and limited number of residential rooms. The FA explained to the Auditor how this is managed as the population routinely changes, and how staff must consider a variety of issues: the number of male and female residents; the age of the residents; how residents may need to be separated due to being in rival gangs or some other history of aggressive behaviors; co-defendants in a specific case; medical isolation concerns; etc. All of this is accomplished within the available 22 single-occupancy rooms. Given this reality and facility design, it would be rare, if ever, that a youth would be placed "in isolation" in one of the residential hallways with no other youth. A youth may be "isolated" in his/her assigned single-occupancy room for a short period, possibly at the end of one of the hallways, and staff would continue to monitor, supervise, and involve in programming based on the reason for the resident being restricted to his/her room.

Interviews with the FA and the PC indicate that the facility utilizes room restrictions as minimally as possible for any purpose. The only reason it would be used in the event of an alleged sexual abuse incident would be to separate the alleged victim from the alleged abuser for as short a period as possible to conduct an initial review and investigation. Based on the situation, more than likely, the alleged abuser would be more likely to be placed "in isolation" or be restricted to his/her room for any extended time.

Randomly selected security staff (11), made up of Juvenile Supervision Officers and Shift Supervisors, were interviewed concerning the use of isolation. Because the facility has had no allegation of sexual abuse by a resident in the facility over the past 12 months, no resident has been isolated or restricted to his/her room due to making a sexual abuse allegation for the purpose of segregating from other residents, or to protect them from any form of retaliation. All staff indicated that residents who are placed on an extended room restriction for any reason are afforded the opportunity for educational programming and services, medical services, mental health services, large-muscle exercise and recreation, unless they present an immediate threat to the security and safety of other residents and staff.

Interview with the MD indicates that medical care is provided as needed, and there are no restrictions on seeing residents while being "isolated" or on room restriction for any reason. Interview with the LPCA indicates that he is available to provide counseling and support services for youth in the facility, is available to see residents on a daily basis who are restricted to their room, if not more often, as needed.

In the On-Line Audit System, the facility reported that the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months as "0". Again, there has been no allegation of sexual abuse by a resident in the facility over the past 12 months, and no related reports of retaliation, so no youth has been placed in isolation for these purposes. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371 Criminal and administrative agency investigations</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, B, & C, pages 33-35.</p> <p>Training Records of Primary Investigators for the facility, the Deputy Chief Secure Facilities/Facility Director (FD), PREA Coordinator (PC), and the Intake Supervisor (INTSUPER).</p> <p>Only one allegation of sexual abuse or sexual harassment was made and investigated in the past 12 months prior to the audit (2020); documentation on this allegation and investigation.</p> <p>The Auditor received documentation on incidents since the last PREA audit in August 2017, and received documentation on these allegations and investigations. This documentation was also reviewed.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Intake Supervisor, designated Investigator (INTSUPER)</p> <p>Randomly Selected Security Staff (11)</p> <p>Detective (DET), Taylor County Sheriff Department</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that when the facility conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Interviews with the CJPO, the FA, and the PC indicate that the FA and the PC would be primarily responsible for conducting and/or coordinating with local law enforcement any investigations into allegations of sexual abuse or sexual harassment that occur within the facility, with additional support from the INTSUPER. The CJPO confirmed that these two positions are responsible for the investigations, and there is an expectation that investigations</p>

are initiated promptly, with a thorough and objective review, in accordance with policy. Also, if the preliminary investigation indicates that criminal charges could be filed against the alleged abuser, the administrative investigation will be coordinated with the local law enforcement agency who is responsible for the criminal investigation. An investigation will be conducted in the same manner whether the allegation is made directly by the resident, or if made by a third party or anonymously. Interview with the CJPO indicated that the expectation for any investigation conducted internally is to have no interference with the criminal investigation.

The facility reported in the OAS that there had been one allegation of sexual abuse reported in the 12 months prior to the audit, and provided documentation on this allegation and investigation. The Auditor reviewed all documentation on this allegation (Case # 2020-11332). This incident involved the mother of a youth who was not currently residing in the facility, but was under the supervision of the agency (Taylor County Juvenile Probation Department), and had previously resided in the facility. The mother made the allegation, and reported that she believed her son was involved in a relationship with a female staff member of the agency. The allegation was based on a phone call that the mother overheard between her son and a friend who was also involved with the Juvenile Probation Department. The allegation was made on 6-9-2020, and the investigation began the same date. Upon investigation, the staff member was identified as an employee of the facility. It was determined that the youth had no contact with the staff member outside the facility. The only contact determined to have occurred was between the youth's friend who was on the call and the female staff member, the contact was incidental and occurred when the female staff member saw the youth in the same neighborhood when visiting a family member. Allegation was determined to be UNFOUNDED. Appropriate notifications were made to the parents and the youth.

The Auditor requested that the facility provide documentation on all allegations of sexual abuse or sexual harassment that have been made since the last PREA audit in August 2017, the resulting investigation that was completed, and the ultimate findings of each allegation. The facility provided a log for year-to-date 2021, and calendar years 2020, 2019, and 2018. The Auditor reviewed documentation on the investigations contained in each log. As of the date of the onsite phase of the audit, there has been no allegation thus far in 2021. There was the one allegation in calendar year 2020 that was described above. There was no allegation in calendar year 2019. In calendar year 2018, there were four allegations listed, and the facility provided the documentation on these allegations and investigations in the OAS under Standard 115.386, Sexual Abuse Incident Reviews. The Auditor reviewed each of these allegations and resulting investigations and found that three of the allegations were unfounded and one was unsubstantiated. All were initiated and completed within appropriate timelines, notices were provided as required by PREA standards, and follow-up for potential retaliation was conducted and documented.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Where sexual abuse is alleged, the facility shall use the Taylor County Sheriff Department investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.334.

In interviews with the FD and the PC, if any allegation is made concerning sexual abuse or sexual harassment, one or both are contacted by facility staff immediately after the residents are secured and initial information on the allegation is collected. If it is clear the allegation involves sexual abuse, allegations are required by policy and practice to be immediately referred to the local law enforcement agency (LEA), specifically the Taylor County Sheriff Department. Once referred to the LEA, designated facility investigative staff support and coordinate by assisting in the gathering of needed data, reviewing available technology that monitors the facility, etc. If the allegation involves what is determined to be sexual harassment, the FD or the PC will continue with an administrative investigation. Random staff interviewed also reported that they are expected to contact internal administrative personnel upon receiving an allegation of sexual abuse or sexual harassment, and to also ensure the LEA has been contacted if the allegation clearly involves sexual abuse.

