

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 12-9-19

Auditor Information

Name: Ana Aguirre	Email: : ata3consulting@gmail.com
Company Name: ATA3 Consulting, LLC	
Mailing Address: PO Box 19748	City, State, Zip: Austin, TX 78760
Telephone: 512-708-0647	Date of Facility Visit: March 27-29, 2019

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Atascosa Juvenile Probation Department		Atascosa County Juvenile Board	
Physical Address: 1511 Zanderson Ave.		City, State, Zip: Jourdanton, TX 78026	
Mailing Address: 1511 Zanderson Ave.		City, State, Zip: Jourdanton, TX 78026	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention			

Agency Chief Executive Officer

Name: Bill Gamez	
Email: bgamez@atascosajuv.com	Telephone: 830-769-3222

Agency-Wide PREA Coordinator

Name: Sharon Riggins	
Email: sriggins@atascosajuv.com	Telephone: 830-769-3222
PREA Coordinator Reports to: Chief Juvenile Probation Officer	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: : **Atascosa County Juvenile Justice Center**

Physical Address: 1511 Zanderson Ave.

City, State, Zip: Jourdanton, TX 78026

Mailing Address (if different from above):
N/A

City, State, Zip: N/A

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Texas Juvenile Justice Department (TJJD) – The auditor was provided a copy of the TJJD Standards Compliance Report reflecting a monitoring visit was conducted April 8-10, 2019. The report reflected a finding that the facility was deemed suitable for the confinement of children, pending the development, approval, successful completion and verification of the Facility's overall program improvement plan (PIP). The report reflected no concerns pertaining to the PREA standards.

Facility Administrator/Superintendent/Director

Name: Daniella Martinez

Email: dmartinez@atascosajuv.com

Telephone: 830-769-3900

Facility PREA Compliance Manager

Name: N/A

Email: N/A

Telephone: N/A

Facility Health Service Administrator N/A

Name: Lesley Bedingfield, LVN

Email: lbedingfield@atascosajuv.co Telephone: 830-769-3900

Facility Characteristics

Designated Facility Capacity: 40

Current Population of Facility: 14

Average daily population for the past 12 months: 11

Has the facility been over capacity at any point in the past 12 months? [] Yes [X] No

Which population(s) does the facility hold? [] Females [] Males [X] Both Females and Males

Age range of population: 10-17

Average length of stay or time under supervision: 14

Facility security levels/resident custody levels: Medium

Number of residents admitted to facility during the past 12 months: 209

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 176

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 95

Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? [] Yes [X] No

- Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies): [] Federal Bureau of Prisons [] U.S. Marshals Service [] U.S. Immigration and Customs Enforcement [] Bureau of Indian Affairs [] U.S. Military branch [] State or Territorial correctional agency [X] County correctional or detention agency [] Judicial district correctional or detention facility [] City or municipal correctional or detention facility (e.g. police lockup or city jail) [] Private corrections or detention provider [] Other - please name or describe: Click or tap here to enter text. [] N/A

Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	10
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
Number of single resident cells, rooms, or other enclosures:	40
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	4

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: The Children’s Hospital of San Antonio)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff’s department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Texas Juvenile Justice Department) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff’s department
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- | | |
|--|--|
| | <input type="checkbox"/> State police
<input type="checkbox"/> A U.S. Department of Justice component
<input checked="" type="checkbox"/> Other (please name or describe: Texas Juvenile Justice Department)
<input type="checkbox"/> N/A |
|--|--|

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) onsite audit of the Atascosa County Juvenile Justice Center (ACJJC) located in Jourdanton, Texas, was conducted March 27-29, 2019, by Ana Aguirre, ATA3 Consulting, LLC. The facility is under the jurisdiction of the Atascosa County Juvenile Board. The facility is co-located with the Atascosa County Juvenile Probation Department’s administrative offices and building.

Pre-Onsite Audit Phase

Contract Signed 1-20-19 with initial onsite audit dates of March 6-8, 2019;

The auditor requested to meet with the facility audit team, but the PREA coordinator was unable to coordinate a team meeting due to scheduling conflicts and the detention superintendent pursuing another job. The auditor held a phone meeting with the PREA coordinator on 1-2-19 to discuss the PREA audit process, logistics and access to the facility, set goals and expectations, and set timelines. A follow-up phone call meeting was held on 1-15-19 to discuss how to access the Online Audit System (OAS). The auditor provided the PREA Audit Resource information for juvenile facilities, PREA Audit Process Map, PREA Audit Request for Information Regarding PREA Incidents and Investigations and Investigations Flowchart, and the PREA Audit Worksheet-Screening and Classification Systems Overview Forms on 1-23-19. The facility responded to the Request for Information on 2-19-19 and provided the Sexual Abuse Investigation Flowchart on 3-21-19.

In preparation for the onsite audit, the facility completed the Pre-Audit Questionnaire (PAQ) via the Online Audit System (OAS). The agency initiated the process to access the OAS on 2-1-19. The facility was provided access to the OAS on 2-8-19. The PAQ was completed on 2-15-19, at which time the auditor was provided access to the PAQ for review. The auditor reviewed all documentation, materials, and data submitted by the facility in the PAQ. The documentation reviewed included agency policies and procedures; forms; organizational chart; PREA related posters, brochures; and training documentation for staff.

PREA Audit Notices (English and Spanish) and Posting Instructions provided 1-20-19 to post on 1-22-19. The agency provided verification of the posted notices on 1-22-19, which met the six-week prior to onsite arrival to post the notices. The agency was instructed to submit a minimum of six pictures to verify the timely posting of the notices. The posting locations reflected in the pictures submitted included the following: lobby, control room, staff breakroom, intake, medical, visitation-contact, general purpose room (GPR), Pod A, Pod A Classroom, Pod B, Pod B Classroom, Pod C, and Pod C Classroom. Due to difficulties the agency

encountered accessing the OAS, the dates of the initially scheduled onsite audit were changed to March 27-29, 2019. The agency reposted the PREA Audit Notices (English and Spanish) on 2-13-19, which met the six-week prior to the auditor's arrival onsite. The posting locations reflected in the pictures submitted included the following: control room, lobby, intake, medical, visitation contact, visitation non-contact, 190 hallway, Pod A, Pod A Classroom, Pod B, Pod B Classroom, Pod C, GPR, intake, and the staff breakroom.

On 3-7-19, the auditor requested the PREA Audit Worksheet-Screening and Classification Systems Overview Form information and the following facility lists, which included instructions on which information would be needed prior to arrival onsite and which information would be needed upon arrival onsite: complete resident roster; rosters of residents with disabilities, residents who are Limited English Proficient (LEP), residents who are Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI), residents in isolation, residents who reported sexual abuse, and residents who reported sexual victimization during screening; complete staff roster; rosters of specialized staff, and contractors and volunteers who have contact with residents; and lists of grievances, incident reports, allegations of sexual abuse and sexual harassment, and hotline calls. The facility provided staff roster and pre-interview list on 3-14-19, which allowed the auditor to make a preliminary list of staff to interview while onsite.

The auditor completed an internet research and review of the agency's website for PREA information on 3-7-19. The auditor did not receive any correspondence from residents or staff during the pre-onsite audit phase. The auditor also contacted Just Detention International (JDI) to ensure this facility had no reports with their agency. JDI reported there were no reports regarding this agency. The auditor provided the Proposed On-Site PREA Audit Agenda and Issue Log on 3-26-19

Onsite Audit Phase

An entrance interview was conducted on Wednesday, March, 27, 2019 with Bill Gamez, Chief Juvenile Probation Officer; the Assistant Chief Juvenile Probation Officer; Ruben Santos, Interim Detention Superintendent and Detention Supervisor; and Sharon Riggins, PREA Coordinator. The audit process was discussed, including the progress made during the pre-onsite audit phase; the onsite agenda with expected onsite review, interviews of staff and residents required, and document review. The auditor emphasized every effort would be made to conduct the required tasks with minimal interference with the facility's operation.

The auditor was provided a meeting space to conduct confidential interviews with staff and access to the visitation room to conduct confidential interviews with residents. Informal interviews were conducted with staff and residents during the onsite review and formal interviews were conducted with staff in the meeting space and in the visitation room with the residents.

At the time of the onsite audit, the current population stood at 14 residents, which included 10 male residents and four female residents. On the first day of the onsite audit, the auditor noted one of the housing units was not occupied, but by the of the third day, all three housing units were occupied. During the onsite audit, Ms. Aguirre toured the pre-adjudication facility, including the program and operational areas. This included the three housing units, educational and program areas, sally-port, intake (booking), property storage, medical station, control, kitchen, general purpose room (multi functions as dining, indoor recreation, and group activities), outdoor recreational areas, visitation – contact and non-contact, and lobby. The auditor noted the notices were printed on blue paper which stood out as a uniquely posted document for easy distinction and separation from other information posted throughout the facility. The posted notices reflected the previously submitted verification of the notices posted. During the tour of the facility, the auditor observed the following: the facility's configuration; locations of camera; staff to resident ratios; housing unit layout including the shower areas; placement of PREA related information; resident intake and admission procedures; resident programming; and areas designated for staff support/operations. The

auditor noted that the shower set-up and design allow residents to shower one at a time. At a minimum, each 12-cell housing unit is equipped with a dayroom, classroom and two individual showers. Residents participate in group Life Skills sessions. Daily assessments allow for Massachusetts Youth Screening Instrument (MAYSI) follow-ups and availability for individual life skills and crisis evaluations. Residents are provided the required educational services. The auditor conducted informal interviews with staff and residents while conducting the tour and arranged her schedule to allow for onsite observation of each shift.

Interview and File Selection Methodology

The auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and residents. Staff interviews included, but were not limited to, the following topics: their knowledge of the PREA zero-tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirement, including reporting mechanisms available to residents and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response and first responder protocols. The agency reported there were two contracts with contractors who might have contact with the residents. Although the agency reported in the PAQ that they have four volunteers and contractors, while onsite, the PREA coordinator reported there are currently no volunteers. During the onsite audit phase, the PREA coordinator reported staff indicated one individual may be interested in volunteering and this effort is being looked into. During the post-onsite audit, the PREA coordinator reported there have been no volunteers during the entire PREA audit phase; therefore, no volunteers were interviewed for this audit.

Staff Selection – Interviews (Onsite and Post-Onsite Audit):

The ACJJC employs 29 staff. Using the Daily Staff Assignments Roster, and due to the small size of the facility and staffing assignments, the auditor interviewed the following randomly selected staff: Day One – two (one male; one female) of five staff on the second shift; Day Two – three (two male; one female) of the five staff on the first shift, four (three males; one female) of five staff on the second shift, plus one male maintenance staff and **one** female food services staff; and Day Three - one female food services staff. A total of 12 randomly selected staff were interviewed.

The auditor identified four administrative staff, 10 specialized staff and two contract staff that would be interviewed based on their roles and responsibilities. Several staff members were interviewed for more than one interview protocol, based on their roles and responsibilities. Security direct-care staff were randomly selected from both shifts and based on their availability. If more than one person was interviewed for a position, the number is indicated below.

The auditor interviewed the following administrative staff:

Agency Head – Chief Juvenile Probation Officer

Superintendent – Interim Detention Superintendent and Detention Supervisor

PREA Coordinator

Administrative (Human Resources) Staff

Agency Contract Administrator

Specialized staff interviewed included the following:

Intermediate/Higher Level Facility Staff

Medical Staff

Mental Health Staff
Investigative Staff – 2
Incident Review Team
Designated Staff Member Charged with Monitoring Retaliation
Screening Staff
Security Staff who have Acted as First Responders
Intake Staff
Staff who Supervise Residents in Isolation
Random Sample of Staff* – 12
Contractors (No Volunteers) – 2
SAFE/SANE Staff

*Including Maintenance and Food Services Staff that reported they come into minimal contact with residents and security staff are always present.

The random sample of staff were interviewed from the following shifts:

1. 0600 – 1800; and
2. 1800 – 0600

Resident Selection – Interviews (Onsite and Post-Onsite Audit):

Using the resident roster dated 3-27-19, which reflected a current population of 12, the auditor selected all four female residents assigned to the female housing unit and six of the eight male residents assigned to the male housing unit. The auditor included the names of the targeted resident roster list. Those names were identified in the main roster list and prioritized over randomly selected residents for an interview. During the post-onsite audit phase, one new resident was interviewed and a second resident was re-interviewed. A total of 11 residents were interviewed.

LGBTI* Identified Residents – 3**

Randomly Selected Residents – a minimum of two from each housing unit for a total of 11

*LGBTI – Lesbian, Gay, Bisexual, Transgender, Intersex

**3 – One resident was interviewed twice: during the initial onsite audit phase and post-onsite audit phase.

Residents interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline; PREA related education received; their knowledge on reporting options available to them; proper protection and response to allegation of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency, their attorney or legal representative, and parents or legal guardians; and access to services.

Staff Selection – Files (Onsite and Post-Onsite Audit):

The ACJJC employs 29 staff. Files were requested for 11 of the 12 randomly selected staff interviewed, plus one file of a staff member not interviewed. The auditor requested and reviewed a total of 12 randomly selected staff files, eight specialty staff files, and two contract staff files. Some files were reviewed for more than one purpose, based on the applicable provision (e.g., staff hired in the past 12 months and completed PREA training).

The auditor requested the following files, (a volunteer was included, as policy requires same criteria):

Employees – 12

Specialty Staff – 8

New Hires – 5

Promoted – 3

Medical/Mental Health – 2

Investigative Staff – 2

Contract Staff – 2

Volunteer (listed, but not active) – 0*

Total files requested for review: 22**

*0 – Staff initially reported there was one volunteer, but subsequently reported they had not had a volunteer during the past 12 months. The PREA coordinator was able to determine that the volunteer had not been at the facility in a long time and she had never met him; therefore, for the purpose of this audit, there are no volunteers for the past 12 months and no volunteer file was reviewed.

**22 – Some files were reviewed for multiple purposes

Resident Selection – Files (Onsite and Post-Onsite Audit):

All of the randomly and targeted residents selected to be interviewed had their files reviewed. The files of three (one new intake while on-site) residents not interviewed were also selected for review. During the post-onsite audit phase, an additional seven files were reviewed. A total of 20 residents files were reviewed. For each resident file requested, the auditor requested intake screening, classification, resident education, medical and mental health information (PREA related), sexual abuse and sexual harassment incidents (none reported by resident's whose files were reviewed), and reassessment (reclassification) records. The following resident categories were selected for interviews and corresponding files were selected:

LGBTI Identified Residents – 3

Residents – 20*

*20 – Some files were reviewed for multiple purposes and this number includes files selected during the initial onsite audit phase and post-onsite audit phase.

An exit Interview was conducted on Friday, March, 29, 2019 with Bill Gamez, CJPO; the assistant CJPO; and Sharon Riggins, PREA coordinator. The auditor provided a brief preliminary summary of the onsite audit process and the next steps that would take place during the post-onsite audit phase.

Post-Onsite Audit Phase:

The auditor completed the review of the employee, resident and investigative files during the post-onsite audit phase. Supplemental documentation, including revised forms, were provided by agency staff as requested by the auditor. A follow-up meeting was held with agency staff on 10-7-19 and 10-16-19 to review and finalize the corrective action milestones. Additional interviews were conducted and additional file information was secured during this time. The auditor did not receive any correspondence from residents or staff during the post-onsite audit phase.

Staff provided a copy of the Children's Alliance of South Texas, A Child Advocacy Center MOU, which is a multi-county effort to address the unique needs of rural counties. The MOU outlines reporting and investigating protocols, victim support and advocacy services, follow-up support services, and mental health assessments and treatment services. The Children's Alliance of South Texas, A Child Advocacy Center MOU addresses services provided and the referral of the victim to access the services needed.

The auditor was provided a copy of the TJJJ Standards Compliance Report reflecting a monitoring visit was conducted April 8-10, 2019. The report reflected a finding that the facility was deemed suitable for the confinement of children, pending the development, approval, successful completion and verification of the Facility's overall program improvement plan (PIP). The report reflected no concerns pertaining to the PREA standards.

Facility Characteristics

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

The Atascosa County Juvenile Justice Center (ACJJC) is located at 1511 Zanderson Ave, Jourdanton, Texas. The facility is operated by the Atascosa County Juvenile Probation Department and provides secure, short-term housing and care for pre-adjudicated male and female juveniles between 10-17 years of age. At the time of the onsite audit, the current population stood at 14 residents, which included 10 male residents and four female residents. The agency reported 209 residents had been admitted to the facility in the past 12 months, with 95 residents whose length of stay in the facility was for 10 or more days, and 176 residents admitted to the facility whose length of stay in the facility was for 72 or more hours. The agency reported 29 employed staff at the facility during the past 12 months and 13 staff hired by the facility during the past 12 months who may have contact with residents. The agency reported two contracts with contractors who might have contact with residents and no volunteers and two contractors currently authorized to enter the facility. Although the agency reported in the PAQ that they have four volunteers, while onsite, the PREA coordinator reported there are currently no volunteers. The PREA coordinator reported staff indicated one individual may be interested in volunteering and this effort is being looked into. During the post-onsite audit, the PREA coordinator reported there have been no volunteers during the entire PREA audit phase.

The facility staffs a medical station with a licensed vocational nurse (LVN) being on-call 24/7. Medical staff provide medical screenings and medical care for minor health conditions. Residents are referred to a doctor's office for medical care. Medical staff reported they do not conduct forensic medical exams and the facility is not equipped to conduct such exams.

The current camera system was last updated several years ago. The cameras are monitored from the control room. Each housing unit has two cameras, but there are no cameras in the cells. No cameras allow for viewing of the toilets. Although cameras in the housing units have views into the showers, but when the showers are in use, the doors are always closed. Cameras are also positioned in the classrooms, general purpose room, intake, visitation, hallways, lobby, sally port, plus outdoor areas, for a total of 27 cameras.