The facility does not conduct investigations into allegations of sexual abuse, and refers such allegations to the local law enforcement agency for investigation.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. The Taylor County Sheriff Department shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic-monitoring data; shall interview alleged victim, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Interviews and on-going conversations with the FD and the PC clarified how investigations of sexual abuse are conducted and managed. An allegation of sexual abuse would be investigated as a criminal investigation by the local law enforcement agency, and specifically the Taylor County Sheriff Department. The FD and the PC report that they assist with ensuring relevant physical evidence and available electronic monitoring data is maintained appropriately to support the investigation by the LEA. They both support and coordinate the collection of relevant physical evidence, and provide any relevant historical data or other information that will support the investigation being conducted by the LEA. As noted previously, the facility staff work collaboratively with the LEA, and do nothing to interfere with the criminal investigation.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 33, addresses this provision. Policy requires that internal and administrative investigations shall not be terminated solely on the basis that the victim recanted the allegation.

Interviews with the FD and the PC further support that an investigation would not be terminated if the victim recants the allegation of sexual abuse. From review of the documentation provided on allegations and investigations conducted since the last PREA audit, there were cases where the resident recanted and the investigation was completed.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that when the quality of evidence appears to support criminal prosecution, the Taylor County Sheriff Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Interviews and on-going conversations with the FD and the PC clarified how investigations of sexual abuse are conducted and managed. Because the LEA would be responsible for a criminal investigation, the LEA would consult with prosecutors and make appropriate referral for prosecutorial review, with the support of the facility and agency administration. Interview with the DET of the Taylor County Sheriff Department confirmed that the Sheriff Department would manage the investigation and work with the County's prosecutor to determine appropriate action(s).

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that 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. The facility will 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.

Interviews and on-going conversations with the FD and the PC indicate that as designated investigators for the facility, they would work with the law enforcement agency concerning how the credibility of any alleged victim, suspect, or witness will be assessed on an individual basis. Staff report that the use of a polygraph is not a part of any investigative process completed by the facility, and there would be no requirement for such to pursue any allegation.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that internal investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interviews with the FD and the PC indicate in the course of conducting any administrative investigation regarding alleged sexual abuse or sexual harassment, efforts would be made to determine if staff actions or failures to act contributed to the alleged abuse or harassment, and

such investigation would be documented in written reports, as required in policy.

The facility is in compliance with this provision of the standard.

Subsection (h):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Criminal investigations shall be conducted by the Taylor County Sheriff Department and 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 and be provided to the facility.

As has been documented in previous Subsections of this Standard, criminal investigations would be conducted by the law enforcement agency. Interview with the DET of the Taylor County Sheriff Department indicates that the Sheriff Department would conduct and provide full documentation of the criminal investigation. The agency and the Sheriff Department have outlined responsibilities for collaborating to address allegations in an MOU that was provided for review by the Auditor. This document supports the relationship as described by agency/facility leadership and policy. From interview with the FD and the PC, any internal investigation that is done in coordination with the LEA, or an administrative investigation on an allegation of sexual harassment, will be documented in a written report with all appropriate supportive documentation.

The facility is in compliance with this provision of the standard.

Subsection (i):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Interviews with the FD and the PC, and supported by the representative of the Taylor County Sheriff Department, indicate that the decision to refer for prosecution is made by the LEA, and the agency/facility would support such action on any substantiated allegations that appear to be criminal in nature.

In the On-Line Audit System, the facility reported that the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later as "0". Subsection (a) under this provision of the Standard provides a review of the allegations and resulting investigations that have occurred since the last PREA audit in August 2017. There was no allegations of conduct that appeared to be criminal, so no cases were referred for prosecution.

The facility is in compliance with this provision of the standard.

Subsection (j):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy provides that the facility shall retain all written reports referenced in subsections (g) and

(h) of this Standard 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.

Interviews with the CJPO, the FD, and the PC indicates that the agency/facility will retain all records as required by this provision of the standard and by policy. All reports on allegations and resulting investigations since the last PREA audit in August 2017 were readily available and provided for the Auditor's review. This documentation included both internal documentation and investigative documentation from the Taylor County Sheriff Department.

The facility is in compliance with this provision of the standard.

Subsection (k):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews with the FD and the PC indicate that the investigation would continue regardless of the departure of an alleged abuser or the victim, and the agency would follow through with the law enforcement agency to address any potential criminal prosecution if warranted. Based on the documentation provided on all allegations and investigations since the last PREA audit in August 2017, there has been no termination of an investigation for this reason.

The facility is in compliance with this provision of the standard.

Subsection (l):

The agency is not required to respond to this provision, and the Auditor is not required to audit this provision.

Subsection (m):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection A, page 34, addresses this provision. Policy provides that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviews with the CJPO, the FD, and the PC indicate that facility staff would cooperate with any outside investigators, provide needed support to obtain appropriate information, and remain informed about the investigation. The auditor interviewed the DET with the Taylor County Sheriff Department (TCSD). This individual confirmed that the TCSD is the law enforcement agency initially contacted by the facility for any allegation of sexual abuse. As expected in policy, and confirmed by interviews with staff, the TCSD has the expectation that they will be contacted immediately on any allegation of sexual abuse, and their response is immediate as well. The DET, as well as other Detectives, receive required specialized training for sexual abuse investigations. The DET indicated that she participates in a county-wide work group that meets regularly to address sexual abuse incidents throughout the county. The DET also indicated that she has a very good working relationship with the facility, and believes the

facility addresses any allegation in a professional manner within PREA guidelines.