The facility contains one building and has a designed rated capacity of 40, and they do not use five rooms for resident safety (design creates in a blind spot). The facility includes the lobby, visitation (contact and non-contact), control room, administrative offices, intake, kitchen, and the laundry room, which is adjacent to the intake area. The sally port is used by security staff, law enforcement and contract agencies when securely transporting residents to the facility. The building contains three separate housing units. Each housing unit contains 12 cells, a dayroom, classroom and two individual showers. Staff reported one of the twelve cells in each of the housing units is not utilized due to physical barriers (blind spots) within these identified cells. Each housing unit includes two individual showers, a classroom and a counselor's office. The facility includes a General Purpose Room, which has multipurpose uses: dining, life skills group sessions, and indoor recreation. The outdoor recreation yard was also not in use during the onsite review and had cameras strategically placed to allow for a view of the entrance points to the recreation yard.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 2

List of Standards Not Met: 115.334, 115.335

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Atascosa County Juvenile Justice Center (ACJJC) Zero Tolerance of Sexual Abuse and Sexual Harassment Policy Number 18.0 (*revised 12-7-18*)
 - c. ACJJC PREA Policy Definitions Policy Number 18.1 (*revised 1-3-18*)
 - d. ACJJC Organizational Chart
2. Interviews:
 - a. PREA coordinator
 - b. PREA compliance manager

Findings (By Provision):

115.311 (a). The agency reported in the PAQ that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

ACJJC Policy 18.0, first paragraph (p. 1), states, "The Atascosa County Juvenile Justice Center (ACJJC) mandates a zero tolerance for any and all forms of sexual abuse or sexual harassment of any ACCJJC youth or retaliation against any staff or youth for reporting incidents of sexual abuse or sexual harassment." Although the title of the policy refers to sexual abuse and sexual harassment, the body of the language states: "sexual abuse or sexual harassment." During the post-onsite audit phase, the agency corrected the language in the policy as noted in the agency's response to the recommendation.

The agency has developed multiple policies in response to the PREA Standards as follows:

Policies outlining the agency's approach to preventing sexual abuse and sexual harassment:

1. ACJJC Zero Tolerance of Sexual Abuse and Sexual Harassment, Policy Number 18.0
2. ACJJC PREA Policy Definitions, Policy Number 18.1
3. ACJJC Supervision and Monitoring, Policy Number 18.3
4. ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5
5. ACJJC Hiring and Promotion, Policy Number 18.6
6. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10
7. ACJJC Zero Tolerance, Policy Number 2.0
8. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1
9. ACJJC Serious / Special Incidents, Policy Number 2.2
10. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14
11. ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18
12. Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20

Policies outlining the agency's approach to detecting sexual abuse and sexual harassment

1. ACJJC Supervision and Monitoring, Policy Number 18.3
2. ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4
3. ACJJC Searches and Procedures, Policy Number 4.5
4. ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5
5. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10
6. ACJJC Zero Tolerance, Policy Number 2.0
7. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1
8. ACJJC Serious / Special Incidents, Policy Number 2.2
9. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11
10. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14
11. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19
12. Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20

Policies outlining the agency's approach to responding to sexual abuse and sexual harassment

1. ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8
2. ACJJC Referrals of Allegations for Investigations, Policy Number 18.9
3. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1
4. ACJJC Serious / Special Incidents, Policy Number 2.2
5. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12
6. ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13
7. ACJJC Visitation, Policy Number 10.0
8. ACJJC Telephone, Policy Number 10.1
9. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16
10. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14
11. ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15
12. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17
13. ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18
14. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19

The ACJJC PREA Policy Definitions, Policy Number 18.1 (p. 3-4) responds to and matches the definitions outlined in the PREA Standards. The ACJJC Disciplinary Sanctions for Staff, Corrective

Action for Contractors and Volunteers, Policy Number 18.18, addresses sanctions for staff; and ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, addresses sanctions for residents. The ACJJC Zero Tolerance of Sexual Abuse and Sexual Harassment, Policy Number 18.0, outlines agency strategies and responses to reduce and prevent sexual abuse and sexual harassment, including (a) the zero-tolerance policy of sexual abuse and sexual harassment; (b) reviewing and updating policies; (c) the designation of the PREA Coordinator; (d) staff, contractor and volunteer training; (e) staff sanctions; (f) resident sanctions; (g) reporting requirements; and (h) protective measures regarding retaliation.

115.311 (b). The agency reported in the PAQ that it has employed or designated an agency-wide PREA Coordinator the PREA Coordinator's position is in the upper-level of the agency hierarchy. The agency also reported the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency's efforts to comply with the PREA standards in all of its facilities.

ACJJC Zero Tolerance of Sexual Abuse and Sexual Harassment, Policy Number 18.0, Procedure(b) (p. 1) addresses the designation of the PREA Coordinator, including the provision that the PREA Coordinator have sufficient time and authority to develop, implement, and oversee ACJJC's efforts to comply with the PREA standards. Policy language reflects the CJPO will ensure each facility under contract with ACJJC has a designated PC/PCM. This indicates this applies to the facilities the agency contracts with and not the facilities operated by the agency. The ACJJC Organizational Chart reflects that the PREA Coordinator reports to the Detention Superintendent.

Staff interviewed reported they now have enough time to manage all their PREA related responsibilities, which was not the case in 2017 or 2018. The PREA coordinator also serves as the human resources administrator for the agency and her office is located in the administrative building. The PREA coordinator also oversees all training. Staff reported there is only one facility currently under operation, therefore there is no PREA compliance manager position. Staff reported she revisits policies and procedures and have changed policy to address issues identified. Staff reported the CJPO and Assistant CJPO listens, are open to ideas, and respond to issues identified. There is a strong indication the PREA coordinator had direct ongoing communication with the CJPO. The organizational chart reflects the PREA coordinator reports to the Detention Superintendent. In light of the office move to the administrative building and the added human resource administrator and trainer responsibilities, the PREA coordinator should report to the CJPO, which would more accurately reflect the operation.

115.311 (c). The agency reported in the PAQ that this provision is not applicable as the agency operates only one facility. The onsite review reflects the agency operates only a pre-adjudication secure facility, therefore this provision is not applicable.

Recommendation:

1. Revise policy language to reflect "sexual abuse and sexual harassment." Ensure this language is consistent throughout policies, procedures, staff training, forms, and resident educational and informational materials.
2. Clarify Policy 18.0 regarding the designation of the PC/PCM as it applies to each facility under contract with ACJJC.

Agency Response to Recommendation:

1. ACJJC Policy 18.0, first paragraph (p. 1), was revised and states, “The Atascosa County Juvenile Justice Center (ACJJC) mandates a zero tolerance for any and all forms of sexual abuse and sexual harassment of any ACCJJC youth or retaliation against any staff or youth for reporting incidents of sexual abuse or sexual harassment.”
2. ACJJC Policy 18.0, Section (a) under PROCEDURE (p. 1) states, “..ensure that facilities under contract with ACJJC have a designated PREA Coordinator (PC) or PREA Compliance Manager (PCM) who is listed in the upper-level of that agencies heirarchy (sic).” Section (b), was revised and states, “..and that the PC position is visually represented in the organization chart within the upper-level of the agency hierarchy.”

Corrective Action:

1. Revise the agency’s organizational chart to reflect the PREA coordinator reports to the CJPO.

Agency Response to Corrective Action:

1. The agency’s organizational chart was revised to reflect the PREA coordinator reports directly to the CJPO.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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 No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. Hays County Juvenile Board (signed 5-16-18)
 - i. Individual Contract (signed 12-14-17)
 - ii. Individual Contract (signed 9-21-18)
 - c. Grayson County Juvenile Board (signed 8-15-18)
 - i. Individual Contract (signed 2-6-18)
 - ii. Individual Contract (signed 8-22-18)
 - iii. Individual Contract (signed 11-17-17)
 - iv. Individual Contract (signed 1-10-19)
 - d. Judge Ricardo H. Garcia Regional Juvenile Detention Facility (effective 9-1-18 to 8-31-19)
 - i. Individual Contract (signed 12-21-18)
 - e. Father Flanagan's Boys Home
 - f. TrueCore Behavioral Solutions LLC (effective 6-28-18 to 6-27-19)
 - g. Rite of Passage, Inc. (signed 9-6-18)
 - i. Individual Contract (signed 9-6-18)
 - h. Lutheran Social Services of South Texas, Inc. (signed 2-24-18)
 - i. Gulf Coast Trades Center (signed 6-28-18)
 - j. Agency website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>
2. Interviews:
 - a. Agency contract administrator

Findings (By Provision):

115.312 (a). The agency reported in the PAQ that it is a public agency and it does not contract for the confinement of its residents with private agencies or other entities including other government agencies.

During the onsite audit, it was determined the agency does contract for the confinement of its residents with private agencies or other entities including other government agencies, and the agency has 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. The agency entered into general contracts with eight agencies. One of the contracts with a governmental agency did not contain the PREA required language, but the agency requires individual contracts for each resident placed at the facility, and those contracts contain the required PREA language.

115.312 (b). The agency reported in the PAQ under 115.312(a) that it is a public agency and it does not contract for the confinement of its residents with private agencies or other entities including other government agencies.

During the onsite audit, it was determined the agency does contract for the confinement of its residents with private agencies or other entities including other government agencies, and the agency has 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. The agency entered into general contracts with eight agencies. One of the contracts with a governmental agency did not contain the PREA required language, but the agency requires individual contracts for each resident placed at the facility and those contracts contain the required PREA language.

Staff interviewed reported he reviews all contracts for the required PREA language and indicated all contracted facilities are certified. Staff outlined the list of the current contracts and each individual placement of a resident requires a new and separate individual contract specific to the resident. These individual contracts also have the required PREA language. Staff reported they have not had any incidents. Staff also noted the monitoring of the contracts is not documented but the documentation of the monitoring efforts will be implemented.

Corrective Action:

1. Verify Contract Item "d" does not meet the criteria requiring PREA standards compliance. If PREA language is required, the agency will need to amend the contract.
2. Implement protocols to document the monitoring process for each contracted facility used for the confinement of the agency's residents.

Agency Response to Corrective Action:

1. The auditor noted, although the general contract did not contain the required PREA language, the agency requires individual contracts for each resident placed at the facility contain the required PREA language.
2. The agency implemented protocols, including posting the links to the contract facilities on the agency's website, allowing for the public to review the PREA information for each facility the agency contracts with for the confinement of its residents.
3. Agency website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?
 Yes No

115.313 (d)

- 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 No

- 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 No

- 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 No

- 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 No

115.313 (e)

- 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 No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)
 Yes No NA

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Supervision and Monitoring, Policy Number 18.3 (*effective 8-19-15*)
 - c. ACJJC Safe Housing Staffing Plan Annual Assessment (*reviewed 12-10-18*)
 - d. ACJJC Unannounced Rounds Verification Form 2018
 - e. ACJJC Safe Housing Staffing Plan (*signed 10-16-19*)
2. Interviews:
 - a. Superintendent or designee
 - b. PREA coordinator
 - c. Intermediate or higher-level facility staff

Findings (By Provision):

115.313 (a). The agency reported in the PAQ that it ensures each facility has developed, implemented and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The agency reported it ensures that each facility's staffing plan takes into consideration the 11 criteria required under this provision in calculating adequate staffing levels and determining the need for video monitoring. The agency reported the average daily number of residents is seven, and the staffing plan is predicated on the average daily number of seven residents. The agency reported these numbers are based on the previous year's totals. The agency also reported in the PAQ that the staffing plan ratio has been in effect since 2003 and has been based on the average number of residents and the requirements mandated in TJJJ standard 343.434.

ACJJC Supervision and Monitoring, Policy Number 18.3, partially addresses the requirements of the staffing plan for the facility. Although not required, the policy does not include each element of this provision. The ACJJC Safe Housing Staffing Plan Annual Assessment, adequately addresses four of the provisions and partially addresses three.

Staff interviewed reported they do have a staffing, which is checked more often than not. Staff reported the 1:8 and 1:16 staffing ratios are addressed in the staffing plan and acknowledged a need for more cameras and audio capacity in the electronic monitoring system. Staff reported the staffing plan is addressed in policy and acknowledged not all the required elements are adequately addressed in the current staffing plan.

While onsite, the auditor directed the PREA coordinator to the PREA Resource Center's (PRC) website to secure a copy of the *Developing and Implementing A PREA-Compliant Staffing Plan*, as a resource and guide to enhance the agency's current staffing plan. During the post-onsite audit phase, the agency took the appropriate corrective action as noted below.

115.313 (b). The agency reported in the PAQ that it complies with the staffing plan except during limited and discrete exigent circumstances and reported there have been no deviations from the staffing plan; therefore, no written justifications for deviations were needed or recorded.

ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (a) (p. 1), requires adhering to the approved staffing plan and that the shift supervisor will document the reason for deviations. Procedures (c) (p. 1) requires the detention supervisor contact the PREA coordinator to confirm and certify that any reported exigent circumstance qualifies as an exigent circumstance. The policy does not define or provide examples of exigent circumstances. Procedures (d) (p. 1) requires the PREA coordinator to document any and all deviations from the staffing plan on a monthly basis. When asked under what circumstances the requirements of the staffing plan would not be met, staff interviewed reported there would be no reason they would not be able to meet any of the requirement of the staffing plan.

115.313 (c). The agency reported in the PAQ it maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours except during limited and discrete exigent circumstances. The facility reported it fully documents any limited and discrete exigent circumstances during which the facility did not maintain staff ratios and ensures only security staff are included when calculating these ratios. The facility also reported in the PAQ it is obligated by law, regulation, or judicial consent decree to maintain the staffing ratios.

ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (b) (p. 1), requires each shift supervisor ensure the facility maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances. Staff interviewed reported they are required to maintain the 1:8 and 1:16 staffing ratios, per the Texas Juvenile Justice Department (TJJD) standards. Staff reported they make sure they have enough staff on each shift. Staff maintain and use an on-call schedule, as needed.

115.313 (d). The agency reported in the PAQ that it, in consultation with the agency PREA Coordinator, has assessed, determined, and documented whether adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of its video monitoring systems

and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (e) (p. 1), requires the PREA coordinator to review and, and as necessary, update the staffing plan. Policy requires the review will be approved by the PREA coordinator, facility administrator and CJPO. Policy does allow for adjustments, as needed, based on the review, but does not require consultation with the PREA coordinator. Although not required, the policy does not include each of the four elements of this provision. The staffing plan, dated 12-10-18, briefly refers to these elements on the first page in bullet form. The staffing plan reflects the signatures of the PREA coordinator, facility administrator and CJPO. Staff interviewed reported they were not consulted for the most recent 2018 staffing plan. During the post-onsite audit phase, the agency took the appropriate corrective action as noted below.

115.313 (e). The agency reported in the PAQ that it has 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. The agency reported this policy and practice is implemented for night shifts as well as day shifts and its policy also prohibits 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.

ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (f-g) (p. 2), requires intermediate or higher-level supervisors conduct unannounced rounds whenever necessary but at least once per week. Policy requires the unannounced rounds be documented in the Supervisor's Report. Completed Supervisor's Reports were not provided for review. Policy also prohibits staff from alerting other staff members that the supervisory rounds are occurring. ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (h) (p. 2), requires the unannounced supervisory rounds are documented in the Unannounced Rounds Log. During the pre-audit phase, the auditor requested unannounced rounds check logs during each shift of January 12, 2018, April 15, 2018 and July 4, 2018. The agency provided a copy of the ACJJC Unannounced Rounds Verification Form for 2018, which reflected the date of the unannounced round for each shift but not the details required of the Supervisor's Reports. ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures (i) (p. 2), requires the PREA coordinator ensure all shifts and areas are exposed to at least one unannounced supervisory round per week every six months.

Staff interviewed reported they conduct one unannounced round every shift and sometimes up to three in one evening. Staff reported they document the start time of the unannounced round. During the round, they check to make sure the residents are safe and secure in their rooms; the vestibules and intake area are safe and secure. Staff reported she calls in the unannounced round to control room staff so the round can be electronically documented. Staff noted the documentation is not PREA specific, but do check that residents are secure in their rooms. Staff added they look for the toilet paper on the window, which residents use to alert staff they are using the toilet. Staff reported, when conducting unannounced rounds, they never take the same route and conduct them spontaneously. Staff reported they listen for radio or phone call as a mechanism to prevent staff from alerting other staff when conducting unannounced rounds.

Corrective Action:

1. Develop and implement a staffing plan that addresses each element listed under 115.313(a).
2. Define exigent circumstances.

3. Provide copies of the completed Supervisor's Reports for the weeks of January 12, 2018, April 15, 2018 and July 4, 2018.

Agency Response to Corrective Action:

1. The agency developed and implemented a revised staffing plan that addresses all the required elements under 115.313(a). The staffing plan was signed on 10-16-19 and is signed by the PREA coordinator, detention superintendent, and the CJPO.
2. ACJJC PREA Policy Definitions Agency, Policy Number 18.1 (p. 1) was modified to include a definition for exigent circumstances, which is defined as "an incident or action requiring immediate response that necessitates deviation from normal operating procedure." ACJJC Supervision and Monitoring, Policy Number 18.3, Procedures Section (c) (p. 1), was revised and provides an example of an exigent circumstance as, "The ratio could not be met due to a natural disaster."
3. The agency provided copies of the Supervisors Daily Logs for the dates requested. The documentation reflects unannounced rounds were conducted during the second shift on 1-12-18; both shifts on 4-15-18; and both shifts on 7-4-18. The logs are signed by JSO II supervisory staff or shift supervisors.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No

- Does the facility have 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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) Yes No NA

115.315 (e)

- 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 No
- 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 No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4 (revised 8-19-15)
 - c. ACJJC Searches and Procedures, Policy Number 4.5 (revised 7-19-11)
 - d. TJJD Purpose and Goals of the Prison Rape Elimination Act / PREA Lesson Plan (revised 2-1-18)
2. Interviews:
 - a. Non-medical staff (involved in cross-gender strip or visual searches)
 - b. Random sample of staff
 - c. Transgender/intersex residents
 - d. Random sample of residents
3. Site Review Observations:
 - a. Housing Units

Findings (By Provision):

115.315 (a). The agency reported in the PAQ that it does not conduct any cross-gender strip or cross-gender visual body cavity searches of resident. The agency reported there were no cross-gender strip or cross-gender visual body cavity searches of resident conducted in the past 12 months.

ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, first paragraph (p. 1) states, "cross-gender strip searches or cross-gender visual body cavity searches are not permitted." ACJJC Searches and Procedures, Policy Number 4.5, Policy (p. 1), states, "All searches of residents, whether pat searches or strip searches, are to be conducted by members of the same sex only except in exigent circumstances or when performed by medical practitioners." ACJJC Searches and Procedures, Policy Number 4.5, Procedures for Strip Search, Second Paragraph (p. 5), states, "All searches will be conducted only by a staff member of the same sex." ACJJC Searches and Procedures, Policy Number 4.5, Body Cavity Searches (p. 6), states, "A body cavity search will only be conducted by a medical physician of the same sex of the child only when there is reason to believe that contraband is concealed in the resident body."

No non-medical staff were interviewed, specific to this provision, as all staff reported all types of cross-gender searches are not permitted.

115.315 (b). The agency reported in the PAQ that it does not permit cross-gender pat-down searches of residents. The agency reported there were no cross-gender pat-down searches of residents conducted in the past 12 months.

ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, first paragraph (p. 1) states, "ACJJC does not permit any cross-gender pat-down searches of residents." ACJJC Searches and Procedures, Policy Number 4.5, Policy, Second Paragraph (p. 1), states, "All searches of residents, whether pat searches or strip searches, are to be conducted by members of the same sex only except in exigent circumstances or when performed by medical practitioners."

The twelve randomly selected staff interviewed reported they would not conduct a cross-gender search. Two staff reported they would only do it if there was an exigent circumstance; of the twelve staff interviewed, only two reported they would conduct such searches if there was an exigent circumstance. Ten randomly selected residents interviewed reported they had only been searched by same sex staff throughout their stay.

115.315 (c). The agency reported in the PAQ that it has a written policy requiring the facility document and justify all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches. ACJJC Searches and Procedures, Policy Number 4.5, Policy, Second Paragraph (p. 1), states, “Exigent circumstances must be fully documented.” Although policy is in place, there was no form referenced that would demonstrate how these exigent circumstances would be documented.

115.315 (d). The agency reported in the PAQ that it has 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. The agency reported it requires staff of the opposite gender to announce their presence when entering a resident housing unit.

ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, first paragraph (p. 1) states, “No staff member, except for medical staff, will view a resident of the opposite gender in any state of undress, in showers, or performance of bodily functions. When such viewing is incidental to routine room checks (including viewing via video camera), an incident report must be generated by the supervisor on duty explaining the deviation from this policy.”

Agency policy referenced does not address the requirement of staff of the opposite gender to announce their presence when entering a resident housing unit. During the onsite review, only two housing units were occupied. The auditor noted only one instance in which staff of the opposite gender did not announce themselves when entering a housing unit. During the onsite post-audit phase, the auditor interviewed two additional residents that reported staff of the opposite gender announce every time they enter their pods.

Nine of the twelve randomly selected staff interviewed reported they would announce themselves upon entering a housing unit of residents of the opposite sex. One staff member hired within the past 12 months reported they would only go into a housing unit of opposite gender residents to conduct room checks or perform housekeeping duties. The remaining two staff interviewed were non-security staff and both reported they would never go into the housing units or areas. Ten randomly selected residents interviewed reported staff of the opposite gender announce themselves upon entering the unit. One of the ten residents reported this occurs a majority of the time. Of the ten residents interviewed, one did not complete the interview, but all the remaining interviewees reported they were never in a state of undress in front of staff of the opposite sex,

115.315 (e). The agency reported in the PAQ that it prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. The facility reported there were no such searches conducted in the past 12 months.

ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, second paragraph (p. 1) states, “ACJJC facility staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status.” Policy further states, “If the resident’s

genital status is unknown, it will be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

The twelve randomly selected staff interviewed reported such searches would not be allowed and/or are prohibited. During the onsite audit, staff reported there were no residents identified as transgender or intersex, therefore no interviews were conducted, specific to this provision. The auditor requested that if a transgender or intersex resident was admitted during the onsite audit phase, that staff advise of the admission. Follow-up inquiries reflected there were no new admissions of transgender or intersex residents.

115.315 (f). The agency reported in the PAQ no security staff are trained in how to conduct cross-gender pat down searches nor 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. The agency also reported a training curriculum has not yet been established.

ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, third paragraph (p. 1) states, “staff member will be trained 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 ACJJC’s policies and procedures.”

Of the twelve randomly selected staff interviewed, seven reported they would conduct a search of a transgender resident based on the resident’s biological sex status at birth. Two of the non-security staff reported they would not conduct a search, two did not know what they would do or would not conduct a search under this circumstance. One staff member reported the search would be done based on the transgender resident’s identity.

Corrective Action:

1. Develop and implement protocols to document cross gender searches conducted as a result of an exigent circumstance. Consider requiring administrative review of the documentation to ensure policies and protocols were followed and the reported exigent circumstance meets the agency’s definition of an exigent circumstance.
2. Develop policy and implement protocols requiring staff of the opposite gender to announce their presence when entering a resident housing unit.
3. Train staff on cross-gender pat-down searches and searches of transgender and intersex residents.

Agency Response to Corrective Action:

1. ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, first paragraph (p. 1) was revised and states, “Any deviation from this policy must be documented on the ACJJC Incident Report Form by the supervisor on duty.”
2. ACJJC Limits to Cross-Gender Viewing and Searches, Policy Number 18.4, fifth paragraph (p. 1) states, “ACJJC requires that opposite gender staff announce their presence when entering a resident housing unit or in an area where residents of the opposite gender are likely to be showering, performing bodily functions, or changing clothing.
3. The TJJJ Purpose and Goals of the Prison Rape Elimination Act / PREA Lesson Plan (pp. 19-20) addresses cross-gender and transgender pat-down searches. The PREA Coordinator maintains a staff training log to ensure staff are current on the required training. Of the eighteen staff, two had not completed the required training; both staff were on medical leave.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No

- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. PAQ
- b. ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5 (*revised 8-19-15*)
- c. PREA Brochures (English and Spanish)
- d. PREA Posters (English and Spanish)
- e. ACJJC Roster of Bilingual Staff (English and Spanish)

2. Interviews:

- a. Agency head
- b. Random sample of staff
- c. Residents (with disabilities or who are limited English proficient)

3. Site Review Observations:

- a. Intake
- b. Housing Units
- c. Corridors
- d. Lobby Area

Findings (By Provision):

115.316 (a). The agency reported in the PAQ that it has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency also reported it is currently searching for interpreters for residents who are deaf or hard of hearing and those who are blind or have low vision.

ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5, Procedures(a) (p. 1), states, "The PC shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5, Procedures (b - e) address residents with intellectual disabilities, limited reading skills, deaf or hard of hearing, blind or low vision, psychiatric, and speech.

During the onsite review, the auditor noted the posting of the PREA posters provided by TJJD (English and Spanish) in the housing units. The auditor requested the posters be abundantly posted throughout the facility, including the common areas. Staff interviewed reported they would talk with the resident who is limited English proficient or get staff, and for residents with disabilities, they would ask the counselor or staff that was working with the resident to assist. During the onsite audit, staff reported there were no residents identified with disabilities, therefore no interviews were conducted, specific to this provision. The auditor requested that if a resident identified with a disability were admitted during the onsite audit phase, that staff advise of the admission. Follow-up inquiries reflected there were no new admissions of residents with disabilities.

115.316 (b). The agency reported in the PAQ that it has established procedures to provide residents with limited English proficiency 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. Under

115.333(f), the agency reported it is currently working on a Spanish version of the ACJJC PREA brochure.

ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5, Procedures(g) (p. 2), addresses providing interpreters and written material in the resident's primary language. During the onsite audit, staff reported there were no residents identified who were limited English proficient, therefore no interviews were conducted, specific to this provision. The auditor requested that if a resident identified as limited English proficient were admitted during the onsite audit phase, that staff advise of the admission. Follow-up inquiries reflected there were no new admissions of residents who were limited English proficient.

115.316 (c). The agency reported in the PAQ agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency reported it documents the limited circumstances in individual cases where resident interpreters, resident readers, or other types of resident assistants are used. The agency also reported there were no (0) instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5, Procedures(j) (p. 1), states, "The PC shall ensure that this facility does not rely on resident interpreters, resident readers, or other types of resident assistants *except in limited* circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations." Policy requires documentation of these incidents in the *ACJJC Incident Report* form.

Of the twelve randomly selected staff interviewed, 11 reported resident interpreters would not be allowed. The 12th staff member reported not being aware of any incident involving the use of resident interpreters. One staff member was referenced the availability of a phone translation service. Staff reported they would rely on staff to assist. During the onsite audit, staff reported there were no residents identified with disabilities or who were limited English proficient, therefore no interviews were conducted, specific to this provision. The auditor requested that if a resident identified with a disability or who was limited English proficient were admitted during the onsite audit phase, that staff advise of the admission. Follow-up inquiries reflected there were no new admissions of residents with disabilities or who were limited English proficient.

Corrective Action:

1. Develop and implement protocols to provide disabled residents 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:
 - a. Residents who are deaf or hard of hearing
 - b. Residents who are blind or have low vision
 - c. Residents with intellectual, and/or psychiatric disabilities
2. Develop and implement protocol to determine which residents are appropriate for placement in this facility

3. Develop and implement protocols to address the needs of residents who are limited English proficient.

Agency Response to Corrective Action:

1. ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5, Policy (p. 1) was revised to require the PREA coordinator be notified of any residents admitted that meet the criteria listed under this standard. Policy was also revised to include residents with all disabilities listed under this standard and requires the PREA coordinator to ensure the appropriate steps are taken to address these needs.
2. The PREA coordinator reported any facility proposing placing a resident in the facility requires staff complete the ACJJC Bed Space Authorization Form which inquires on the resident's medical and mental health status. Intake staff review the PREA information with the resident and ask specific questions pertaining to PREA to ensure the resident understands the materials presented to them. This is documented in the resident's file.
3. PREA informational posters and brochures are provided in Spanish. The developed a list of ACJJC staff that are bilingual and can assist with Spanish interpretation.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No

- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- 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 No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Hiring and Promotion, Policy Number 18.6 (*revised 8-19-15*)
 - c. ACJJC Application for Employment
 - d. ACJJC Application Packet
 - e. ACJJC ONGOING AFFIRMATIVE DUTY TO DISCLOSE Form
 - f. DFPS, DPS and FBI BACKGROUND VERIFICATION DATES Tracking Log
 - g. Personnel Files

2. Interviews:

a. Administrative (human resources) staff

Findings (By Provision):

115.317 (a). The agency reported in the PAQ that it prohibit the hiring or promotion of anyone or the enlistment of services of any contractor who may have contact with residents who: (1) 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); (2) 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; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in 115.317(a)(2).

ACJJC Hiring and Promotion, Policy Number 18.6 Policy (p. 1) addresses staff, contractors and volunteers and the three elements required under this provision.

The auditor reviewed 20 personnel files which reflected the applications of the eight staff hired after October 2017 included the three elements required under this provision. The remaining files reflected staff had been hired prior to October 2017 and their applications did not include the three elements. The agency also requires contract staff complete the ACJJC Ongoing Affirmative Duty to Disclose Form to meet this requirement. One of the two files included the supporting documentation. One contractor has not returned to the facility since the auditor's initial onsite visit and staff have been instructed to ensure the PREA coordinator reviews the form prior to the contractor having access to residents in the facility.

115.317 (b). The agency reported in the PAQ that agency policy requires the consideration 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.

ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(a) (p. 1) addresses this provision. The application form (p. 3), states, "4. Have you been civilly or administratively adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment." The question applies to those incidents for which an individual was civilly or administratively adjudicated, disciplined or had any government issued license revoked or suspended as opposed to what the policy and the standard requires: any incident.

Staff interviewed reported prior incidents of sexual harassment are considered in determining whether to hire or promote anyone. Staff reported they inquire on explanations for such incidents.

115.317 (c). The agency reported in the PAQ that agency policy requires that before hiring new employees, who may have contact with residents, the agency: (a) performs a criminal background records check; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) 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. The agency reported 9 out of 10 (90%) persons hired in the past 12 months who may have contact with residents have had criminal background records checks. The agency also reported during the period of 01/01/2018 to 12/31/2018, all new hires will be vetted before training.

ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(c) (p. 1), states, "The ACJJC CJPO and FA will assure that the agency will perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any prospective employee, contractor or volunteer who may have contact with ACJJC residents." ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(j) (p. 2), states, "ACJJC will make their best and concentrated effort 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 application form does not inquire on prior institutional employment.

The auditor requested the files of five newly hired staff. Three of the files reflected the criminal background checks were completed within one day of the hire date; two reflected the checks were completed three day to five days after the hire date. Three of the five files reflected a child abuse registry check was completed prior to the hire date. One file reflected the new staff hired had worked at a prior institution. Staff reported they contacted the prior institution, but staff from the institution would not disclose any information on the employee.

Staff interviewed reported both Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) checks are conducted. Applicants are asked to sign a release of information form and the agency will make an effort to contact prior employers of the applicants related history. Staff reported, for promotions, staff undergo another FAST and DFPS check. If anything (arrests) occurs outside of the agency, the agency will get a notice from FAST of the new activity. The checks include a Department of Public Safety (DPS), Federal Bureau of Investigation (FBI) and DFPS checks, which cover state, national and child abuse registry checks. Staff reported the same requirements apply to contract staff.

115.317 (d). The agency reported in the PAQ that agency policy requires a criminal background records check be completed and applicable child abuse registries be consulted before enlisting the services of any contractor who may have contact with residents. The agency reported there were no (0) contracts for services where criminal background checks were conducted on staff covered in the contract who might have contact with residents.

ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(c) (p. 1), states, "The ACJJC CJPO and FA will assure that the agency will perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any prospective employee, contractor or volunteer who may have contact with ACJJC residents." The policy does not address efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The application form does not inquire on prior institutional employment.

While onsite, the auditor noted teaching staff are provided via a contract with the local school district. Additionally, a mental health contractor was onsite conducting an assessment of a resident. The auditor reviewed two contract staff files which reflected the required checks were not conducted prior to the initiation of the contract work. Staff reported the school district is statutorily required to conduct background checks and are not provided the results of the outcome of those checks per statute; therefore, the agency conducts a new background check for their records. The auditor reviewed one teacher contractor file and one file for a long-time mental health contract staff that rarely comes to the facility and whose office is located about one hour away. During the corrective action phase, the PREA coordinator subsequently completed the required background checks for the contract staff.

Staff interviewed reported both Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) checks are conducted. Applicants are asked to sign a release of information form and the agency will make an effort to contact prior employers of the applicants related history. For promotions, staff undergo another FAST and DFPS check. If anything (arrests) occurs outside of the agency, the agency will get a notice from FAST of the new activity. The checks include a Department of Public Safety (DPS), Federal Bureau of Investigation (FBI) and DFPS checks, which cover state and national criminal history checks and the state child abuse registry check. Staff reported the same requirements apply to contract staff.

115.317 (e). The agency reported in the PAQ that agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The agency also reported this provision is not in the policy; however, Department of Family Protective Services (DFPS) checks were completed at the five-year mark and Department of Public Safety (DPS) checks are completed every two years on staff who are re-certifying per TJJJ standard 344.864(c).

ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(c) (p. 1), states, "The ACJJC CJPO and FA will assure that the agency will perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any prospective employee, contractor or volunteer who may have contact with ACJJC residents." As reported by the agency in the PAQ, policy does not address the minimum five year checks.

The auditor reviewed 20 files of which 11 included staff that had been employed over five years. Seven of the files reflected background checks had been conducted every five years. Four of the files pertained to medical, maintenance and food preparation staff, which reflected the background checks were conducted in early 2019. Staff reported it was an oversight to not conduct the required background checks. Staff have added the names of this staff to the newly created DFPS, DPS and FBI background verification tracking log to ensure the required background checks are conducted. The tracking log notes the following: DPS and FBI checks are submitted every two years for certified officers and juvenile probation officers (JPOs) and every five years for non-certified staff and contractors. DFPS checks are submitted every five years for all employees and contractors. It was noted that the

Staff interviewed reported the Department of Public Safety (DPS) FAST and DFPS systems are used to conduct the state background checks, as well as the state child abuse registry check. Staff also reported Texas Crime Information Center (TCIC) and National Crime Information Center (NCIC) preliminary reviews are conducted. It was noted the agency utilizes the "FACT Clearinghouse," which is also known as the FAST system and is operated by DPS. The system maintains a database of all fingerprinted employees and is designed to automatically alert an employer if an employee is arrested.

115.317 (f). ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(g) (p. 2), addresses the requirement to include in written application and the interview process for employees, contractors and volunteers, the elements outlined in 115.317(a), for hiring, promotions, and written self-evaluations.

Staff interviewed reported the application form addresses previous misconduct as described in 115.317(a), but is not sure if this is done for promotions. Staff added written self-evaluations do not include this information. Staff reported the agency does not impose upon employees a continuing affirmative duty to disclose any such previous misconduct.

The agency created the ACJJC Ongoing Affirmative Duty to Disclose Form and initiated the process to secure signatures of current employees and contractors during the post-onsite audit phase. This element was also added to the DPS, FBI, and DFPS tracking log.

115.317 (g). The agency reported in the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

ACJJC Hiring and Promotion, Policy Number 18.6 Procedure(h) (p. 2), states, “Staff members (including contractors or volunteers) with material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

115.317 (h). Staff interviewed reported there has not been an incident in which a former employee applied for work at another institution and an institution requested information on the former employee. Staff reported being unsure on how to proceed and would look into this. During the post-onsite audit phase, staff reported the treasurer’s office handles personnel records for former employees and they are only allowed to release employment dates. Staff reported this issue has never come up.

Corrective Action:

1. Develop and implement protocols to ensure the required elements outlined in 115.317 for employees, contractors and volunteers. (Policy includes volunteers)
2. Develop and implement protocols to ensure any incident of sexual harassment is considered when determining whether to hire or promote staff or enlist the services of any contractor.
3. Implement protocols to ensure the required checks are conducted for staff
4. Implement protocols to ensure the required checks are conducted for contract staff
5. Implement protocols to ensure the required five-year checks are conducted
6. Implement protocols to ensure the required continuing duty to disclose is an ongoing practice and is documented.
7. Develop and implement protocols regarding former employees and how to respond if another institution requests information on the former employee.

Agency Response to Corrective Action:

1. Although the ACJJC Application for Employment Form referenced all three elements required under 115.317(a), there was a need for a technical modification. The agency revised the form to correctly reflect all the required elements.
2. ACJJC Hiring and Promotion, Policy Number 18.6 Procedure (c) (p. 1), was revised and now states, “The ACJJC CJPO, PC and Superintendent shall assure that the agency will: (1) perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any prospective employee, contractor or volunteer who may have contact with ACJJC residents;”.
3. The PREA coordinator was assigned a new duty and now oversees the human resource function and maintains personnel files, including contractor and volunteer files. The PREA coordinator has created a log to track and ensure the prompt completions of all criminal background records checks and child abuse registry checks are conducted.
4. The ACJJC ONGOING AFFIRMATIVE DUTY TO DISCLOSE Form was created and implemented, requiring the applicants, employees, contractors and volunteers’ signatures.
5. Staff reported the treasurer’s office handles personnel records for former employees and they are only allowed to release employment dates.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC SAFE HOUSING STAFFING PLAN (*signed 10-16-19*)
2. Interviews:
 - a. Agency head
 - b. Superintendent or designee

3. Site Review Observations:

- a. Intake
- b. Housing Units
- c. Corridors
- d. Recreation Yard

Findings (By Provision):

115.318 (a). The agency reported in the PAQ that it has not acquired any new facility or made a substantial expansion or modification of existing facilities, since August 20, 2012.