The facility is in compliance with this provision of the standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372 Evidentiary standard for administrative investigations</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection B, page 35.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection B, page 35, addresses this provision. The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews with designated investigators for the facility, specifically the FA and the PC, indicates that the standard provided in policy is the standard that is followed when conducting internal administrative investigation regarding sexual harassment. Any investigation of sexual abuse is conducted by the local law enforcement agency, and if the case is prosecuted, the evidentiary standard for criminal prosecution would be followed.</p> <p>The facility is in compliance with this provision of the standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373 Reporting to residents</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Intake Supervisor/Investigative Staff (INTSUPER)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35, addresses this provision. Following an administrative investigation into an allegation of sexual abuse, the victim shall be informed of the outcome of the administrative investigation which results in a finding of the allegation to be substantiated, unsubstantiated, or unfounded. If the agency/facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident, and shall document notification of these rights or attempted notification of these rights by the informing party.</p> <p>Interviews and on-going conversations with the FA, the PC, and the INTSUPER, the designated investigators of the facility, supports that any resident victim would be informed of the outcome of the investigation, as well as if the allegation was substantiated, unsubstantiated, or unfounded.</p> <p>In the On-Line Audit System, the facility reported that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months as "1"; and, of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation as "1". The Auditor reviewed this allegation and investigation, and determined through documentation provided that the youth and the parent were notified in a timely manner. It is noted that the youth had absconded from his home and the jurisdiction of the agency, and upon being taken into custody and placed back at the facility, was informed of the outcome of the allegation by the FA. In addition, the facility provided information in the OAS on four allegations that were made during 2018. A review of this documentation indicates that the resident and parent(s) were notified in a timely manner.</p>

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35, addresses this provision. Following an administrative investigation into an allegation of sexual abuse, the victim shall be informed of the outcome of the administrative investigation which results in a finding of the allegation to be substantiated, unsubstantiated, or unfounded. If the agency/facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident, and shall document notification of these rights or attempted notification of these rights by the informing party.

Interviews and on-going conversations with the FA and the PC, the two primary investigators of the facility, supports that they would request information from the investigative agency in order to inform the victim.

In the On-Line Audit System, the facility reported that the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months as "0". The only allegation during this timeline was an administrative investigation and is addressed in subsection (a) above. In addition, the facility provided information in the OAS on four allegations that were made during 2018. A review of this documentation indicates that whether the investigation was administrative by the facility or criminal by an outside agency, the resident and parent(s) were notified in a timely manner.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35, addresses this provision. Policy provides that the victim shall have the right to be informed verbally or in writing whenever the following conditions exists: (1) the victim will no longer be under the supervision of the perpetrator; (2) the perpetrator is no longer employed; (3) the perpetrator has been indicted on a charge related to the sexual abuse allegation within the facility; and, (4) the perpetrator has been convicted on a charge related to the sexual abuse allegation within the facility.

Interviews and on-going conversations with the FA and the PC, the two primary investigators of the facility, indicate that if there is an allegation of sexual abuse that involves a staff member, they would provide the resident with the information as required by policy.

In the On-Line Audit System, the facility responded "No" to the statement: There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. The only allegation and investigation completed during this time frame was determined to be "Unfounded". The Auditor reviewed the documentation related to this incident and found that the youth and parent were notified of the outcome of the investigation in a timely manner.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35, addresses this provision. Policy provides that the victim shall have the right to be informed verbally or in writing whenever the following conditions exist: (1) the victim will no longer be under the supervision of the perpetrator; (2) the perpetrator is no longer employed; (3) the perpetrator has been indicted on a charge related to the sexual abuse allegation within the facility; and, (4) the perpetrator has been convicted on a charge related to the sexual abuse allegation within the facility.

Interviews and on-going conversations with the FA and the PC, the two primary investigators of the facility, indicate that if there is an allegation of sexual abuse that involves a resident, they would provide the resident with the information as required by policy.

Because there has been no allegation, there was no resident who reported a sexual abuse identified for interview. The facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION IX- Investigations, subsection C, page 35, addresses this provision. Policy provides that the victim shall have the right to be informed verbally or in writing whenever the following conditions exist: (1) the victim will no longer be under the supervision of the perpetrator; (2) the perpetrator is no longer employed; (3) the perpetrator has been indicted on a charge related to the sexual abuse allegation within the facility; and, (4) the perpetrator has been convicted on a charge related to the sexual abuse allegation within the facility.

Interviews and on-going conversations with the FA and the PC, the two primary investigators of the facility, indicate that the various notifications as required under Subsections of Standard 115.373 will all be documented in accordance with policy.

In the On-Line Audit System, the facility reported the number of notifications to residents that were provided pursuant to this standard in the past 12 months as "1"; and, of those notifications made in the past 12 months, the number that were documented as "1". As reported throughout this Standard, documentation on the one allegation and resulting investigation that took place in this timeframe was reviewed by the Auditor. In addition, documentation on four allegations and resulting investigations that took place in 2018 were reviewed. In all cases, notifications to the resident and parent/legal guardian were documented appropriately.

The facility is in compliance with this provision of the standard.

Subsection (f):

The Auditor is not required to audit this provision.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376 Disciplinary sanctions for staff</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection A, pages 35-36.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection A, pages 35-36, addresses this provision, and provides that an employee of the facility found to have committed sexual abuse against any resident is subject to termination and possible criminal prosecution, and if to have committed sexual harassment against any resident, be subject to administrative sanctions and possible criminal prosecution. Interviews with the CJPO, the FA, and the PC reinforced that such actions would be taken with any staff member found to be involved in sexual abuse or sexual harassment.</p> <p>As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection A, pages 35-36, addresses this provision, and provides that termination is the presumptive disciplinary sanction for staff who have engage in sexual abuse. Interviews with the CJPO, the FA, and the PC reinforced that termination would be the presumptive action with any staff member found to be involved in sexual abuse or sexual harassment.</p> <p>In the On-Line Audit System, the facility reported the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months as "0"; and</p>

the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies as "0". As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection A, pages 35-36, addresses this provision, and provides that disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and comparable to actions taken against other staff with similar histories. Interviews with the CJPO, the FA, and the PC reinforced that these factors would be taken into consideration with any staff member found to be involved in sexual abuse or sexual harassment.

In the On-Line Audit System, the facility reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) as "0". As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection A, pages 35-36, addresses this provision, and provides that any termination for violations of the facility'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 law enforcement agencies, unless it was not criminal activity, and to relevant licensing bodies. In the case of facility staff, this would be the Texas Juvenile Justice Department who certifies all staff as Juvenile Corrections Officers. Interviews and follow-up conversations with the CJPO, the FA, and the PC reinforced that this action would be taken in all cases, as indicated by policy.

In the On-Line Audit System, the facility reported that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies as "0". As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the

agency/facility addressed the situation either currently or in the past several years. In addition, no staff has been referred to the Texas Juvenile Justice Department for termination of certification for this reason.