During the onsite review, the auditor noted there was no new structures or expansion to the building. Staff interviewed reported there has been no substantial expansion or modification of existing facilities since 2012. Staff reported the CJPO, Asst. CJPO and Superintendent would have PREA on their minds for the protection of the children. Currently, they are thinking of adding a new program and have to consider how to maintain sight separation and would have to consider the design of the windows, plus a separate fire exit. Staff reported they are always making sure others are watching others, such as staff in the control room having views of the staff working in the pods. Programming would require scheduling for different hours to keep the populations separated.

115.318 (b). The agency reported in the PAQ that it has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, since August 20, 2012.

The cameras are monitored from the control room. Each housing unit has two cameras and there are no cameras in the individual cells. Cameras are positioned in the classrooms, general purpose room, intake, visitation, hallways, lobby, sally port, and outdoor areas. There are a total of 27 cameras.

Staff interviewed reported new cameras have been installed since 2012 and had them installed in high traffic areas, but that any records pertaining to the camera/video upgrade conducted several years ago cannot be located and this upgrade was done under a former detention superintendent. Staff reported they considered the resident's protection from sexual abuse as part of the installation process. All cameras are viewed from the control room. Staff reported there is a need for additional cameras to include detention, probation and the Juvenile Justice Alternative Education Program (JJAEP). Staff reported they need audio functionality for the camera system and are planning to review this further.

Corrective Action:

1. Need documentation, including strategies used on camera locations, when the new cameras were installed.

Agency Response to Corrective Action:

1. Staff reported they were unable to locate documentation of the camera installation process that occurred several years ago. Staff incorporated a video monitoring and pod layout section into the staffing plan which notates the locations of all the cameras. Staff reported that video monitoring and staff supervision complement efforts to minimize blind spots and that no blind spots were detected that have not been previously addressed.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.321 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 (revised 8-19-15)
 - c. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1 (revised 5-21-19)
 - d. Juvenile Detention Handbook
 - e. Children's Alliance of South Texas, A Child Advocacy Center Memorandum of Understanding (MOU)
 - f. Letter from The Children's Hospital of San Antonio (dated 10-3-19)
2. Interviews:
 - a. Random sample of staff
 - b. SAFEs/SANEs staff
 - c. Residents who reported a sexual abuse

Findings (By Provision):

115.321 (a). The agency reported in the PAQ that it is not responsible for conducting administrative or criminal sexual abuse investigations. The agency reported the Jourdanton Police Department has the responsibility for conducting criminal sexual abuse investigations. The agency reported they did not have a copy of the uniform evidence protocol the police department follows.

ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Policy, first paragraph (p. 1), states, "All allegations of sexual abuse will be investigated by Jourdanton Police Department. The ACJJC PC will ensure that the investigation is conducted using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution." ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1, Procedure G, states, "Persons are encouraged to report these incidents or allegations immediately to the superintendent so that an internal investigation may be started as soon as possible before evidence is lost."

All twelve randomly selected staff interviewed reported they would separate the victim and alleged perpetrator and immediately notify a supervisor. Staff reported they would seal or secure the area, and notify law enforcement and TJJD. Staff reported they would address the needs of the victim; five reported they would contact medical. One individual referenced bagging evidence and a second individual did not recall discussing what to do in training. Staff indicated either the PREA coordinator or administrative staff were responsible for conducting sexual abuse investigations. Two reported they did not know who conducted the investigations; one reported it was the Jourdanton Police Department.

115.321 (b). The agency reported in the PAQ that the protocol is developmentally appropriate for youth and was 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. The agency reported there is an assumption the protocol is appropriate for youth and that the

ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Policy, second paragraph (p. 1), instructs the ACJJC PREA coordinator request the police department use a protocol that is developmentally appropriate for youth and based on the most recent edition of the US Department of Justice’s Office on Violence Against Women Publication.

115.321 (c). The agency reported in the PAQ that it offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, to the victim. The agency reported such examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), and if a SAFE or SANE cannot be made available, the examination is performed by other qualified medical practitioners. The facility reported it documented its efforts to provide SAFEs or SANEs. The agency reported there were no (0) forensic exams conducted during the past 12 months. The agency reported the facility will utilize the facility’s Medical Director in the event a SAFE or SANE nurse is not available.

ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Policy, third paragraph (p. 1), states, “Forensic examinations will be conducted at Children’s Hospital in San Antonio, Texas. Children’s Alliance of South Texas is the designated rape-crisis and advocacy center for this facility.” ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8, Procedures (a) (p. 1), addresses access to forensic medical examinations at an outside facility without financial cost. Policy addresses that if a SAFE or SANE is not available, other qualified medical practitioners will perform the examination. The Juvenile Detention Handbook, PREA.3 (last page) states, “Victims and their families will be able to obtain treatment (medical, counseling, etc.) at no charge.” The PREA education form the residents sign during intake also includes this same language. The agency policy was revised to reflect the facility’s medical director will never perform forensic examinations and is noted in the agency’s response to the corrective action

Staff interviewed reported they are responsible for conducting all forensic medical examinations for the ACJJC facility and acknowledged she was the individual that prepared the Children’s Hospital of San Antonio letter and works at the hospital. Staff reported being very familiar with PREA as they work with several facilities in the area. Staff reported the hospital has six SANE nurses that are State certified through the Adult, Adolescent and Pediatric SANE Certification Program which is offered by the Texas Attorney General’s Office and SANE staff are certified to conduct pediatric exams. Staff added that the DOJ protocols are followed. Staff added that the hospital has SANE staff onsite per the following shifts: 9:00 AM to 5:00 PM and 5:00 PM to 1:00 AM, and that SANE services are available 24/7. Additionally, licensed social work staff are available to conduct psychosocial examinations. Staff reported also working with the CAST CAC and being familiar with the MOU as it was designed to provide much needed services to rural counties (32). Staff reported they did not think there had been any forensic exams conducted for the ACJJC in the past year, but if an exam were to be conducted, they would secure the evidence and give it to the investigating agency. Staff advised they use the local Rape Crisis Center of San Antonio and are considered mandatory reporters and make reports to CPS and law enforcement. Staff also reported a medical screening would initially be conducted to medically stabilize the victim first, then the SANE exam would be conducted. Any follow-up medical directives would be given to the medical care staff at the facility.

115.321 (d). The agency reported in the PAQ that it attempts to make available to the victim a victim advocate from a rape crisis center and that these efforts to secure services from rape crisis centers are documented. The agency reported if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization, or a qualified agency staff member to provide these services. The agency also reported it does not have a Memorandum of Understanding (MOU) in place with a rape crisis center.

ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Procedure(d), (p. 1), requires the shift supervisor shall attempt to make available to the victim a victim advocate from a rape crisis center, and if the rape crisis center cannot provide one, the shift supervisor shall make available a qualified staff member from a community-based organization or a qualified agency staff member.

During the onsite audit, staff reported there were no residents identified who had reported a sexual abuse incident, therefore no interviews were conducted, specific to this provision. Through interviews, staff confirmed there was no MOU with a rape crisis center.

115.321 (e). The agency reported in the PAQ that, if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Procedure(g), (p. 2), requires, upon request by the victim, a victim advocate accompany the victim and support the victim through the forensic exam, plus provide emotional support, crisis intervention and referrals. During the onsite audit, staff reported there were no residents identified who had reported a sexual abuse incident, therefore no interviews were conducted, specific to this provision.

115.321 (f). The agency reported in the PAQ that it has requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section. The agency reported it does not have an MOU in place.

The agency is a partner agency in the Children's Alliance of South Texas, A Child Advocacy Center MOU, which was provided during the post-audit phase of the audit and is described under the agency's response to the corrective action.

115.321 (g). The auditor is not required to audit this provision.

115.321 (h). The agency uses a qualified agency staff member or a qualified community-based staff member if and when a rape crisis center is not available to provide victim advocate services.

The agency is a partner agency in the Children's Alliance of South Texas, A Child Advocacy Center MOU, which was provided during the post-audit phase of the audit and is described under the agency's response to the corrective action.

Recommendation:

1. Revise the language in the resident handbook to reflect treatment related to the PREA incident.

Corrective Action:

1. Develop and implement protocols outlining the responsibilities related to administrative and criminal investigations.
2. Ensure the agency investigators follow a uniform evidence protocol
3. Ensure the protocol is developmentally appropriate for youth and 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.
4. Provide a point of contact and contact information for the Children's Hospital in San Antonio.
5. Provide documentation demonstrating the facility's Medical Director is trained to conduct a forensic medical examination.
6. Develop and implement protocols to ensure residents are informed medical treatment provided in response to an allegation of sexual abuse will be provided at no financial cost to the resident.
7. Attempt to make a victim advocate from a rape crisis center available to a victim, or at a minimum document these efforts.
8. If there is no MOU with a rape crisis center, provide victim advocate services from a community-based organization or a qualified agency staff member.
9. If it is determined a qualified agency staff member must be designated, develop and implement credentialing criteria and provide training to the designated staff.
10. Request the investigating entity follow the requirements of paragraphs (a) through (e) of this section, and document these efforts.

Agency Response to Corrective Action:

1. Staff provided a copy of the Children's Alliance of South Texas, A Child Advocacy Center MOU, which is a multi-county effort to address the unique needs of rural counties, is signed by the CJPO, the Chief of Police of the Jourdanton Police Department, the Sheriff of the Atascosa County Sheriff's Office, and the Atascosa County Attorney. The MOU includes, but is not limited to the following:
 - a. Roles and Responsibilities of the Multidisciplinary Team Members
 - i. Prosecution,
 - ii. Law Enforcement,
 - iii. Juvenile Probation,
 - iv. Medical Professional (SANE),
 - v. Children's Alliance of South Texas (CAST) Children's Advocacy Center (CAC) Professional Team,
 - vi. CAST Forensic Interviewer,
 - vii. CAST Victim Support and Advocacy, and
 - viii. CAST Mental Health Professionals;
 - b. Coordinated Investigation Process
 - i. DFPS Investigations, and
 - ii. Law Enforcement Investigation;
 - c. Forensic Interview;
 - d. Victim Support and Advocacy;
 - e. Medical Procedures (SANE Exam);
 - f. Mental Health Assessment and Treatment Services; and
 - g. Confidentiality of Records.
2. ACJJC Evidence Protocol and Forensic Medical Examinations, Policy Number 18.8 Policy, Paragraph Three, (p. 1), was revised and states, "The ACJJC medical director will never perform forensic examinations."

3. The letter from the Children’s Hospital of San Antonio notes that an MOU is not necessary to provide direct patient care services for the pediatric medical-forensic examination performed by The Children’s Hospital of San Antonio Forensic Nurse Examiner (FNE) program. The letter also addresses the following:
 - a. Coverage is available 24/7;
 - b. Pediatric medical-forensic examinations would be conducted within the Children’s Emergency Department; and
 - c. Contact information to report and arrange the appropriate transportation to have the patient transferred to The Children’s Hospital of San Antonio for further evaluation.
4. The Children’s Alliance of South Texas, A Child Advocacy Center MOU addresses victim support and advocacy services.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Referrals of Allegations for Investigations, Policy Number 18.9 (*revised 8-19-15*)
 - c. ACJJC Annual Report / Year over Year Analysis
 - d. Agency Website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>
 - e. TJJD Incident Report Form
 - f. Investigative File
 - g. Grievances
2. Interviews:
 - a. Agency head
 - b. Investigative staff

Findings (By Provision):

115.322 (a). The agency reported in the PAQ that it ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency reported, in the past 12 months, three (3) allegations (one – sexual abuse; two – sexual harassment) were received and all three resulted in an administrative investigation. The agency reported no allegations were referred for criminal investigation and all three resulted in an administrative investigation being completed in the past 12 months. The agency also reported the abuse allegation was handled as an abuse and neglect (ANE) incident and was referred to TJJD. The FA and his designee compiled the information and forwarded the report to TJJD. The harassment allegations were in the form of a grievance and was handled by the grievance officer.

ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Policy, first paragraph (p. 1), requires the facility will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy Number 18.9, Procedure (h), (p. 2), was revised and

now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO, and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and completed and submitted to TJJD. A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievance process. This was discovered by the PREA coordinator while preparing for the PREA audit. The PREA coordinator reported she immediately alerted staff and instructed them to refer all grievances pertaining to sexual abuse or sexual harassment to her attention so they can be properly investigated.

Staff interviewed reported the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Staff reported allegations are reported to the supervisor and a call is made to the Jourdan Police Department (JPD). The CJPO starts the investigation. Staff would remain with the victim and separate staff would stay with the alleged. The scene would be secured and JPD would collect the evidence. TJJD would also be contacted and an ANE report would be done pretty quickly. The same steps would be followed for an administrative investigation.

115.322 (b). The agency reported in the PAQ that it has a written policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency reported the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is not published on its website. The agency reported it documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Policy, first paragraph (p. 1), states, "It is the policy of ACJJC to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to JPD or TJJD as these agencies have the legal authority to conduct criminal investigations of sexual abuse or criminal sexual harassment in juvenile facilities." The agency website reflects the ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, is posted on the website, but it is only a portion of the entire policy. The posted policy reflects acronyms; therefore, the public may not know what JPD or TJJC are or mean.

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted, completed and submitted to TJJD. The TJJD Incident Report Form reflected the date and time the incident was reported to law enforcement as well as the person notified and the report number assigned to the case. The TJJD form was completed on the same date of the incident. The file included a memo from TJJD, which was two days later, requesting the internal investigation report within a specified time frame. As a final document, also included in the investigative file was the TJJD's Notification of Disposition letter. A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievance process. There is no documentation demonstrating the sexual harassment grievances were reported as sexual harassment allegations, therefore they were not reviewed for any consideration of potential sexual abuse or sexual harassment. This was discovered by the PREA coordinator while

preparing for the PREA audit. The PREA coordinator reported she immediately alerted staff and instructed them to refer all grievances pertaining to sexual abuse or sexual harassment to her attention so they can be properly investigated.

Staff interviewed reported allegations of sexual abuse or sexual harassment are referred to JPD and TJJD. JPD gets notified right away, within 30 minutes, and TJJD gets notified the same day.

115.322 (c). The agency website reflects the ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, is posted, but it is only a portion of the entire policy. The posted policy reflects acronyms; therefore, the public may not know what the acronyms 'JPD' or 'TJJC' mean. The publication does not describe the responsibilities of both the agency and the investigating entities. During the post-onsite audit phase, the agency responded to the corrective action as noted below.

115.322 (d). The auditor is not required to audit this provision.

115.322 (e). The auditor is not required to audit this provision.

Corrective Action:

1. Provide clarification: The annual report reflects one staff-on-youth sexual abuse incident and one staff-on-youth sexual harassment incident. Is there a second incident?
2. Develop and implement protocols to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
3. Develop and implement protocols to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations.
4. Document and track all allegations of sexual abuse and sexual harassment to ensure each result in a proper disposition.
5. Revise the policy posted on the agency's website to accurately reflect which agencies have the legal authority to conduct criminal investigations.
6. Ensure the policy/publication posted on the agency's website describes the responsibilities of both the agency and the investigating entities.

Agency Response to Corrective Action:

1. Staff reported that both incidents were the same case and the report was revised to reflect one incident of staff-on-youth sexual abuse and reported as unfounded.
2. ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Procedure (h), (p. 2), was revised and now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."
3. The auditor inquired on whether there were any new allegations of sexual abuse or sexual harassment during the corrective action period and staff reported there had been no new allegations reported. The PREA coordinator reiterated they have developed the following protocols:
 - a. Staff were directed to refer all allegations, including any grievances pertaining to sexual harassment or sexual abuse allegations, to the PREA coordinator to ensure the incident is referred for an investigation.
 - b. The PREA coordinator will track the status of the investigations through completion.

4. The agency posted ACJJC Referrals of Allegations for Investigations, Policy Number 18.9 in its entirety, which includes the names of the agencies with the legal authority to conduct criminal investigations. The policy is posted on the agency's website:
<http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ

- b. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10 (*revised 8-9-15*)
- c. ACJJC Zero Tolerance, Policy Number 2.0 (*revised 5-31-18*)
- d. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1 (*revised 5-30-18*)
- e. ACJJC Serious / Special Incidents, Policy Number 2.2 (*revised 5-30-18*)
- f. TJJJ Purpose and Goals of the Prison Rape Elimination Act / PREA Lesson Plan (*revised 2-1-18*)
- g. PREA Training Statement Form
- h. ACJJC Training Verification Documentation Form (*revised 6-1-17*)
- i. Employee Training Files

2. Interviews:

- a. Random sample of staff

Findings (By Provision):

115.331 (a). The agency reported in the PAQ that it trains all employees who may have contact with residents on: (a) its zero-tolerance policy for sexual abuse and sexual harassment; (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) residents' right to be free from sexual abuse and sexual harassment; (d) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) the dynamics of sexual abuse and sexual harassment in juvenile facilities; (f) the common reactions of juvenile victims of sexual abuse and sexual harassment; (g) 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; (h) how to avoid inappropriate relationships with residents; (i) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (k) Relevant laws regarding the applicable age of consent. The agency reported it is using the TJJJ module and curriculum for initial training, plus trains on the ACJJC policy 2.0 and 18.0 Zero Tolerance policies. The agency also reported for training element (g), it recognizes there is no consent; and for training element (k), it does not recognize consent. Policy section.

A review of the TJJJ lesson plan reflects the following:

- (a) its zero-tolerance policy for sexual abuse and sexual harassment – Pg. 6. Does not address zero tolerance of sexual harassment
- (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures – Pg. 7. Does not address sexual harassment
- (c) residents' right to be free from sexual abuse and sexual harassment – Pg. 9. Implied BUT not clear
- (d) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment – Pg. 29. Does not address retaliation of residents (refers to "anyone")
- (e) the dynamics of sexual abuse and sexual harassment in juvenile facilities – Pg. 11. Does not address sexual harassment

(f) the common reactions of juvenile victims of sexual abuse and sexual harassment – Pg. 14. Does not address sexual harassment

(g) 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 – Pg. 27. Does not address how to distinguish between consensual sexual contact and sexual abuse between residents

(h) how to avoid inappropriate relationships with residents – Pg. 26

(i) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents – Is not address

(j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities - Pgs. 29 and 30

(k) Relevant laws regarding the applicable age of consent – Pgs. 16 and 18

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Procedure, Employee Training (pp. 1-2) lists all the 11 required training topics. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Policy, first paragraph (p. 1) states, “The ACJJC does not recognize consent between residents or with staff and residents.” There is no agency/facility specific lesson plan.

Twelve randomly selected staff were interviewed, and ten reported they have received PREA training and generally referenced the following topics: zero tolerance policy on sexual abuse and sexual harassment; rights of residents to be free from sexual abuse and sexual harassment; their responsibilities regarding preventing and responding to sexual abuse and sexual harassment; reporting requirements and how to report incidents. Once the auditor referenced the additional topics, staff indicated they received training on the remaining topics. One staff member did not recall participating in the training and a second staff member reported it had been a few years since they had participated in training. These staff members are non-security staff but do come into contact with the residents. The auditor reviewed 20 personnel files, which reflected 16 staff had completed the required training.

115.331 (b). The agency reported in the PAQ that such training is tailored to the unique needs, attributes and the gender of residents at the juvenile facility. The agency also reported employees do not received additional training as they are not reassigned from another facility that houses only male residents to a facility that houses only female residents, or vice versa. The agency reported all staff are trained to work in the coed facility and does not have staff who are reassigned. All new staff are trained for a coed facility.

The auditor noted the agency operates only one facility; therefore, the training is designed to respond to a coed facility. The auditor reviewed 20 personnel files, which reflected 16 staff had completed the required training.

115.331 (c). The agency reported in the PAQ that between trainings, the agency provides employees who may have contact with residents with refresher information about current sexual abuse and sexual harassment policies and procedures. The agency reported its frequency with which employees who may have contact with residents receive refresher training on the PREA requirements every two years. The facility reported it provides training on any policy/procedure changes and refresher information as needed and refresher training is given every 2 years.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Procedure, “Refresher” Training (b) (p. 2) states, “The ACJJC PC will ensure that all employees receive “refresher” training every year, starting from the date of their initial training, to ensure that all employees are fully informed as to ACJJC’s current sexual abuse and sexual harassment policies, rules, and procedures.”

The auditor reviewed 20 personnel files, which reflected 17 staff had been employed at the facility for over a year. Of the 17 files, 13 reflected the required training had been completed.

115.331 (d). The agency reported in the PAQ that it documents, through employee signature or electronic verification, that employees understand the training they have received.

The auditor noted the training documentation reflects the employee’s acknowledgement of their understanding of the training they have received.

Corrective Action:

1. Develop facility specific lesson plan to supplement the current TJJD lesson plan used for the PREA training. Ensure the topics not addressed in the TJJD lesson plan are addressed.
2. Develop and implement protocols to ensure all staff receive the required training each year.

Agency Response to Corrective Action:

1. Staff developed and implemented the Supervision, Monitoring and Response, Your Role in PREA Compliance lesson plan to supplement the TJJD lesson plan. The following topics are addressed:
 - a. Zero tolerance policy for sexual abuse and sexual harassment (p 4),
 - b. Rights of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment (pp. 4, 15, and 21),
 - c. Dynamics of sexual abuse and sexual harassment in juvenile facilities (pp. 5 and 8),
 - d. Reactions of juvenile victims of sexual abuse and sexual harassment (pp. 5 and 8), and
 - e. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents (p. 10);
2. The PREA coordinator developed and implemented the ACJJC Required Training/Re-Cert Hours Log to track staff’s participation and completion of the required training, including the time frames noting the date by which the next training must be completed to stay in compliance.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. TJJJD Purpose and Goals of the Prison Rape Elimination Act / PREA Lesson Plan (*revised 2-1-18*)
 - c. Contractor Files
2. Interviews:
 - a. Contractors who have contact with residents

Findings (By Provision):

115.332 (a). The agency reported in the PAQ 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. The agency reported no volunteers who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The agency reported volunteers are trained using the TJJJD PREA module and curriculum. The agency also reported it currently has only one church volunteer and that he has not yet been formally trained; however, he has no contact with the residents without certified officers present. The agency reported no volunteers who have contact with residents, have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

A review of the TJJD lesson plan reflects the following:

- (a) its zero-tolerance policy for sexual abuse and sexual harassment – Pg. 6. Does not address zero tolerance of sexual harassment
- (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures – Pg. 7. Does not address sexual harassment
- (c) residents' right to be free from sexual abuse and sexual harassment – Pg. 9. Implied BUT not clear
- (d) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment – Pg. 29. Does not address retaliation of residents (refers to "anyone")
- (e) the dynamics of sexual abuse and sexual harassment in juvenile facilities – Pg. 11. Does not address sexual harassment
- (f) the common reactions of juvenile victims of sexual abuse and sexual harassment – Pg. 14. Does not address sexual harassment
- (g) 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 – Pg. 27. Does not address how to distinguish between consensual sexual contact and sexual abuse between residents
- (h) how to avoid inappropriate relationships with residents – Pg. 26
- (i) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents – Is not address
- (j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities - Pgs. 29 and 30
- (k) Relevant laws regarding the applicable age of consent – Pgs. 16 and 18

While onsite, the agency reported plans are still pending regarding the volunteer, but the volunteer is from out of town and would not be at the facility during the onsite audit. While onsite, the auditor interviewed a contract teacher and contract psychologist. The teaching staff interviewed reported being trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response. Teaching staff reported receiving the training on an annual basis, which is provided by the PREA coordinator. The second contractor interviewed reported not receiving any PREA related training.

Although the agency reported in the PAQ that they have four volunteers and contractors, while onsite, the PREA coordinator reported there are currently no volunteers. The PREA coordinator reported staff indicated one individual may be interested in volunteering and this effort is being looked into. During the post-onsite audit, the PREA coordinator reported there have been no volunteers during the entire PREA audit phase; therefore, no volunteers were interviewed for this audit, nor were any volunteer files reviewed specific to this standard.

The auditor reviewed two contract staff files: One teaching staff file and one contract staff file. The teaching staff file reflected teaching staff had completed the required training. Staff reported the

contractor has not returned to the facility since the date the auditor was at the facility during the initial onsite audit visit. The contractor lives over one hour away from the facility and seldom comes to the facility. The PREA coordinator reported she has directed staff redirect the contractor to her to complete the training PRIOR to the contractor having access to any resident at the facility. The PREA coordinator reported this has been communicated to the contractor and he will comply with this request.

115.332 (b). The agency reported in the PAQ the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The agency also reported that all volunteers and contractors who have contact with residents have not been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

While onsite, the agency reported plans are still pending regarding the volunteer, but the volunteer is from out of town and would not be at the facility during the onsite audit. While onsite, the auditor interviewed a contract teacher and contract psychologist. The teaching staff interviewed reported being trained on Handle with Care, Crisis Prevention Intervention (CPI), signs of abuse, reporting requirements, and cooperating in an investigation, as well as receiving training on the agency's zero tolerance policy on sexual abuse and sexual harassment. Teaching staff reported receiving the training on an annual basis, which is provided by the PREA coordinator. The second contractor interviewed reported not receiving any PREA related training.

The auditor reviewed two contract staff files: One teaching staff file and one contract staff file. The teaching staff file reflected teaching staff had completed the required training. Staff reported the contractor has not returned to the facility since the date the auditor was at the facility during the initial onsite audit visit. The contractor lives over one hour away from the facility and seldom comes to the facility. The PREA coordinator reported she has directed staff redirect the contractor to her to complete the training PRIOR to the contractor having access to any resident at the facility. The PREA coordinator reported this has been communicated to the contractor and he will comply with this request.

115.332 (c). The agency reported in the PAQ that it maintains documentation confirming that volunteers and contractors understand the training they have received.

The auditor noted the training documentation form reflects the contract staff's acknowledgement of their understanding of the training they have received.

Corrective Action:

1. Develop facility specific lesson plan to supplement the current TJJJ lesson plan used for the PREA training. Ensure the topics not addressed in the TJJJ lesson plan are addressed.
2. Develop and implement protocols to ensure all contract staff and volunteers receive the required training.

Agency Response to Corrective Action:

1. Staff developed and implemented the Supervision, Monitoring and Response, Your Role in PREA Compliance lesson plan to supplement the TJJJ lesson plan. The following topics are addressed:
 - a. Zero tolerance policy for sexual abuse and sexual harassment (p 4),
 - b. Rights of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment (pp. 4, 15, and 21),

- c. Dynamics of sexual abuse and sexual harassment in juvenile facilities (pp. 5 and 8),
 - d. Reactions of juvenile victims of sexual abuse and sexual harassment (pp. 5 and 8), and
 - e. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents (p. 10);
2. The PREA coordinator was assigned a new duty and now oversees the human resource function and maintains personnel files, including contractor and volunteer files. The PREA coordinator has created a log to track and ensure the prompt completions of all required training is conducted and completed.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10 (*revised 8-9-15*)

- c. ACJJC Residents with Disabilities or Who are Limited English Proficient, Policy Number 18.5 (*revised 8-19-15*)
- d. PREA Poster (English)
- e. PREA Poster (Spanish)
- f. End the Silence PREA Brochure (English and Spanish)
- g. Juvenile Detention Handbook
- h. Resident Intake Packet
 - i. ACJJC Verbal Orientation Acknowledgement
 - ii. Prison Rape Elimination Act of 2003 (PREA) 115.333(a) Form
 - iii. PREA Prison Rape Elimination Act Resident Form (Orientation Video)
- i. Resident Files
- j. ACJJC Resident PREA Education Log

2. Interviews:

- a. Intake staff
- b. Random sample of residents

3. Site Review Observations:

- a. Intake
- b. Housing Units
- c. General Purpose Room
- d. Corridors

Findings (By Provision):

115.333 (a). The agency reported in the PAQ that, during intake, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The agency reported 209 residents admitted in the past 12 months were given this information at intake and the information was provided in an age-appropriate fashion.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education(f) (p. 3), addresses resident education requirements during intake.

The PREA Brochure and Juvenile Detention Handbook, PREA.3 (last page) address the zero tolerance of sexual abuse and sexual harassment, and the several options residents can use to report sexual abuse and sexual harassment. During the post-onsite audit phase, the agency revised the

During the onsite audit, the auditor reviewed 12 resident files, which reflected all 12 residents were provided the educational information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment on the same date of arrival at the facility during the intake process. During the post onsite audit phase, the auditor reviewed an additional eight resident files, which also reflected the residents were provided the same educational information on the same date of intake or within 24 hours of arrival at the facility.

Staff interviewed reported the resident's education during intake is documented on the orientation document. Staff reported residents are informed on how to report, such as through the grievance process. Staff reported residents are provided the PREA information, which is part of the intake packet.

The auditor interviewed 10 randomly selected residents. Seven residents reported they were provided the information right away or on the same day of arrival. One resident reported he did not remember; a second resident reported being provided the information three days later due to being placed in isolation. The resident reported this was because the nurse does not work on weekends. One resident initially refused to be interviewed and subsequently partially participated. The resident did report he was advised of his rights and how to report incidents pertaining to sexual abuse and sexual harassment. During the post-audit phase, the auditor interviewed two additional residents that reported receiving the educational information during intake on the same day of arrival.

115.333 (b). The agency reported in the PAQ that, it was unknown how many of the 209 residents admitted in in the past 12 months received age-appropriate education on their rights to be free from sexual abuse or sexual harassment, right to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents within 10 days of intake.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education(g) (p. 3), addresses resident comprehensive education requirements within 10 days. The PREA brochure addresses the resident's right to be free from sexual abuse and sexual harassment and also provides a brief overview on the agency's response to such incidents. The Juvenile Detention Handbook, PREA.3 (last page) addresses the resident's right to be free from sexual abuse, sexual assault, and/or sexual harassment, and the right to be free from retaliation for making a report." The handbook provides information on agency's policies and procedures for responding to such incidents.

During the onsite audit, the auditor reviewed 12 resident files, which reflected nine of the 12 residents had been at the facility 10 or more days and were not provided the comprehensive education information. During the post onsite audit phase, the auditor reviewed an additional eight resident files, which reflected the residents were provided the comprehensive educational information within 10 days of their arrival at the facility.

Staff interviewed reported the residents are providing information during intake and they have access to the handbook. Staff reported the handbook is a community handbook. Staff reported the intake process takes between 45 minutes to 1.5 hours, which includes the verbal orientation of the PREA information.

The auditor interviewed 10 randomly selected residents. All the residents interviewed reported they were provided information on their rights and how to report sexual abuse and sexual harassment. The residents reported they were provided this information right away or on the same day. Six of the residents provided examples of the ways they could make a report.

115.333 (c). The agency reported in the PAQ that of those residents who were not educated within 10 days of intake, not all residents have received such education. The agency reported it has no knowledge and no way to track this number. The agency reported agency policy requires residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse or sexual harassment, from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education(h) (p. 3), addresses resident education requirements for youth transferring in from any other facility.

The auditor noted the agency operates only one facility and educates residents transferred in from other facilities or agencies. During the onsite audit, the auditor reviewed 12 resident files, which reflected nine of the 12 residents had been at the facility 10 or more days and were not provided the comprehensive education information. During the post onsite audit phase, the auditor reviewed an additional eight resident files, which reflected the residents were provided the comprehensive educational information within 10 days of their arrival at the facility.

Staff interviewed reported residents are provided the information during orientation and on a weekly basis. Staff reported every Sunday the residents view the PREA video and the Acknowledgement Form is used to document the resident's participation.

115.333 (d). The agency reported in the PAQ that it provides resident education in formats accessible to all residents including those who: (a) are limited English proficient; (b) are deaf; (c) are visually impaired; (d) are otherwise disabled; and (e) have limited reading skills. The agency reported the following: (1) Policy 18.10 Pg. 4 Section (i) addresses this requirement; however, the facility is currently working on obtaining interpreters or material that meet this requirement; (2) This facility will follow the same procedure used at intake to comply with 18.10; (3) Policy 18.10 Pg. 4 Section (i) addresses this requirement; however, this facility is currently working on obtaining interpreters or material that meet this requirement; and (4) This facility will follow the same procedure used at intake to comply with 18.10.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education (i) (p. 4) states, "The PC shall ensure that his/her facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills." The agency is currently working on addressing the need to develop and provide the information for residents who are limited English proficiency, deaf, or visually impaired. During the post-onsite audit phase, the agency provided the PREA Brochure and Posters that had been translated into Spanish.

115.333 (e). The agency reported in the PAQ that it maintains documentation of resident participation in these education sessions.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education (j) (p. 4) addresses this provision. During the post-onsite audit phase, the PREA coordinator developed and implemented the ACJJC Resident PREA Education Log to track the PREA education of all residents during the intake process and subsequent education within 10 days of intake.

115.333 (f). The agency reported in the PAQ that it ensures key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The agency reported it is currently working on a Spanish version of the ACJJC PREA brochure.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Resident Education (j) (p. 4) addresses this provision. During the onsite review, the auditor noted the posting of the PREA posters provided by TJJD (English and Spanish) in the housing units. The auditor requested the posters be abundantly posted throughout the facility, including the common areas. Other materials developed should also be made continuously available to residents. During the post-onsite

audit phase, the auditor noted the PREA posters (English and Spanish) were posted in the housing units and throughout the facility, including the common areas and corridors.

Recommendation:

1. Revise the language in the resident handbook from: “resident’s right to be free from sexual abuse, sexual assault, and/or sexual harassment” to “resident’s right to be free from sexual abuse, sexual assault, and sexual harassment”

Agency Response to Recommendation:

1. Staff revised the Prison Rape Elimination Act of 2003 (PREA) 115.333(a) Form as recommended.

Corrective Action:

1. Revise the language in the resident handbook to include: “how to report incidents or suspicions”.
2. Provide supporting documentation residents were provided required education at intake, as well as comprehensive education, within 10 days.
3. Develop and implement an internal audit system to ensure all residents are provided the required educational information.
4. Ensure key information is continuously and readily available to residents.

Agency Response to Corrective Action:

1. Staff revised the Prison Rape Elimination Act of 2003 (PREA) 115.333(a) Form, which now includes “how to report incidents or suspicions”.
2. A review of eight additional resident files reflected the residents were provided the comprehensive educational information within 10 days of their arrival at the facility.
3. The PREA coordinator developed and implemented the ACJJC Resident PREA Education Log 2019 to track the PREA education of all residents during the intake process and subsequent education within 10 days of intake.
4. The PREA posters (English and Spanish) were posted in the housing units and throughout the facility, including the common areas and corridors.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ

- b. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10 (*revised 8-19-15*)
- c. Investigative Staff Files
- d. Investigative Report
- e. Personnel Training Records

2. Interviews:

- a. Investigative staff

Findings (By Provision):

115.334 (a). The agency reported in the PAQ that this standard and provision is not applicable because it does not conduct any form of administrative or criminal sexual abuse investigations.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Specialized Training for Internal Investigations, Medical & Mental Health(k) (p. 4) states, "ACJJC does not conduct any sexual abuse allegations. All sexual abuse allegations will be handled by the JPD or TJJD." ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Procedure (h), (p. 2), was revised and now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."

The agency reported one sexual abuse and two sexual harassment allegations were made in the past 12 months. A review of the sexual abuse allegation documented demonstrates an administrative investigation was conducted and completed and submitted to TJJD. The investigation was conducted by facility staff. A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievance process.

While onsite, and through discussions on how sexual abuse and sexual harassment allegations are handled by administrative staff, it was determined, at a minimum, administrative investigations are conducted by administrative level staff. Staff interviewed reported they had not received any investigative staff specialized training.

A review of two investigative staff training files reflected staff had not completed the training pursuant to 115.331 or the specialized investigator training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized investigative staff training, but not the Basic Training required under 115.331. Documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the investigative staff had completed the PREA Basic Training on November 12th and November 15, 2019. The agency also designated a total of five agency investigative staff and training records demonstrate all investigative staff completed the specialized investigative staff training.

115.334 (b). The agency reported in the PAQ that this provision is not applicable because it does not conduct any form of administrative or criminal sexual abuse investigations.

Staff interviewed reported they had not received any investigative staff specialized training and had not received training on the following topics: (a) techniques for interviewing juvenile sexual abuse victims;

(b) proper use of Miranda and Garrity warnings; (c) sexual abuse evidence collection in confinement settings; and (d) the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

A review of two investigative staff training files reflected staff had not completed the training pursuant to 115.331 or the specialized investigator training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized investigative staff training, which included all four required topics.