The facility is in compliance with this provision of the standard.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377 Corrective action for contractors and volunteers</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection B, page 36.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection B, page 36, addresses this provision. Policy requires that any contractor, intern, or volunteer who engages in sexual abuse is prohibited from contact with residents, and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Interviews and follow-up conversations with the CJPO, the FA, and the PC reinforced that these actions would be taken with any volunteer, contractor, or intern found to be involved in sexual abuse.</p> <p>In the On-Line Audit System, the facility responded “No” to the statement: in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In addition, the facility reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents as “0”. As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection B, page 36, addresses this provision. Policy requires that the CJPO and the FA take appropriate remedial measures, and consider whether to prohibit further contact with residents, in the case of any other violation of the</p>

facilities sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews and follow-up conversations with the CJPO, the FA, and the PC reinforced that these actions would be taken with any volunteer, contractor, or intern found to be involved in any other incident(s) of sexual harassment or sexual abuse.

As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.

The facility is in compliance with this provision of the standard.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378 Interventions and disciplinary sanctions for residents</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Licensed Professional Counselor (LPCA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision. Policy provides that 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. Interview and follow-up conversations with the FA and the PC indicates that this process would be followed if a resident was found to be involved in a sexual abuse incident in the facility.</p> <p>In the On-Line Audit System, the facility reported that in the past 12 months, the number of administrative findings of and the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility as "0". As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision. Policy provides that any disciplinary sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions</p>

imposed for comparable offenses by other residents with similar histories. Further, if a disciplinary sanction results in the isolation of a resident, the facility shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. In addition, residents in isolation shall receive daily visits from medical or mental health care practitioners; and, shall also have access to other programs and work opportunities to the extent possible. Interview and follow-up conversations with the FA and the PC indicates and assures that this approach would be followed if a resident was found to be involved in a sexual abuse incident in the facility.

In the On-Line Audit System, the facility reported that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse as "0". As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision. Policy provides that the facility's disciplinary process shall consider a resident's mental disabilities or mental illness when determining what type of sanction, if any, should be imposed. Interview and follow-up conversations with the FA and the PC indicates and assures that these considerations would be made, as appropriate, if a resident was found to be involved in a sexual abuse incident in the facility.

As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision, and provides that when appropriate, the facility shall determine if the resident will receive counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Further, the facility may require the resident to participate 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 to have access to programming or education.

Interview and follow-up conversations with the FA and the PC indicates and assures that residents would be afforded such services, potentially through the in-house LPCA, or through available community resources including the NOAH or the Betty Hardwick Center (Mental

Health Center). In addition, the agency contracts with Ph.D. psychologists who can provide assessment or referral, as indicated by assessment.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision, providing that the facility may discipline a resident for sexual contact with a staff member only upon a finding that the staff member did not consent to the contact.

As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017, and this includes any sexual contact with a staff member that did not consent to such behavior. Because there have been no confirmed allegations, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years. It is noted that there was one allegation in 2020, made by the mother of a male youth, alleging that her son was possibly involved with a female staff member. After thorough investigation, this allegation was determined to be unfounded. The youth received no disciplinary action during his residence at the facility. This allegation and resulting investigation is discussed in more detail in other section(s) of this report.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision, and provides that 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 the investigation does not establish evidence sufficient to substantiate the allegation.

As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. No resident has received any form of disciplinary action as a result of reporting a sexual abuse. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION X-Discipline, subsection C, pages 36-37, addresses this provision. Policy prohibits all sexual activity between residents and may discipline residents for such activity; however, the facility does not consider the activity to be sexual abuse if it determines that the activity is not coerced. Interview and follow-up conversations with the FA and the PC indicates and assures that this consideration would be made, as appropriate, if the activity was

determined to not be coerced.

As reported under other standards in this audit review, the facility has had no confirmed or founded allegations of sexual abuse or sexual harassment since prior to the last PREA audit and certification in August 2017. No sexual activity between residents has taken place, and therefore no discipline action taken in response for such activity. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

The facility is in compliance with this provision of the audit.

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.381 Medical and mental health screenings; history of sexual abuse

POLICY & DOCUMENT REVIEW:

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection A, pages 37-38.

Log completed and entitled "Medical and Mental Health Screenings, History of Sexual Abuse".

Medical and Mental Health Records.

INTERVIEWS:

Deputy Chief of Secure Facilities/Facility Administrator (FA)

PREA Coordinator (PC)

Contracted Medical Director (MD)

Licensed Professional Counselor, Associate (LPCA)

Director, Regional Victims Crisis Center, Abilene (RVCC)

FINDINGS (by Subsection):

Subsection (a):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection A, page 37, addresses this provision. If the screening pursuant to Standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in another institutional setting or in the community, 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.

Interview with the FA and the PC indicate that the facility has dedicated Intake Officers responsible for the intake process on each shift throughout the week, and if there is an unexpected absence, an on-call Intake Officer is available to conduct the intake process. As part of the intake process, the Intake Officer will complete a form titled "Intake Behavioral Screening/PREA Info" on all youth referred to the facility. This form documents and identifies any history of sexual abuse victimization or sexual perpetration by the youth. Upon completion, the form is forwarded to the PC who reviews and makes an immediate referral to the LPC or another mental services provider. In addition, the PC contacts the Texas Department of Family and Protective Services as required by law for any outcry of abuse. The PC maintains a log of all youth who disclose a history of sexual abuse victimization, referred to as the "Medical and Mental Health Screenings, History of Sexual Abuse" log. The facility provided a copy of this document in the OAS, and provided the Auditor a copy for review, including data from 2017 through 2020. From all documentation provided, all youth who

disclosed a history of sexual abuse victimization were referred and seen by a mental health professional within 14 days of admission and the intake screening.

Interview with the current LPCA confirmed that these referrals are received within 48 hours, and in many cases, within the first few hours of admission. The LPCA will make contact with the youth and offer services. The LPCA currently provides both individual counseling and follow-up, as well as conducting group sessions with those youth who are willing to participate. The LPCA maintains separate and discreet records of services provided in line with licensure. In addition, interview with the MD indicated that if a youth discloses sexual abuse victimization, the facility provides therapeutic intervention services, as needed or requested by the youth.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection A, page 37, addresses this provision. Policy provides that if in the screening as required in Standard 115.341, a resident discloses he/she has previously perpetrated sexual abuse, regardless of where it occurred, staff will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interview with the FA and the PC indicate that the facility has dedicated Intake Officers responsible for the intake process on each shift throughout the week, and if there is an unexpected absence, an on-call Intake Officer is available to conduct the intake process. As part of the intake process, the Intake Officer will complete a form titled "Intake Behavioral Screening/PREA Info" on all youth referred to the facility. This form documents and identifies any history of sexual abuse victimization or sexual perpetration by the youth. Upon completion, the form is forwarded to the PC who reviews and makes an immediate referral to the LPCA. If the LPCA is unavailable, the facility also maintains an MOU with the Betty Hardwick Center (Mental Health center) to provide counseling services. The PC maintains a log of all youth who disclose a history of sexual perpetration, referred to as the "Medical and Mental Health Screenings, History of Sexual Abuse" log. The facility provided a copy of this document in the OAS, and provided the Auditor a copy for review, including data from 2017 through 2020. From all documentation provided, all youth were referred and offered services in the past twelve months, and only two youth in 2017 who disclosed a history of sexual perpetration were not referred and seen by a mental health professional within 14 days of admission and the intake screening, though they were ultimately seen just a few days later. All other youth were referred and offered services for the four-year period.