115.334 (c). The agency reported in the PAQ that this provision is not applicable because it does not conduct any form of administrative or criminal sexual abuse investigations. The agency reported it does not maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The agency also reported no (0) investigators have completed the required training.

A review of two investigative staff files reflected staff had not completed the training pursuant to 115.331 or the specialized investigator training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized investigative staff training.

115.334 (d). The auditor is not required to audit this provision.

Corrective Action:

1. Ensure agency and facility staff designated to conduct administrative investigations are trained in conducting sexual abuse and sexual harassment investigations in confinement.
2. Ensure the specialized training includes the four topics outlined under 115.334(b).
3. Maintain documentation demonstrating the investigators have completed the required training.
4. Provide documentation investigative staff completed the required specialized training, including the training required under 115.331.

Agency Response to Corrective Action:

1. ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Procedure (h), (p. 2), was revised and now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."
2. The agency also designated a total of five agency investigative staff.
3. The specialized investigative training included all four required training topics.
4. Training documentation reflected all five designated investigative staff completed the specialized investigative training.
5. Specialized investigator training documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the investigative staff had completed the PREA Basic Training as required under 115.331, on November 12th and November 15, 2019.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- 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 No NA

115.335 (d)

- 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 No NA

- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10 (*revised 8-9-15*)
 - c. Medical and mental health staff files
2. Interviews:
 - a. Medical and mental health staff

Findings (By Provision):

115.335 (a). The agency reported in the PAQ that it has a written policy related to the training of medical and mental health practitioners who work regularly in its facilities. The agency reported no medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. The agency reported it has not had the opportunity for specialized training of medical and mental health staff.

ACJJC PREA Employee, Volunteer, Contractor Training & Resident Education, Policy Number 18.10, Specialized Training for Internal Investigations, Medical & Mental Health(I) (p. 4) states, "The ACJJC will ensure that all ACJJC medical and mental health care staff are provided with specialized training related to detecting, responding and reporting sexual abuse and sexual harassment in confinement settings. Policy Number 18.10, Procedure (m.1-4) (p. 4) addresses all four elements required under this provision.

Staff interviewed reported as follows: one reported receiving the required PREA related training; one reported not being trained on the PREA training.

A review of two medical and mental health staff training files reflected staff had not completed the specialized medical and mental health training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating medical and mental staff had completed the specialized medical and mental health staff training.

115.335 (b). The agency reported in the PAQ that medical staff employed by the agency do not conduct forensic medical examinations. Policy Number 18.10, Procedure (n) (p. 4) states, “ACJJC medical staff are not authorized to conduct any forensic examinations.” Medical staff interviewed reported they do not conduct forensic medical exams and that she is not SANE certified.

115.335 (c). The agency reported in the PAQ that it maintains documentation that medical and mental health practitioners have completed the required training. The agency reported Policy 18.10 addresses this requirement; however, the training has not yet been implemented. Policy Number 18.10, Procedure (o) (p. 4) requires the PREA coordinator maintain training documentation as required under this provision.

A review of two medical and mental health staff training files reflected staff had not completed the PREA Basic or specialized medical and mental health training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized medical and mental health staff training but not the PREA Basic training. Documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the medical and mental health staff had completed the PREA Basic Training on November 12th and November 13, 2019.

115.335 (d). Policy Number 18.10, Procedure (p) (p. 4) states, “Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner’s status at the agency.

A review of two medical and mental health staff training files and one contractor mental health staff reflected staff had not completed the training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the medical and mental staff had completed the specialized medical and mental health staff training but not the PREA Basic training required under 115.331 or 115.332. Documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the medical and mental health staff had completed the PREA Basic Training on November 12th and November 13, 2019. Staff reported the mental health contract staff has not returned to the facility since the date the auditor was at the facility during the initial onsite audit visit. The contractor lives over one hour away from the facility and seldom comes to the facility. The PREA coordinator reported she has directed staff redirect the contractor to her to complete the training PRIOR to the contractor having access to any resident at the facility. The PREA coordinator reported this has been communicated to the contractor and he will comply with this request.

Corrective Action:

1. Develop curriculum and train medical and mental health staff on the required topics listed in 115.335.
2. Maintain documentation demonstrating medical and mental health staff have completed the required training.
3. Provide documentation medical and mental health staff completed the required specialized training, including the training required under 115.331....

Agency Response to Corrective Action:

1. The agency utilized the National Institute of Corrections (NIC) as a training and medical and mental health staff accessed and completed the NIC online training.
2. The agency provided documentation demonstrating medical and mental staff had completed the specialized medical and mental health staff training.
3. Documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the medical and mental health staff had completed the PREA Basic Training on November 12th and November 13, 2019.
4. Staff reported the mental health contract staff has not returned to the facility since the date the auditor was at the facility during the initial onsite audit visit. The contractor lives over one hour away from the facility and seldom comes to the facility. The PREA coordinator reported she has directed staff redirect the contractor to her to complete the training PRIOR to the contractor having access to any resident at the facility. The PREA coordinator reported this has been communicated to the contractor and he will comply with this request.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11 (*revised 8-19-15*)
 - c. *ACJJC Behavioral Assessment and Classification 115.341 Form*
 - d. Resident Intake Packet
 - i. *Resident File Order Form*
 - ii. *Intake Checklist Form*
 - iii. *Admission Form*
 - iv. *ACJJC Resident Body Chart*
 - v. *Health Screening/Mental Health Assessment Form*
 - vi. *ACJJC Behavioral Assessment and Classification Form*
 - vii. *ACJJC Verbal Orientation Acknowledgement Form*
 - viii. *ACJJC Program Rules, Sanctions, and Appeal Process Form*
 - ix. *ACJJC Resident Personal Property Form*
 - x. *ACJJC Approved Visitation/Phone Call List Form, and*
 - xi. *ACJJC Release Form*
 - e. Resident Files
2. Interviews:
 - a. PREA coordinator
 - b. Staff responsible for risk screening
 - c. Random sample of residents
3. Onsite review:
 - a. Intake
 - b. Control room
 - c. Medical station

Findings (By Provision):

115.341 (a). The agency reported in the PAQ that it has a policy that requires screening upon admission to the facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The agency reported 100% (176 of 176) of the residents who entered the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The agency reported agency policy requires that the resident's risk level be reassessed periodically throughout the resident's confinement.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Policy, first paragraph (p. 1) states, "To ensure that the potential risk of sexual victimization and abusiveness are identified, each resident will be screened to reduce the risks of sexual abuse by or upon a resident." ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(a) (p. 1) states, "The ACJJC Intake Officer will ensure that within 72 hours of the resident's admission into the facility, either through

intake or through transfer from another facility...” ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(d) (p. 2) addresses periodic reassessments every 45 days.

The auditor reviewed 12 resident files and all files reflected the initial PREA screening was completed the same day the resident arrived at the facility and during the intake process. During the post-audit phase, the auditor reviewed an additional eight resident files which continued to reflect the initial PREA screening was completed the same day the resident arrived at the facility and during the intake process.

Staff interviewed reported they use the intake packet when screening the residents. Staff reported the intake process is completed within one to no more than two hours. Staff reported they inform the residents they ask the questions to help them get the proper help and treatment, such as medical or mental health and securing additional community resources. Staff also let residents know they also ask in case there is a medical urgency. If there is, the resident would be sent to the hospital. Staff reported if a resident makes an outcry, they reassess. The new information is provided to the staff and counselor who will use the proper protocols to help the resident.

The auditor interviewed 10 randomly selected residents. Three residents reported they were not asked if they thought they might be in danger of sexual abuse; two reported not being asked whether they had any disabilities. One resident initially refused to be interviewed and subsequently partially participated, but was not asked questions specific to this provision.

During the onsite review, the auditor noted the intake area allows for a resident to be screened and interviewed by staff. Intake and screening packets are easily available for staff. Staff noted that an interview may be interrupted due to the employee punch clock being located in the property room, which is adjacent to the intake area. Also adjacent to the intake area is a room where a resident can be strip searched. Currently practice allows for residents to be strip searched by one staff member. Although the door is kept open so a staff member can be viewed by others (room design allows for residents not to be viewed), if anyone is needing access to the property room (employees punching in when reporting into work), the door is closed to allow privacy for the resident, but allows a staff member to be inside a closed door with a resident. The medical station is located adjacent to the intake area and allows for medical staff to screen residents privately.

115.341 (b). The agency reported in the PAQ that all PREA screening assessments conducted use an objective screening instrument. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(b) (p. 1) states, “ACJJC will utilize the Behavioral Classification Form to objectively assess each resident.” Based on the interviews of staff and residents, additional information is secured from residents during the screening process. It is unclear what tools or instruments are used to gather all information.

During the post-onsite audit phase, the agency determined the *ACJJC Behavioral Assessment and Classification 115.341 Form* would be the tool utilized as the PREA screening assessment tool. Staff also determined the form would be copied on yellow paper. This would result in elevating the importance of the use and implementation of the form and allow staff to conduct a visual check of each resident’s file during the intake process. The color-coding of the form will also allow medical and mental health staff immediately retrieve it for their review and appropriate follow-up.

115.341 (c). The PREA screening assessments, at a minimum, includes: (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; and (k) any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(c) (p. 1) outlines the criteria reviewed in the following: (1) intake screening; (2) medical screening; and (3) mental health screening. Of the 11 elements required under this provision, the *Behavioral Classification Form* addresses five elements (age, build and stature, current charges and offense history, intellectual/developmental disabilities, and emotional and cognitive development) and partially addresses three additional elements (mental or psychological disabilities/disturbances, sexual orientation, victim of sexual abuse).

Staff interviewed reported residents are asked all of the questions, including their sexual orientation, gang affiliation and their medical information. Staff reported that residents do not have to answer the questions.

115.341 (d). Staff interviewed reported information is ascertained through the resident's interview, police report, juvenile probation officer, court records, parents; and for out-of-county residents, they call the department to verify the information. The information is used to determine risk and make housing assignments. Staff reported medical staff also assess the resident. Staff added they can place the resident in "holding" or "segregation" to get the information before they making the housing assignment.

115.341 (e). ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(f) (p. 2) requires sensitive information is secured in locked file cabinets.

Staff interviewed reported they were not sure how the agency outlines who should have access to the resident's risk assessment in order to protect sensitive information from exploitation. Staff reported individuals with access to this information include supervisors, medical staff and the counselors, the juvenile probation officer. Staff reported HIPAA information is with medical. Staff added line staff are provided information related to behavioral concerns. Staff reported line staff have access to the information and the folders are kept in the control room.

During the post-onsite audit phase, 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. Key supervisory staff, including the mental health staff, have access to the files to ensure the appropriate housing assignments are maintained and follow-up medical or mental health services are provided. Medical staff have their own medical station and keep medical records behind a door which is kept locked and secure to maintain the confidentiality of medical records. Mental health staff maintain mental health notes in their office and provide instructions to supervisors and security staff as appropriate. Daily assessments are conducted by mental health staff as needed and allow for MAYSI follow-ups and individual life skills and crisis evaluations.

Corrective Action:

1. Revise the *Behavioral Classification Form*, or incorporate additional objective screening tools, to ensure all the required elements under 115.341(c) are considered during the intake screening process.
2. Develop and implement appropriate controls on the dissemination of resident information to ensure sensitive information is not exploited.

Agency Response to Corrective Action:

1. The agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form*, as follows:
 - a. Color-coded “yellow” to allow for a quick visual audit of the file to ensure staff use and implement this form during the intake process.
 - b. Incorporated the following required elements into the *ACJJC Behavioral Assessment and Classification 115.341 Form* to ensure all the required elements under 115.341(c) are considered during the intake screening process.
 - i. Prior sexual victimization or abusiveness,
 - ii. Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse,
 - iii. Current charges and offense history,
 - iv. Physical size and stature,
 - v. Mental illness or mental disabilities,
 - vi. Physical disabilities, and
 - vii. Resident’s own perception of vulnerability.
2. The agency enhanced upon the previously implemented controls on the dissemination of resident information within the facility to ensure sensitive information is not exploited.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- 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 No
- 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 No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- 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 No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11 (*revised 8-19-15*)
 - c. *ACJJC Behavioral Assessment and Classification 115.341 Form*
 - d. Resident Files
2. Interviews:
 - a. Superintendent or designee
 - b. PREA coordinator
 - c. Staff who supervise residents in isolation
 - d. Staff responsible for risk screening
 - e. Medical and mental health staff
 - f. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
 - g. Transgender/intersex/gay/lesbian/bisexual residents
3. Site Review Observations:
 - a. Housing Units

Findings (By Provision):

115.342 (a). The agency reported in the PAQ that it uses 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 the housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Procedure:(e) (p. 2) refers to subsequent reassessments and the information utilized includes all the earlier assessments and/or objective screening instruments. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(g) (p. 2) addresses information

gathered using the ACJJC Behavioral Assessment Form to make housing, bed, program education, and work assignments with the goal of keeping all residents safe and free from sexual abuse.”

The agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form*, which allows staff to consider all the elements required under 115.341 in their housing, bed, education and program assignments. The form allows staff to document their housing assignment, including room assignment. Residents are assigned individual rooms

The auditor reviewed 12 resident files which reflected the housing assignments for three residents were based on the needs of the residents as follows: one resident who identified as LGBTI* was placed on medical segregation pending clearance from medical staff (the resident was with the general population during the time of the onsite audit); one resident who identified as LGBTI was assigned to the general population; and one resident with potential aggressive behaviors (sexual assault charge) was placed with the general population. During the post-onsite audit phase, the auditor reviewed eight additional resident files which reflected the housing assignments for three residents were based on the needs of the residents as follows: one resident who identified as LGBTI* was assigned to the general population; one resident who was identified with potential aggressive behavior (sexual assault charge) was assigned to the general population; and one resident who identified as LGBTI and potential aggressive behavior (sexual assault charge) was assigned to the general population. The file review reflected the resident that had been at the facility for an extended period of time had ongoing contact with mental health staff.

Staff interviewed reported residents are informed they have their own room and that the door locks. Staff reported they let the resident know he is never alone, residents shower individually and discuss safety. Staff reported they also calm residents down.

During the onsite review, the auditor noted one male resident, although assigned to the male housing unit, was participating in the education and program services in the female housing unit. Staff reported this was as a result of the need to separate the male resident from other male residents due to behavioral issues. The male resident is returned to the male housing unit during sleeping hours as each resident has their individual sleeping at which time they would not present a risk to each other.

*Same LGBTI resident interviewed both times.

115.342 (b). The agency reported in the PAQ that it has a policy that residents at risk of sexual victimization 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. The policy requires residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The agency reported no residents who were at risk of sexual victimization were placed in isolation in the past 12 months.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(h) (p. 2) addresses residents may be placed in isolation from others only as a last resort as required by this provision. The policy further requires the FA shall ensure the resident continues to receive daily large-muscle exercise and any legally required educational programming or special education services, as well as receive daily visits from a medical or mental health practitioner, access to programming and work opportunities to the extent possible.

Staff interviewed reported residents are isolated only as a last resort and are reintegrated back into the general population as soon as possible or as soon as they can find another arrangement. Staff advised they all work to reach this goal. Staff reported residents are isolated no more than 24 hours. Initially residents would get a 30-minute room restriction and six to 24-hour room restriction for a minor to major rule infraction. If there is a safety-based seclusion, a supervisor's review is required every 24 hours. Staff reported they have never had a resident in isolation for being at risk of victimization. Staff advised action would be taken against the alleged perpetrator and not the victim. Staff advised when a resident

is in isolation, the resident would have access to programs, privileges, education and special education. Staff advised the facility does not offer work opportunities to any residents. Staff added residents are placed in isolation for behavior related issues and that any isolation would be reviewed every 24 hours. If the isolation is initiated by the resident, a review is done every four hours. Staff reported medical staff provide daily visits and mental health staff provide daily visits, Monday thru Friday. If requested by a JPO, medical staff will call mental health staff or the local community mental health service provider.

During the onsite audit, staff reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, therefore no interviews were conducted, specific to this provision. A review of the resident files reflected no residents are placed in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. All residents interviewed reported feeling sexually safe at the facility.

115.342 (c). The agency reported in the PAQ that it prohibits placing lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents in particular housing, bed, or other assignments solely on the basis of such identification or status and also prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(j) (p. 3) prohibits LGBTI residents from being placed in particular housing, bed or other assignments based solely on their identification or status as an indicator or likelihood of being sexually abusive

The auditor reviewed 12 resident files which reflected housing assignments for two residents were based on the needs of the residents as follows: one resident who identified as LGBTI* was placed on medical segregation pending clearance from medical staff (the resident was with the general population during the time of the onsite audit); one resident who identified as LGBTI was assigned to the general population. During the post-onsite audit phase, the auditor reviewed eight additional resident files, which reflected the housing assignments for two residents were based on the needs of the residents as follows: one resident who identified as LGBTI* was assigned to the general population; and one resident who identified as LGBTI and potential aggressive behavior (sexual assault charge) was placed with the general population. The file review reflected the resident that had been at the facility for an extended period of time had ongoing contact with mental health staff.

Staff interviewed reported there is no designated housing unit for lesbian, gay, bisexual, transgender, or intersex residents. Staff added that all residents wear orange uniforms. Residents interviewed, and who self-identified as LGBTI, reported not being treated differently by staff. Residents reported feeling safe and sharing with family that they feel safe at the facility.

*Same LGBTI resident interviewed both times.

115.342 (d). The agency reported in the PAQ that it makes housing and program assignments for transgender or intersex resident on a case-by-case basis. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments (k) (p. 3) addresses housing and program assignments for transgender or intersex residents on a case-by-case basis. During the post-onsite audit phase, the policy was revised by adding the following language, "All concerns, considerations, and placement recommendations will be documented by the intake officer in the classification summary

on the “Behavioral Assessment and Classification Form”. The PC will ensure that a transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration.

During the onsite audit, staff reported there were no residents who self-identified as transgender or intersex; therefore, no interviews were conducted, specific to this provision. A review of the forms did not reflect how housing and program assignments for transgender or intersex residents would be made on a case-by-case basis. During the post-onsite audit phase, the agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form* to include “Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.” This will allow staff to include this element when making housing and program assignments.