Interview with the current LPCA confirmed that these referrals are received within 48 hours, and in many cases, within the first few hours of admission. The LPCA will make contact with the youth and offer services. The LPCA currently provides both individual counseling and follow-up, as well as conducting group sessions with those youth who are willing to participate. The LPCA maintains separate and discreet records of services provided in line with licensure requirements.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection A, page 37, addresses this provision. Policy provides that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

As noted in Subsection (a) and (b) above, while conducting the intake screening, staff do inquire of the youth if there is a history of assaultive behavior, including sexually aggressive behavior, or sexual victimization, in order to make appropriate classification decisions for housing and other program purposes. Documentation is also provided to the PC if a referral needs to be made to medical or mental health services based on any identified need. This information is maintained in the resident's detention file. The Auditor reviewed the resident files of ten residents who were present at the facility during the on-site phase of the audit. The "Intake Behavioral Screening/PREA Info" form was completed on all youth. This form documents and identifies any history of sexual abuse victimization or sexual perpetration by the youth. Upon completion, the form is forwarded to the PC who reviews and makes an immediate referral to the LPC or a community mental health service provider through on MOU with the Betty Hardwick Center. The PC maintains a log of all youth who disclose a history of sexual perpetration, referred to as the "Medical and Mental Health Screenings, History of Sexual Abuse" log.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection A, page 37, addresses this provision. Policy requires that 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.

All youth in the facility are under the age of 18 in accordance with Texas law. There are some cases where a young adult over the age of 18 could have a juvenile-age case pending, and that youth could be referred to the Juvenile Detention Center, then transferred to the County jail.

The facility is in compliance with this provision of the standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382 Access to emergency medical and mental health services</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection B, page 37.</p> <p>INTERVIEWS:</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>Detective (DET), Taylor County Sheriff Office (TCSO)</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Director, Regional Victims Crisis Center, Abilene (RVCC)</p> <p>Program Director, The Noah Project (NOAH)</p> <p>Contracted Medical Director (MD)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection B, page 37, addresses this provision. Policy provides that a resident who is a victim of sexual abuse 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 judgement.</p> <p>There is a contracted nurse on site for screening and general care purposes, as needed. The PC will alert the Nurse that a youth has been admitted who is in need of follow-up and review. The agency has a Licensed Professional Counselor Associate (LPCA) on staff, who is under the supervision of a fully certified LPC, that is available to provide crisis counseling if needed. However, the FA and the PC indicate that if there is a situation that involves a resident being the victim of sexual abuse, the Taylor County Sheriff Department will be notified, and the resident will be transported to Hendricks Hospital in Abilene for assessment and treatment by both medical and mental health providers. In addition, services are made available to the youth by trained counselors through either the RVCC or NOAH.</p> <p>Interviews with the FA and the PC indicate that if it is learned a resident of the facility is a sexual abuse victim, staff initiate an emergency response immediately. An initial call would be to the local law enforcement agency, and specifically to the TCSO to report the sexual assault. From interview with the primary investigating DET of the TCSO, she or another Detective would be immediately dispatched to the facility. Depending on the physical condition of the</p>

resident, either the facility staff will initiate transport to the Hendricks Hospital, or staff will wait for the arrival of the TCSO Investigator and coordinate the transportation of the victim. From interview with the Nursing Coordinator of the Hospital, the resident will be seen by the SANE for assessment and forensic examination. The RVCC is also contacted to provide advocacy and crisis intervention services. From interview with the Director of the RVCC, they would provide immediate services for the resident, wherever his/her location, and work with the SANE and the TCSO to provide appropriate services and intervention. From speaking personally with all parties involved, the Auditor was informed that all the agencies involved, including the facility, the DET at TCSO, the Nursing Coordinator at the Hospital, and the Director from the RVCC, would coordinate services to ensure the health and safety of the resident victim. The FA and PC indicate that the facility will rely on the guidance of medical personnel from the Hospital and counselors from RVCC to provide follow-up services, and coordinate any on-going treatment. Each of these agencies will maintain their respective records concerning a specific incident, and the FA, the PC, and/or the CJPO will obtain necessary information to effectively manage the case. The facility will also maintain records through the control center on timeliness of calls to the various agencies involved, and the FA or PC will coordinate any administrative oversight and reporting for the facility. The contracted MD, Nurse and the agency's LPC can provide follow-up services as appropriate.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial administrative and/or criminal investigation, allegations were determined to be "unfounded", and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse at the facility.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection B, page 37, addresses this provision. Policy requires that if no qualified medical or mental health practitioners are available at the time a report is received, staff first responders will take preliminary steps to protect the victim pursuant to Chapter 115.362, and immediately notify the appropriate medical and mental health practitioners.

As noted in Subsection (a) above, there are readily available resources in the community through partner agencies, including documented Memorandum of Understanding (MOU), and steps will be taken to provide the most effective services in collaboration with these other community agency resources. Subsection (a) provides details on how services and resources will be obtained and coordinated.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection B, page 37, addresses this provision. Policy provides that a resident victim of sexual abuse that is detained in the facility, along with their parents/guardians, will be offered information and access to medically appropriate services, such as contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

From interviews with both the FA and the PC, as well as the Directors of the RVCC and NOAH, on-going support services will be provided for the resident and family through facility resources, the RVCC and NOAH. In addition, the MD reports that any required medical follow-up will be coordinated with the Hospital to ensure appropriate medical care and services are provided. The FA, or designee, will be the primary point of contact for the facility to coordinate services through the various community agencies. The agency's LPCA will also be available to support and coordinate services as needed.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be "unfounded", and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection B, page 37, addresses this provision. Policy provides that treatment services are 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.

From interviews with both the FA and the PC, the MD, and the Directors of the RVCC and NOAH, on-going support services will be provided without cost to the victim, regardless of the level of cooperation of the victim. The hospital that provides services is the designated county hospital, and serves residents due to their residency at the facility.

The facility is in compliance with this provision of the standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

POLICY & DOCUMENT REVIEW:

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38.

INTERVIEWS:

Agency Head/Chief Juvenile Probation Officer (CJPO)

Deputy Chief of Secure Facilities/Facility Administrator (FA)

PREA Coordinator (PC)

Randomly Select Staff/Security First Responders (11)

Director, Regional Victims Crisis Center, Abilene (RVCC)

Detective (DET), Taylor County Sheriff Office (TCSO)

Program Director, The Noah Project (NOAH)

FINDINGS (by Subsection):

Subsection (a):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, requiring that the facility provide medical and mental health evaluation and, as appropriate, treatment to any resident who has been victimized by sexual abuse in any jail, lockup, or juvenile facility. Interview with the CJPO, the FD, and the PC clearly indicates that the facility would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be "unfounded", and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, requiring that the evaluation and treatment of a resident who has been victimized shall include, as appropriate, follow-up services, treatment planning, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. Interviews and follow-up conversation with the CJPO, the FA, and the PC clearly indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, requiring the facility shall provide a resident who has been victimized with medical and mental health services consistent with the community level of care. Interviews and follow-up conversation with the CJPO, the FA, and the PC clearly indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, and requires that resident victims of sexually abusive vaginal penetration while detained shall be offered pregnancy tests. Interviews and follow-up conversation with the CJPO, the FA, and the PC indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, and requires that if pregnancy results, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interviews and follow-up conversation with the CJPO, the FA, and the PC indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (f):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, and requires that resident victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. Interviews and follow-up conversation with the CJPO, the FA, and the PC indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (g):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, and requires that 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. Interviews and follow-up conversation with the CJPO, the FA, and the PC indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

Subsection (h):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XI-Medical and Mental Care, subsection C, page 38, addresses this provision, and requires that the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews and follow-up conversation with the CJPO, the FA, and the PC indicate that the agency would provide these services as required by policy.

As reported in other portions of the audit review, the facility has had allegations of sexual abuse that have all been unfounded or unsubstantiated. There have been no reports of actual sexual abuse or sexual harassment taking place within the facility since the last PREA audit and certification in August 2017. In those cases where allegations of sexual abuse were made, appropriate contacts were made with the TCSO, and upon initial investigation, allegations were determined to be “unfounded”, and no further action was needed. The DET at TCSO, the Director at RVCC, and the Program Director at NOAH all confirmed in interviews that the facility has taken necessary steps to address any allegation that has been made, has put into place the necessary safeguards and protocols to address sexual abuse, and none of these agencies are aware of any further allegations of sexual abuse. Because there have been no confirmed allegations of sexual abuse, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

The facility is in compliance with this provision of the standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 Sexual abuse incident reviews</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39.</p> <p>Documentation on one investigation of allegations that was made in 2020.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>Deputy Chief of Secure Facilities/Facility Administrator (FA)</p> <p>PREA Coordinator (PC)</p> <p>Deputy Chief Fiscal Services (DCFS)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39, addresses this provision, and provides that the facility 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.</p> <p>In the On-Line Audit System, the facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents, in the last 12 months, as "0". The facility provided documentation on one alleged incident that took place in 2020. The Auditor reviewed the documentation provided on the allegation and investigation. The incident involved a parent contacting an agency representative and alleging her son was involved in an on-going relationship with an agency employee outside the facility. This information was provided based on a phone call that the mother overheard. After initiating an internal investigation, the investigator determined that the allegation involved a staff member who worked in the facility. After thorough investigation, it was further determined that no relationship existed, the only communication between the staff member and youth was a casual exchange when they saw each other in the community, and the allegation was determined to be unfounded. In addition, the youth personally reported that nothing occurred between he and the staff member, and that he was not sure why his mother made the allegation. Due to the allegation being unfounded, no Sexual Abuse Incident Review was required or conducted.</p> <p>It is noted that in the agency's response in the On-Line Audit System under this provision of</p>

the standard, information is provided on four other allegations and the resultant investigation that took place prior calendar year 2020. These allegations and related information have been addressed under a previous separate Standard.

The facility is in compliance with this provision of the standard.

Subsection (b):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39, addresses this provision, and provides that the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation, as needed.

In the On-Line Audit System, the facility reported for the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents, as "0". As reported in subsection (a) above, there was only one allegation during 2020, and it was determined to be unfounded. Because there has only been one allegation determined to be unfounded, there is no documentation to review and determine how the facility implemented a sexual abuse incident review at the conclusion of the investigation over the past 12 months.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39, addresses this provision, and provides that the review team will consists of the CJPO, the FA, the PC, the DCFS, the facility's first-shift supervisor, and an administrative assistant, with input from line supervisors, investigators, and medical and mental health practitioners. During interviews with the CJPO, the FA, the PC, and the FS, each of these personnel confirmed an understanding of their role in the Sexual Abuse Incident Review Team, and acknowledged that they have not had a reason to meet since there has been no "founded" allegations of sexual abuse.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39, addresses this provision, and requires that the sexual incident reviews include the five (5) required components as described in this standard, and provide the information to the Facility Administrator and PREA Coordinator.

The facility has had the one report of alleged sexual abuse in 2020, and as noted in subsections (a) and (b) of this Standard, the allegation was unfounded. There are no files or documentation to review to determine how the facility implemented a sexual abuse incident review after an investigation that confirmed a sexual abuse incident.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII-Data Collection and Review, subsection A, pages 38-39, addresses this provision, and requires that the facility implement the recommendations for improvement, or document its reasons for not doing so. The FA and PC indicated that they would be responsible for working with facility staff and the CJPO to implement any recommendations that are made.

As reported throughout the discussion of this standard, the facility has had no confirmed allegations of sexual abuse or sexual harassment during the past 12 months. Because there have been no confirmed sexual abuse or sexual harassment allegations, there are no files or documentation to review to determine how the facility implemented a sexual abuse incident review at the conclusion of a sexual abuse investigation, or the implementation of any recommendations.

The facility is in compliance with this provision of the standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387 Data collection</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION II-General Definitions, subsections A & B, pages 2-6; & SECTION XII-Data Collection & Review, subsection B, pages 39-40.</p> <p>Contracts with other secure facilities, both public and private, with which the agency/facility contracts for the confinement of its residents.</p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>PREA Coordinator (PC)</p> <p>Deputy Chief Fiscal Services (DCFS)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection & Review, subsection B, pages 39-40, addresses this provision, requiring that the facility collect accurate, uniform data for all allegations of sexual abuse at facilities under its direct control using standardized instrument and set of definitions. The definitions utilized for this purpose are provided in SECTION II-General Definitions, subsections A & B, pages 2-6. The CJPO and the PC acknowledge the facility that is the subject of this audit is the only facility the agency operates and is under the agency's control. It is the expectation of both the CJPO and the PC that data will be collected on any and all allegations of sexual abuse that occur within the facility. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Aggregated data is provided on the website for 2015-2020. There have been no founded incidents of sexual abuse or sexual harassment during this timeframe, one unsubstantiated allegation, and five unfounded allegations.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection & Review, subsection B, pages 39-40, addresses this provision, requiring that the facility aggregate the incident-based sexual abuse data at</p>

least annually. It is the expectation of both the CJPO and the PC that data will be collected and aggregated at least annually on any and all allegations of sexual abuse that occur within the facility. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Aggregated data is provided on the website for 2015-2020. There have been no founded incidents of sexual abuse or sexual harassment during this timeframe, one unsubstantiated allegation, and five unfounded allegations.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection & Review, subsection B, pages 39-40, addresses this provision, requiring that the facility collect data that will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. It is the expectation of both the CJPO and the PC that data will be collected to answer all questions as required by this Standard. The Auditor reviewed the data collected compared to the SURVEY OF SEXUAL VICTIMIZATION provided on the Office of Justice Programs website, <https://www.ojp.gov/>, and determined that all data collected by the facility will provide all answers for the Survey.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection & Review, subsection B, pages 39-40, addresses this provision, requiring that the facility will maintain, review, and collect data as needed from all available resources, as described in this Standard. It is the expectation of both the CJPO and the PC that data will be collected from all available resources as required by this Standard. The Auditor reviewed data from three allegations of sexual abuse and/or sexual harassment from 2018 and 2020. Data has been collected and provided on all of these incidents. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Aggregated data is provided on the website for 2015-2020. There have been no founded incidents of sexual abuse or sexual harassment during this timeframe, one unsubstantiated allegation, and five unfounded allegations.

The facility is in compliance with this provision of the standard.

Subsection (e):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection & Review, subsection B, pages 39-40, addresses this provision, requiring that the facility will obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents.

The Auditor reviewed the contract and files regarding any public and private secure facilities with which the agency/facility contracts with for the confinement of youth under its jurisdiction. Documentation for both incident-based and aggregate data is provided by the contracting

facility. As noted under PREA Standard 115.312 “Contracting with other entities for the confinement of residents”, the Auditor reviewed copies of both historical incident-based and annual reports provided by the various facilities on any alleged sexual abuse and/or sexual harassment incidents, with some having not yet provided a report for calendar year 2020. Also, in conversation with the DCFS, it was reported that one monitoring step that has been taken is an annual review of the contracting agencies website to ensure that the current PREA audit report and the annual data review on sexual abuse and/or sexual harassment allegations is available. However, there is no notation of this review. Appropriate documentation and practices are in place to support compliance with this provision of the standard.

The facility is in compliance with this provision of the standard.

This is an area that the agency/facility can improve to ensure it is consistently obtaining appropriate data from contracted facilities to ensure the sexual safety of its youth, and the Auditor makes the following **RECOMMENDATION**:

It is recommended that a methodology be developed to monitor and document that all incident-based and aggregated data is consistently provided in a timely manner, reviews are conducted on a regular basis, actions taken to obtain the annual report from the contracted facility is documented, including obtaining reports from the contracting agencies website. This documentation can be completed as it occurs, as well as on an annual basis, and updated in the contract file for future audits.

Subsection (f):

The facility’s response in the On-Line Audit System was N/A as the Department of Justice has not requested agency data from the previous year.

The facility is in compliance with this provision of the standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388 - Data review for corrective action</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection B & C, pages 39-40.</p> <p>Facility/Agency Annual Reports for 2017, 2018, 2019 and 2020, posted on the agency's website; related multiple year data regarding sexual abuse and sexual harassment allegations and resultant findings for each case for 2015-2020: <a href="http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.</p>">http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.</p></p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>PREA Coordinator (PC)</p> <p>Quality Assurance Officer (QAO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection C, pages 39-40, addresses this provision, and requires that the facility review all data collected/aggregated, as required in Standard 115.387, in order to assess and improve the effectiveness of its prevention, detection, and response policies, practices, and training, to include: problem area identification, corrective actions taken; and an annual report of findings/actions for the facility and the agency as a whole. The CJPO and the PC report that data is collected and aggregated, and an annual report is prepared to provide an overview of the data and document what will be done to continually improve the facility's efforts to protect residents from any sexual abuse or sexual harassment. These reports are provided on the agency's website as documented above. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Aggregated data is provided on the website for 2015-2020. There have been no founded incidents of sexual abuse or sexual harassment during this timeframe, one unsubstantiated allegation, and five unfounded allegations.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards</p>

Compliance, SECTION XII- Data Collection and Review, subsection C, pages 39-40, addresses this provision, and requires a comparison of current year data and corrective actions with those from prior years, providing as assessment of progress in addressing sexual abuse. Annual reports are completed in January each calendar year, and provide a year-to-year comparison of the aggregated data. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Aggregated data is provided on the website for 2015-2020. There have been no founded incidents of sexual abuse or sexual harassment during this timeframe, one unsubstantiated allegation, and five unfounded allegations.

The facility is in compliance with this provision of the standard.

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection C, pages 39-40, addresses this provision, and requires that the annual report be approved by the Agency Head/CJPO and be made readily available to the public through its website or other means. Annual reports are completed in January each calendar year, and provide a year-to-year comparison of the aggregated data. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Reports are reviewed and signed by the CJPO and the PC. In addition, interviews with the CJPO and the PC confirmed that data is collected and aggregated, and an annual report is prepared to provide an overview of the data and document what will be done to continually improve the facility's efforts to protect residents from any sexual abuse or sexual harassment.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection C, pages 39-40, addresses this provision, and provides that the facility may redact specific material from the reports if such would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The Auditor reviewed the Annual Reports for 2017-2019 that had previously been posted on the website and provided by the QAO, as well as the report for 2020 provided on the agency's website. Reports are reviewed and signed by the CJPO and the PC. In addition, interview with the PC confirms that there has been no redaction of data deemed a threat to the safety or security of the facility.

The facility is in compliance with this provision of the standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 Data storage, publication, and destruction</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection D, page 40.</p> <p>Facility/Agency Annual Reports and Corrective Action Plans for 2017, 2018, 2019, and 2020, posted on the agency’s website; related multiple year data regarding sexual abuse and sexual harassment allegations and resultant findings for each case for 2015-2020: <a href="http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.</p>">http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.</p></p> <p>INTERVIEWS:</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>PREA Coordinator (PC)</p> <p>Quality Assurance Officer (QAO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection D, page 40, addresses this provision, and requires that data collected under the requirements of Standard 115.387 are securely retained. Interviews with the PC and QAO indicate that all data is securely maintained on all residents, both data stored in traditional “hard-copy files” and electronic files.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection D, page 40, addresses this provision, requiring that the facility make all aggregated sexual abuse data readily available to the public at least annually through its website. The Auditor reviewed the facility’s Annual Reports for 2017-2018-2019-2020 that contained aggregate data on sexual abuse and sexual harassment allegations and findings on the agency’s website. The agency makes the immediately preceding year’s Annual Report data available on the website (i.e., the calendar year 2020 report is currently posted), and all other reports are maintained and available for review, as requested. Accumulative data is available on the website for 2015-2020.</p> <p>The facility is in compliance with this provision of the standard.</p>

Subsection (c):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection D, page 40, addresses this provision, requiring that before making any data publicly available, all personable identifiers are removed. The Auditor reviewed the facility's Annual Reports for 2017-2018-2019-2020, all completed since the last PREA Audit in August 2017, that contained aggregate data on sexual abuse and sexual harassment allegations and findings on the agency's website, and found no personal identifiers within the data.

The facility is in compliance with this provision of the standard.

Subsection (d):

Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XII- Data Collection and Review, subsection D, page 40, addresses this provision, requiring that the facility maintain sexual abuse data collected under the requirements of Standard 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The CJPO and PC confirms that data is available for a minimum of 10 years, unless law requires otherwise. The Auditor reviewed data provided for 2015 through 2020.

The facility is in compliance with this provision of the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and scope of audits</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XIV- Auditing and Corrective Action, subsection A, page 40.</p> <p>Facility FINAL PREA Audit Report from August 22, 2017, located on the Agency’s website at: ">http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.></p> <p>Audit Notices posted in multiple areas of the facility where residents, families, attorneys, and staff could review.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>The facility’s initial and last PREA audit was completed in August 2017, during the three-year cycle of August 20, 2016 to August 19, 2019, as documented in the FINAL PREA Audit Report, dated August 22, 2017, completed by PREA Auditor Glen E. McKenzie, Jr. M.S.H.P.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>The agency operates only one facility, a juvenile detention center, referred to as a juvenile pre-adjudication facility in the state of Texas. The facility’s initial and last PREA audit was completed in August 2017, during the three-year cycle of August 20, 2016 to August 19, 2019, as documented in the FINAL PREA Audit Report, dated August 22, 2017, completed by PREA Auditor Glen E. McKenzie, Jr. M.S.H.P.</p> <p>This current audit report is being completed in the second year of the three-year cycle of August 20, 2019 to August 19, 2022.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (h):</p> <p>The facility provided the Auditor full access to the entire facility during the on-site phase of the audit, May 4-7, 2021. A site review was conducted on the first day of the audit, and the Auditor was allowed to view all areas of the facility without hesitation, including all closets, access doors, shower facilities, individual resident rooms, the control center, the kitchen and cafeteria, the intake area, and multiple program areas.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (i):</p>

The Auditor was able to collect all relevant data, reports, files, and records that are needed and required to complete a thorough PREA audit. Staff provided much of this information when they completed their requirements within the On-Line Audit System. As needed, additional documentation was provided during the pre-onsite phase, the onsite phase, and post-onsite phase of the audit as the Auditor reviewed documentation and identified additional needs. Appropriate personnel and resident files and other documents and records were provided during the onsite phase of the audit. Overall, there was no hesitancy or resistance to provide the Auditor with all requested documents and files.

The facility is in compliance with this provision of the standard.

Subsection (m):

The Auditor was allowed to conduct private interviews with residents, and was provided sufficient and comfortable space to conduct the interviews. Staff were very cooperative with moving residents to and from the interview room without any significant delays.

The facility is in compliance with this provision of the standard.

Subsection (n):

The residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. This was confirmed by the PREA Coordinator, as well as in interviews with the randomly selected residents and targeted residents, as well as with random staff. The Auditor received emails from the PREA Coordinator with pictures indicating where and when the Audit Notices were posted, eight weeks prior to the on-site audit. Notices were posted in multiple locations throughout the facility, and wherever residents are involved in activities, including the intake area, the housing unit, the academic classroom, and the cafeteria. In addition, the Auditor viewed the Notices in the same locations as presented in the emailed pictures during the pre-onsite phase of the audit. As of the completion of this audit report, the Auditor has not received any confidential information or correspondence from residents or staff since the Notices were posted. The Facility Administrator agreed to keep the notices posted until completion of the final report.

The facility is in compliance with this provision of the standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit contents and findings</p> <p>POLICY & DOCUMENT REVIEW:</p> <p>Taylor County Juvenile Justice Center (TCJJC) Policy, Chapter 6-Federal PREA Standards Compliance, SECTION XIV- Auditing and Corrective Action, subsection C, page 42.</p> <p>Facility FINAL PREA Audit Report from August 22, 2017, located on the Agency’s website at: ">http://www.taylorcountytexas.org/528/PREA-Annual-Data-Review-Chart.></p> <p>Subsection (f):</p> <p>The Auditor examined the agency’s website on multiple occasions and located the FINAL PREA Audit Report that was completed on August 22, 2017. The facility met all standards. This report was completed during the previous three-year cycle of August 20, 2016, to August 19, 2019. Annual facility reports were readily available for public view, including multiple year data regarding sexual abuse and sexual harassment allegations and resultant findings for each case, from 2015 to 2020. This current PREA audit is completed within the current three-year cycle of August 20, 2019 to August 19, 2022. The Auditor has reminded the agency/facility leadership to post this current PREA audit on the website after having the opportunity to review.</p> <p>It is noted that the facility will be required to complete its next PREA audit during the next three-year cycle of August 20, 2022 to August 19, 2025.</p> <p>The facility is in compliance with this provision of the standard.</p>

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

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

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

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

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

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

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

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

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 or the agency does not employ medical staff.)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	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

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.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

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

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

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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

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

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

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

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

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

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

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