115.342 (e). ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(l) (p. 3) requires each transgender or intersex resident be reassessed at least twice each year to review any threats to safety experienced by the resident. A review of the forms did not reflect how reassessments regarding transgender or intersex residents would be documented. During the post-onsite audit phase, the agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form* to include “Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.” This will allow staff to include this element when making housing and program assignments.

Staff interviewed reported they reassess transgender or intersex residents probably twice a year. Staff reported they have never had this happen, as they have not had a transgender resident admitted at the facility.

115.342 (f). ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments (m) (p. 3) requires the PC ensure that a transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. A review of the forms did not reflect how housing, bed, program, and education assignments for transgender or intersex residents would be documented. During the post-onsite audit phase, the agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form* to include “Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.” This will allow staff to include this element when making housing and program assignments.

Staff interviewed reported all residents are treated equally, regardless of race or gender. Staff only ask residents what their sexual orientation is and there is no separate question. Staff reported residents are asked if they feel safe. Staff reported they have never had a transgender resident admitted at the facility. During the onsite audit, staff reported there were no residents who self-identified as transgender or intersex; therefore, no interviews were conducted, specific to this provision.

115.342 (g). ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(n) (p. 3) requires the PC assure that transgender and intersex residents are given the opportunity to shower separately from other residents.

Staff interviewed reported all residents take individual showers; no residents will shower together. During the onsite audit, staff reported there were no residents who self-identified as transgender or intersex; therefore, no interviews were conducted, specific to this provision. During the onsite review, the auditor noted each housing unit has two individual showers and are not designed for more than one resident to shower at the same time.

115.342 (h). ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(h) (p. 2) requires, that if a resident is isolated, the FA document in an incident report the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.

The agency reported there were no residents at risk of sexual victimization who were held in isolation in the past 12 months, therefore there were no resident files to review specific to this provision.

115.342 (i). The agency reported in the PAQ that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments (i) (p. 2) requires a review every 30 days to determine whether there is a continuing need for the resident's separation from the general population.

Staff interviewed reported residents are placed in isolation for behavior related issues and that any isolation would be reviewed every 24 hours. If the isolation is initiated by the resident, a review is done every four hours. During the onsite audit, staff reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, therefore no interviews were conducted, specific to this provision.

Corrective Action:

1. Develop and implement protocols on how decisions are made in response to the needs of transgender or intersex residents regarding 115.342(d-f) would be documented.

Agency Response to Corrective Action:

1. Although not required, the agency revised ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments (k) (p. 3) by adding the following language, "All concerns, considerations, and placement recommendations will be documented by the intake officer in the classification summary on the "Behavioral Assessment and Classification Form". The PC will ensure that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
2. The agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form*, which allows staff to consider all the elements required under 115.341 in their housing, bed, education and program assignments, and now also includes the following element:
 - a. Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12 (revised 8-19-15)
 - c. Juvenile Detention Handbook
 - d. Grievance Form
2. Interviews:
 - a. Random sample of staff
 - b. Resident who reported a sexual abuse
 - c. Random sample of residents
3. Site Review Observations:
 - a. Housing Units
 - b. Corridor

Findings (By Provision):

115.351 (a). The agency reported in the PAQ that it has established procedures for multiple internal ways for residents to privately report to agency officials sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Policy, (p. 1) was revised to state, "The ACJJC PC will ensure that all residents have access to at least one way to report sexual abuse and sexual harassment, retaliation by other residents or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents to a public or private entity or office that is not part of ACJJC

and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to the ACJJC.” Policy Number 18.12, Procedure (a) (p. 1) addresses all three elements required by this provision. The resident handbook and PREA brochure inform the resident to report sexual abuse and sexual harassment. The resident handbook refers to retaliation but does not address retaliation by staff and residents. The PREA brochure does not address retaliation by other residents or staff for reporting sexual abuse and sexual harassment. The resident handbook and PREA brochure do not address reporting staff neglect or violation of responsibilities that may have contributed to such incidents. During the post-onsite audit phase, the Prison Rape Elimination Act of 2003 (PREA) 115.333(a) Form was revised to address retaliation.

Twelve randomly selected staff interviewed reported residents can report sexual abuse, sexual harassment, exploitation, neglect, retaliation, and staff neglect. Only one individual indicated some uncertainty on what residents could report. The auditor interviewed 10 randomly selected residents. All the residents interviewed provided various options they have to make a report: four reported they would file a grievance; seven would tell staff (security, JPO, counselor, supervisor); four would call the hotline; and two would write a letter. During the onsite review, the auditor noted a telephone is located in each housing unit. The grievance forms are available in each housing unit. Residents have to ask for permission to get to the area where the grievance forms are kept, but when requested, staff provide the form or access to the form. Once completed, the resident can place the grievance in the locked grievance box located in the hallway.

115.351 (b). The agency reported in the PAQ that it provides 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. The agency reported residents may report directly to TJJD, a state agency, utilizing the ANE hotline. The public agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and allows the resident to remain anonymous upon request. The agency also reported it does not have a policy requiring 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. The agency also reported it does not detain residents for immigration purposes.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (a) (p. 1) allows for the following reporting options: (1) TJJD hotline; (2) grievance process; (3) note to CJPO; and (4) tell staff.

While onsite, the auditor tested the phone system to ensure calls could be made utilizing the hotline number. The auditor noted the TJJD phone system was down. A subsequent attempt was not successful. The TJJD is an outside and independent agency and the TJJD hotline system is designed to accept calls and immediately forward resident reports of sexual abuse and sexual harassment to agency officials and allows the resident to remain anonymous upon request. During the post-onsite audit phase, and while conducting a follow-up onsite audit, the auditor tested the phone system and the call went through. The auditor noted that residents would have to enter their PID numbers to access TJJD to make a report. Staff took immediate action and notified the agency’s contractor that operates the resident phone service system and requested a modification to the call system to allow residents to make a call anonymously and directly to TJJD without having to use their PIN Number. The contractor made the requested modification.

The auditor interviewed 10 randomly selected residents. All the residents interviewed provided the following options for assistance outside the facility: seven would tell family; one would tell the JPO; and one would call the JPD. One resident did not think there was a way to report an incident outside of the facility, but stated they would tell the counselor. Six residents reported they could make the report anonymously; two thought you could report could and one reported they could not make a report anonymously. One resident initially refused to be interviewed and subsequently partially participated, but was not asked questions specific to this provision.

115.351 (c). The agency reported in the PAQ that it has a policy mandating that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and that staff members are required to promptly document any verbal reports of sexual abuse and sexual harassment. The agency reported staff are to document a verbal report (within 4 hours) and reported there was no documentation of a verbal report.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (a) (p. 1) states, “ACJJC staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly (within 4-hours) document any verbal reports in an incident report.

Twelve randomly selected staff interviewed reported residents can privately make a report to staff: supervisor, counselor (including Camino Real Community Services – CRCS), medical, juvenile probation officer; call the TJJD hotline; file a grievance anonymously; and a third-party (other resident, staff, counselor, parent, lawyers) can also make a report for the resident. Nine staff reported they would have to document a verbal notice on the Incident Report right away or as soon as possible; two reported they would have to document a verbal within 24 hours; one was not sure about documenting the verbal notice but would tell the supervisor right away.

The auditor interviewed 10 randomly selected residents. Five residents reported they would tell family, so family could make the report for them; two would use the hotline; two would still use the grievance process; and two would notify staff or JPD. Three residents indicated they were not sure someone else could make a report for them, but two of them reported they would use the grievance process.

115.351 (d). The agency reported in the PAQ that it provides residents with access to tools necessary to make a written report of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (b) (p. 1) states, “ACJJC shall provide residents with access to pens, paper, dictionary, translation services and other tools necessary to make a written report.” The resources offered to residents exceed the requirements of this provision. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.351 (e). The agency reported in the PAQ that it provides a method for staff to privately report sexual abuse and sexual harassment of residents. The agency reported staff are trained to report to the appropriate reporting agency utilizing their online reporting system.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (c) (p. 1) states, “All ACJJC staff shall be

provided with access to online reporting applications and URL's for privately reporting sexual abuse and sexual harassment of residents.”

Twelve residents were randomly selected for an interview. The residents provided the following options they would use to make a report: nine reported they would tell a supervisor or administration; five would contact the hotline; three would write a letter or submit a grievance; one would report it to JPD and one would report it to Child Protective Services. Overall, all would use one or more options to privately make a report.

Corrective Action:

1. Develop and implement protocols to ensure residents are informed they can also report
 - a. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
 - b. Staff neglect or violation of responsibilities that may have contributed to such incidents.

Agency Response to Corrective Action:

1. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Policy, (p. 1) was revised to state, “The ACJJC PC will ensure that all residents have access to at least one way to report sexual abuse and sexual harassment, retaliation by other residents or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents to a public or private entity or office that is not part of ACJJC and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to the ACJJC.”
2. The Prison Rape Elimination Act of 2003 (PREA) 115.333(a) Form was revised to address retaliation.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- 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 No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- 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 No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12 (revised 8-19-15)
 - c. Grievance Form
 - d. Grievances
2. Interviews:
 - a. Residents who reported a sexual abuse
3. Site Review Observations:
 - a. Housing Units
 - b. Corridor

Findings (By Provision):

115.352 (a). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Policy, first paragraph (p. 1) states, "ACJJC treats all allegations of sexual abuse as a criminal matter and thus does not have any administrative procedures to address resident grievances regarding sexual abuse; however, residents may file a grievance to report, place it in a sealed envelope, and address it to the CJPO. The CJPO shall assure that any and all allegations regarding sexual abuse will be promptly reported..." Policy Number 18.12, Procedure (a)1 (p. 1), was modified to allow that the grievance be addressed to the PREA coordinator and in the absence of the PREA coordinator, the envelope is to be delivered to the facility administrator.

A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievances process. There is no documentation demonstrating the sexual harassment allegations were reported as sexual harassment allegations, therefore not reviewed for potential criminal behavior. This was discovered by the PREA coordinator while preparing for the PREA audit. The PREA coordinator reported she immediately

alerted staff and instructed them to refer all grievances pertaining to sexual abuse or sexual harassment to her attention so they can be properly investigated.

During the onsite review, the auditor noted the grievance forms are available in each housing unit. Residents have to ask for permission to get to the area where the grievance forms are kept, but when requested, staff provide the form or access to the form. Once completed, the resident can place the grievance in the locked grievance box located in the hallway corridor.

115.352 (b). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.352 (c). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.352 (d). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.352 (e). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.352 (f). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.352 (g). The agency reported in the PAQ that it does not have administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

Recommendation:

1. Although not required by policy, develop and implement protocols to ensure allegations of sexual harassment are also reported to administration and the PREA coordinator for review and proper disposition, including referral for investigation. This standard applies to sexual abuse.

Agency's Response to Recommendation:

1. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (a)1 (p. 1), was modified to also allow sexual harassment grievance be addressed to the PREA coordinator and in the absence of the PREA coordinator, the envelope is to be delivered to the facility administrator.

Corrective Action:

1. Please refer to recommendation, which is HIGHLY recommended.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13 (*revised 8-19-15*)
 - c. ACJJC Visitation, Policy Number 10.0 (*revised 5-4-15*)
 - d. ACJJC Telephone, Policy Number 10.1 (*revised 10-7-10*)
 - e. Children's Alliance of South Texas, A Child Advocacy Center Memorandum of Understanding (MOU)
 - f. PREA Posters (English and Spanish)
2. Interviews:
 - a. Superintendent or designee
 - b. Residents who reported a sexual abuse
 - c. Random selection of residents

Findings (By Provision):

115.353 (a). The agency reported in the PAQ that it provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The agency also reported it does not detain residents for immigration purposed, therefore does not 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.

ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13, Procedure (b) (p. 1), addresses this provision. Staff provided a copy of the Children's Alliance of South Texas, A Child Advocacy Center MOU, which is a multi-county effort to address the unique needs of rural counties. The MOU outlines victim support and advocacy services, follow-up support services, and mental health assessment and treatment services.

The resident handbook does not reflect any information regarding outside victim advocate services. During the post-onsite audit phase, the agency provided revised PREA Posters (English and Spanish) that list a hotline number for residents who have been sexually abused at another location or at any

time in the resident's life who need to speak to someone. The auditor noted the PREA Posters were posted in the housing units, intake area, corridors and the general purpose room.

The auditor interviewed 10 randomly selected residents. All the residents interviewed reported they were not aware of any outside victim advocate services. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.353 (b). The agency reported in the PAQ that it informs residents, prior to giving them access, the extent to which such communications will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local laws.

ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13, Procedure (c) (p. 1), addresses this provision and requires the ACJJC PC to ensure each resident is informed of the extent to which (1) such communication will be monitored; (2) reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws; and (3) limits to confidentiality under federal, state, and local law. The Children's Alliance of South Texas, A Child Advocacy Center MOU addresses services provided and the referral of the victim to access the services needed.

The auditor interviewed 10 randomly selected residents. All the residents interviewed reported they were not aware of any outside victim advocate services. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.353 (c). The agency reported in the PAQ that it does not 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. The agency also reported it does not maintain copies of agreements or documentation showing attempts to enter into such agreements, as it currently has no MOU's are in place.

ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13, Procedure (d) (p. 2), requires the PC to maintain copies of agreements or attempts to enter into an MOU with a community service provider. Staff provided a copy of the Children's Alliance of South Texas, A Child Advocacy Center MOU, which is a multi-county effort to address the unique needs of rural counties. The MOU outlines victim support and advocacy services, follow-up support services, and mental health assessment and treatment services.

115.353 (d). The agency reported in the PAQ that it provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians. The agency residents visit with their attorneys and their parents or guardians by phone or in contact visitation.

ACJJC Resident Access to Outside Support Services and Legal Representation, Policy Number 18.13, Procedure (f) (p. 2), requires the PC to ensure residents are provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. ACJJC Visitation, Policy Number 10.0 and ACJJC Telephone, Policy Number 10.1, address the resident's access to visitors, including parents and legal counsel.

Staff interviewed reported residents may have contact with their attorneys or legal counsel by phone or through contact in the visitation room; and residents may have contact with their parents through phone calls or visitation every other day.

The auditor interviewed 10 randomly selected residents. All the residents interviewed reported they do have access to and can visit with their attorneys and parents or family by phone or visitation. One resident initially refused to be interviewed and subsequently partially participated, but was not asked questions specific to this provision. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision. During the onsite review, the auditor noted a designated visitation area allowing for contact and non-contact visitation.

Corrective Action:

1. Develop and implement 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 information for the residents.
2. Develop and implement protocols informing the residents of the limitations to confidentiality and the monitoring of communications.
3. If there is no agreement, demonstrate an attempt to enter into an agreement with a victim advocacy group....

Agency Response to Corrective Action:

1. Staff provided a copy of the Children’s Alliance of South Texas, A Child Advocacy Center MOU, which is a multi-county effort to address the unique needs of rural counties, is signed by the CJPO, Court Appointed Special Advocates (CASA) of South Texas Executive Director, and CAST CAC Executive Director. The MOU includes, but is not limited to the following:
 - a. Roles and Responsibilities of the Multidisciplinary Team Members
 - i. Juvenile Probation,
 - ii. Children’s Alliance of South Texas (CAST) Children’s Advocacy Center (CAC) Professional Team,
 - iii. CAST Victim Support and Advocacy, and
 - iv. CAST Mental Health Professionals;
 - b. Victim Support and Advocacy; and
 - c. Mental Health Assessment and Treatment Services.
2. The PREA Posters also provides a hotline number for residents who have been sexually abused at another location or at any time in the resident’s life who need to speak to someone.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14 (*revised 8-19-15*)
 - c. Agency Website:
<http://www.atascosacounty.texas.gov/upload/page/5342/docs/Community%20Grievance%20Form.pdf>
 - d. ACJJC Parent/Community Grievance Form

Findings (By Provision):

115.354 (a). The agency reported in the PAQ that it provides a method to receive third-party reports of resident sexual abuse and sexual harassment and publicly distributes information on how to report resident sexual abuse and sexual harassment on behalf of a resident. The agency reported reports can be made verbally or written to the FA, PC, or CJPO, or can be made on the county website using the Parent/Community Grievance Form.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Policy, first paragraph (p. 1) states, "The ACJJC PC will ensure that his/her facility has a working method to receive third-party reports of sexual abuse and sexual harassment and distributes, publicly, information on how to report sexual abuse and sexual harassment on behalf of a resident." ACJJC Policy Number 18.14, Procedure (e) (p.1) states, "The public can make a third-party report using the *Parent/Community Grievance Form* on the county website: www.atascosacounty.texas.gov." The auditor accessed the website and noted the form can be better accessed directly via the agency's website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Recommendation:

1. Enhance access to the third-party form by making it available in the lobby area.

Corrective Action:

1. No corrective action required

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No
- If an 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? Yes No
- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1 (*revised 5-30-18*)
 - c. Atascosa County Juvenile Justice Center (ACJJC) Zero Tolerance of Sexual Abuse and Sexual Harassment Policy Number 18.0 (*revised 12-7-18*)
 - d. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14 (*revised 8-19-15*)
 - e. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16 (*revised 8-19-15*)
2. Interviews:

- a. Superintendent or designee
- b. Medical and mental health staff
- c. Random sample of staff

Findings (By Provision):

115.361 (a). The agency reported in the PAQ that it requires 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, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1, Policy (p. 1), addresses the requirement of any employee, volunteer or intern who witnesses, learns of, receives an oral or written statement from an alleged victim or other person shall report to the TJJJ and the JPD. Policy also requires the reporter must report promptly to the facility's designated investigators by phone, text, or written report no later than 24 hours after the reporter gains knowledge. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16, Policy (p. 1) addresses retaliation and the protection of all residents and staff (including contractors and volunteers) for reporting sexual abuse and sexual harassment or for cooperating with an abuse or harassment investigation. Atascosa County Juvenile Justice Center (ACJJC) Zero Tolerance of Sexual Abuse and Sexual Harassment Policy Number 18.0, Policy first paragraph (p. 1), "All staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse and sexual harassment that occurred in a facility whether or not it is part of this agency and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation."

Twelve randomly selected staff interviewed reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff reported they would notify their supervisor, TJJJ, JPD, the FA, the PREA coordinator, use the intercom to call control, or use the grievance procedure.

115.361 (b). The agency reported in the PAQ that it requires all staff to comply with any applicable mandatory child abuse reporting laws.

ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1, Policy, first paragraph (p. 1) was revised and states, "Staff, Contractors and volunteers will comply will all reporting requirements, including relevant mandatory laws."

ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16, Procedure (b) (p. 1) outlines monitoring and protection strategies to ensure residents and staff are protected from retaliation.

Twelve randomly selected staff were interviewed, and ten reported they have received the PREA training and referenced "reporting requirements" and how to report incidents. One staff member did not recall participating in the training and a second staff member reported it had been a few years since

they had participated in training. These staff members are non-security staff but do come into contact with the residents.

115.361 (c). The agency reported in the PAQ that, apart from reporting to designated supervisors or officials and designated State or local services agencies, agency policy prohibits staff 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.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Policy second paragraph (p. 1) addresses prohibiting staff 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.

115.361 (d). Staff interviewed reported, at the initiation of services to a resident they disclose the limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Staff interviewed reported not being aware of such an incident occurring.

115.361 (e). Staff interviewed reported, when they receive an allegation of sexual abuse, they report the incident to the PC, TJJD, JPD, FA, outside CPS and law enforcement, and the parent (unless not allowed). Staff reported they would make these notifications immediately – within one hour. Staff also reported they were unsure about reporting such an incident to the victim’s attorney but would notify the juvenile probation officer.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Procedure (a) (p. 1), was revised and states, “The Detention Superintendent or his/her designee shall promptly report to the alleged victims’ parents or legal guardians, unless the facility has official documentation showing the parents or legal guardian should not be notified. The PC will ensure that this procedure is universally followed. Section (b) (p. 1) states, “If the alleged victim is under the guardianship of the Department of Family and Protective Services, the reports should be made to the alleged victim’s caseworker instead of the parents or legal guardians. Section (b) (p. 1) states, “If a juvenile court retains jurisdiction over the alleged victim, the report shall be made to the juvenile’s attorney of record or other legal representative within 14 days of receipt of the allegation.

115.361 (f). Staff interviewed reported all allegations of sexual abuse and sexual harassment are reported to TJJD and JPD. Staff reported third-party and anonymous reports are also reported. There was no indication the allegations are reported to the facility’s designated investigators.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Procedure (a) (p. 1), was revised and states, “Any and all reports of sexual abuse, including all third-party reports, will be promptly reported to the appropriate oversight agency, law enforcement, and the PC. The ACJJC PC will ensure that the Detention Superintendent and Detention Supervisor are immediately notified so an investigation is not delayed.”

Corrective Action:

1. Develop policy and implement protocols to ensure staff, contractors and volunteers comply with all reporting requirements, including relevant mandatory laws.

- a. Provisions 115.361 (a-b) require policy.
- 2. Develop and implement protocols to ensure proper notifications are made when the alleged victim is under the guardianship of the child welfare system or, if a juvenile court retains jurisdiction over the alleged victim, CPS and the juvenile’s attorney are contacted as required by 115.361(e).
- 3. Develop and implement protocols to ensure all allegations of sexual abuse and sexual harassment are reported to the facility’s designated investigators.

Agency Response to Corrective Action:

- 1. Atascosa County Juvenile Justice Center (ACJJC) Zero Tolerance of Sexual Abuse and Sexual Harassment Policy Number 18.0, Policy first paragraph (p. 1), “All staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse and sexual harassment that occurred in a facility whether or not it is part of this agency and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.”
- 2. In response to 115.361 (b), ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1, Policy, first paragraph (p. 1) was revised and states, “Staff, Contractors and volunteers will comply will all reporting requirements, including relevant mandatory laws.”
- 3. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Procedure (a-c) (p. 1), was revised to address the required notifications.
- 4. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Procedure (a) (p. 1), was revised to require the PC be notified so the PC can notify the Detention Superintendent and Detention Supervisor so an investigation is not delayed. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1, Procedure (C) (p. 2), requires the reporter must report promptly to the facility’s designated investigators by phone, text, or written report no later than 24 hours after the reporter gains knowledge.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15 (revised 8-19-15)
2. Interviews:
 - a. Agency head
 - b. Superintendent or designee
 - c. Random sample of staff

Findings (By Provision):

115.362 (a). The agency reported in the PAQ that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The agency reported there were no instances the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months.

The ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, was revised during the post-onsite audit phase and addresses this provision and requires ACJJC take immediate action to protect residents at substantial risk for imminent sexual abuse.

Staff interviewed reported if they learned a resident is subject to substantial risk of imminent sexual abuse, they would immediately separate the residents and keep both separate, or keep the staff implicated away from the area. Staff reported they would alert the supervisor and write an incident report. Staff reported they take every incident seriously and would protect residents. Staff reported information would be shared shift-to-shift via a Pass Card to keep the residents separated. Staff reported the response would be immediate – there is no waiting.

Recommendation:

1. This provision does not require policy, but if it is the intent of the agency to develop and implement policy, please provide the policy. If this is addressed in another policy, please advise so the agency is credited in this report for addressing this provision.

Agency's Response to Recommendation:

1. The agency revised The ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15 to address this provision

Corrective Action:

1. No corrective action is required.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ

- b. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14 (*revised 8-19-15*)

2. Interviews:

- a. Agency head
- b. Superintendent or designee

Findings (By Provision):

115.363 (a). The agency reported in the PAQ that agency policy requires, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the alleged abuse is alleged to have occurred. The agency reported, policy also requires the head of the facility notify the appropriate investigative agency. The agency also reported there were no allegations the facility received in the past 12 months that a resident was abused while confined at another facility.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (f) (p. 2) was revised and designates the detention superintendent notify the facility head of the other facility. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (h) (p. 2) states, “The Superintendent, or his/her designee, shall notify the facility head (or an appropriate officer of the agency or entity operating the facility) where the abuse incident or allegation occurred within 24-hours of receipt of the information and shall confirm that the appropriate investigative agency (i.e., Texas Juvenile Justice Department or law enforcement) was notified within 24-hours of receipt of the information.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (g) (p. 2) requires ACJJC staff report the allegation via the TJJD ANE report form and also immediately notify the Detention Superintendent and the PREA coordinator.

115.363 (b). The agency reported in the PAQ that policy requires the facility head provide such notifications as soon as possible, but no later than 72 hours after receiving the allegation.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (h) (p. 2) states, “The Superintendent, or his/her designee, shall notify the facility head (or an appropriate officer of the agency or entity operating the facility) where the abuse incident or allegation occurred within 24-hours of receipt of the information and shall confirm that the appropriate investigative agency (i.e., Texas Juvenile Justice Department or law enforcement) was notified within 24-hours of receipt of the information.

115.363 (c). The agency reported in the PAQ that it documents that it has provided such notification within 72 hours after receiving the allegation.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (i) (p. 2) reflects the notification would be documented on the “*Incident Report (IR)*” form.

115.363 (d). The agency reported in the PAQ that policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The agency reported there were no allegations of sexual abuse the facility received from other facilities in the past 12 months.

ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (m) (p. 2) states, "If ACJJC receives an allegation from another facility or agency that an allegation of sexual abuse occurred at ACJJC, the ACJJC FA will document the allegation via an incident report and then immediately follow the procedures contained in ACJJC Policy. 2.1. ACJJC Policy Number 2.1 addresses Reporting Abuse, Neglect, and Exploitation, but does not ensure the allegation is investigated in accordance with the PREA standards. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (f) (p. 2) states, "The facility will investigate all allegations of sexual abuse or sexual harassment per the PREA standards listed above."

Staff interviewed reported they would notify TJJJ and JPD if they received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in their facility. Staff reported they would also report this to the parent and JPO and advised them of the steps they are taking. Staff reported there have been no incidents received from another facility or agency reporting such allegations to ACJJC.

Corrective Action:

1. Revise policy and implement protocols to ensure the facility head makes the proper notifications for allegations made that a resident was sexually abused while confined at another facility.
2. Ensure allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

Agency Response to Corrective Action:

1. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (f) (p. 2) was revised and designates the detention superintendent notify the facility head of the other facility.
2. ACJJC Third Party Reporting, Staff/Agency Reporting Duties, & Reporting to Other Confinement Facilities, Policy Number 18.14, Reporting to Other Confinement Facilities (f) (p. 2) states, "The facility will investigate all allegations of sexual abuse or sexual harassment per the PREA standards listed above." Although policy is not required, staff reported this sentence was meant to be under Section (m) of this policy.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15 (*revised 8-19-15*)

2. Interviews:

- a. Security staff first responders
- b. Residents who reported a sexual abuse

Findings (By Provision):

115.364 (a). The agency reported in the PAQ that it has a first responder policy for allegations of sexual abuse. The agency reported the policy requires, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: (a) separate the alleged victim and abuser; (b) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (c) if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (d) 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.

The agency reported there was one (1) allegation that a resident was sexually abused in the past 12 months in which the first security staff member to respond to the report separated the alleged victim and abuser. The agency reported there were no (0) allegations where staff were notified within a time period that still allowed for the collection of physical evidence in the past 12 months. The agency reported this allegation did not require a collection of physical evidence. The resident alleged an improper pat down procedure by a staff member.

ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, Procedure (a)(1-4) addresses all the required elements of this provision.

Staff interviewed reported a resident alleged another staff member made an improper pat-down search. Staff reported the staff member whom the allegation was made against was not onsite at the time the allegation was made. Staff reported the allegation was immediately reported to TJJD and the supervisor.

115.364 (b). The agency reported in the PAQ that policy requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, if applicable, and then notify security staff. The agency reported there were no (0) allegations that a resident was sexually abused made in the past 12 months in which a non-security staff member was the first responder.

ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, Procedure (b)(1-2) addresses all the required elements of this provision.

The 12 staff randomly selected to be interviewed reported they would separate and secure the residents, immediately report the incident to the supervisor and secure the area and preserve the scene. Staff reported they would also notify TJJD, medical, and mental health. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

Corrective Action:

1. No corrective action required....

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15 (*revised 8-19-15*)
 - c. ACJJC Coordinated Response Plan
2. Interviews:
 - a. Superintendent or designee

Findings (By Provision):

115.365 (a). The agency reported in the PAQ that it has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Although not required, ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, Coordinated Response (e) (p. 2-3),

addresses the elements the PREA coordinator will assure are addressed in the agency's Coordinated Response Plan. Policy 18.15, Coordinated Response (h) (p. 3) was revised and states, "The approved ACJJC Coordinated Response Plan will be printed on colored paper and kept in the control room in the ACJJC Policy & Procedure binder." The facility's coordinated plan contains instructions for the first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes a section for the sexual abuse review board, which is tasked with convening within 30 days after a substantiated or unsubstantiated finding.

Staff interviewed reported they did not believe there was a coordinated response plan. During the onsite audit phase, the agency revised the plan to include the recommended modifications. The plan is signed by the detention superintendent and the CJPO. Staff reported and was able to demonstrate the plan is maintained in the control room for easy access. The plan is printed on blue colored paper.

Recommendation:

1. Enhance the plan to include notification of JPD (911), review the language offering the resident the option to undergo a forensic medical exam, and review the language allowing the investigator to determine whether youth will be transported for SAFE/SANE.
2. Policy ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, Coordinated Response (e)10, requires the plan be approved by the FA.

Agency's Response to Recommendation:

1. The agency revised the plan to include the recommended modifications.
2. The plan is signed by the detention superintendent and the CJPO.

Corrective Action:

1. Ensure key staff are informed on the facility's coordinated response plan.

Agency's Response to Corrective Action:

1. Staff reported and was able to demonstrate the plan is maintained in the control room for easy access.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15 (*revised 8-19-15*)
 - c. ACJJC "At Will" Statement Form
2. Interviews:
 - a. Agency head

Findings (By Provision):

115.366 (a). The agency reported in the PAQ that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, 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. The agency reported in the PAQ that it has a written policy. The agency report agency policy prohibits such agreements.

ACJJC Staff First Responder Duties and Coordinated Response Preservation of Ability to Protect Residents from Contact with Abuser, Policy 18.15, Preservation of Ability to Protect Residents from Contact with Abusers (a-b) (p. 3), addresses this provision. The ACJJC "At Will" Statement Form (3), states "I agree that my employment may be terminated by this department at any time without liability for wages or salary except such as may have been earned at the date of such termination." Staff interviewed reported the agency has not entered into a collective bargaining agreement and that Texas is an At-Will Employment State.

115.366 (b). Auditor is not required to audit this provision.

Corrective Action:

1. No corrective action is required.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16 (*revised 8-19-15*)
2. Interviews:
 - a. Agency head
 - b. Superintendent or designee
 - c. Designated staff member charged with monitoring retaliation
 - d. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
 - e. Residents who reported a sexual abuse

Findings (By Provision):

115.367 (a). The agency reported in the PAQ that it has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency reported it designates staff member(s) or departments are charges department(s) with monitoring for possible retaliation. The agency reported the facility is currently without an FA, and that the monitoring will be overseen by the Deputy Chief JPO and/or the CJPO. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16. Policy and Procedure (a) (p. 1) addresses this provision.

115.367 (b). ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16 Procedure (b) (p. 1) outlines monitoring and protection strategies the FA can utilize to protect residents and staff.

Staff interviewed reported resident monitoring could include keeping the residents separated, placing residents in different pods, and supervision. Staff monitoring could include reassignment to keep staff away from residents or suspension. Staff reported, on a daily basis, they would identify the situation and would note things to look for. Staff would speak with the residents and build a rapport to see what is going on. Residents would be offered a "Pod Pass" and told they can be pulled out to speak with them, as needed. Staff would communicate with each other, and staff would be posted so all angles are covered. Staff reported there had been no incidents involving retaliation. During the onsite audit, staff reported there were no residents that had been in isolation for being at risk of sexual victimization or who alleged to have suffered sexual abuse, nor any residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.367 (c). The agency reported in the PAQ that it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. The agency reported it monitors the conduct or treatment for 90 days and beyond. The agency reported it acts promptly to remedy any such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The agency reported there were no times an incident of retaliation occurred in the past 12 months.

ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16. Policy and Procedure (c-d) (p. 1) addresses the elements required in this provision and monitoring beyond 90 days.

Staff interviewed reported they would look for body language, ask other residents and staff if they have seen or heard anything or sense any tensions, and check the grievance box every day. Staff reported they would go to the resident just to check-in. If retaliation was against staff, they would follow-up if residents are making any acts of retaliation. Staff reported they would post the most experienced staff in the pod. Staff also reported they would monitor for retaliation for one month, and if a sexual abuse incident is being investigated, it would depend on how long the investigation takes. The overall length of time staff would monitor for retaliation would depend on the situation. The maximum would be one month.

115.367 (d). ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16. Policy and Procedure (d) (p. 1) addresses periodic status checks.

Staff interviewed reported they would look for body language, ask other residents and staff if they have seen or heard anything or sense any tensions, and check the grievance box every day. Staff reported they would go to the resident just to check-in. If retaliation was against staff, they would follow-up if residents are making any acts of retaliation.

115.367 (e). ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16. Policy and Procedure (e) (p. 2) addresses appropriate measures to protect any other individual against retaliation.

Staff interviewed reported retaliation would not be tolerated and would be investigated. Changes could be made, such as scheduling programs or services at different times to keep residents separated. Staff interviewed did not address measures to protect staff, including other individuals (contractors or volunteers) against retaliation.

115.367 (f). The auditor is not required to audit this provision.

The agency addresses this provision. ACJJC Agency Protection Against Retaliation Post-Allegation Protective Custody, Policy Number 18.16. Policy and Procedure (g) (p. 2), states, "The FA's obligation to monitor shall terminate if the agency determines that a sexual abuse allegation is unfounded."

Corrective Action:

1. Develop and implement protocols to ensure monitoring for retaliation occurs for a minimum of 90 days following a report of sexual abuse.

Agency's Response to Corrective Action:

1. The agency reported there have been no new allegations of sexual abuse since the onsite audit. The PREA coordinator will be tracking the status of all allegations of sexual abuse and sexual harassment to ensure full compliance with PREA requirements.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11
2. Interviews:
 - a. Superintendent or designee
 - b. Staff who supervise residents in isolation
 - c. Medical and mental health staff
 - d. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
3. Site Review Observations:
 - a. Isolation Cells

Findings (By Provision):

115.368 (a). The agency reported in the PAQ that any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to the requirements of § 115.342. The agency reported that residents at risk of sexual victimization 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. The policy requires residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The agency reported no residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12

months. The agency reported in the PAQ that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

ACJJC Screening for Risk of Sexual Victimization and Abusiveness Placement of Residents, Policy Number 18.11, Placement of Residents in Housing, Bed, Program, Education and Work Assignments(h) (p. 2) addresses residents may be placed in isolation from others only as a last resort as required by this provision. The policy further requires the FA shall ensure the resident continues to receive daily large-muscle exercise and any legally required educational programming or special education services, as well as receive daily visits from a medical or mental health practitioner, access to programming and work opportunities to the extent possible.

The auditor reviewed 12 resident files, of which three reflected housing assignments based on the needs of the residents as follows: one resident who identified as LGBTI* was placed on medical segregation pending clearance from medical staff (the resident was with the general population during the time of the onsite audit); one resident who identified as LGBTI was assigned to the general population; and one resident with potential aggressive behaviors (sexual assault charge) was placed with the general population. During the post-onsite audit phase, the auditor reviewed eight additional resident files, of which three reflected the housing assignments based on the needs of the residents as follows: one resident who identified as LGBTI* was assigned to the general population; one resident who was identified with potential aggressive behavior (sexual assault charge) was placed with the general population; and one resident who identified as LGBTI and potential aggressive behavior (sexual assault charge) was placed with the general population. The file review reflected the resident that had been at the facility for an extended period of time had ongoing contact with mental health staff.

Staff interviewed reported residents are isolated only as a last resort and are reintegrated back into the general population as soon as possible or as soon as they can find another arrangement. Staff advised they all work to reach this goal. Staff reported residents are isolated no more than 24 hours. Initially residents would get a 30-minute room restriction and six to 24-hour room restriction for a minor to major rule infraction. If there is a safety-based seclusion, a supervisor's review is required every 24 hours. Staff reported they have never had a resident in isolation for being at risk of victimization. Staff advised action would be taken against the alleged perpetrator and not the victim. Staff reported if a resident were traumatized, they would try to find out how to help the resident. Staff advised when a resident is in isolation, the resident would have access to programs, privileges, education and special education. Staff advised the facility does not offer work opportunities to any residents. Staff added residents are placed in isolation for behavior related issues and that any isolation would be reviewed every 24 hours. If the isolation is initiated by the resident, a review is done every four hours. Staff reported medical staff provide daily visits and mental health staff provide daily visits, Monday thru Friday. If requested by a JPO, medical staff will call mental health staff or the local community mental health service provider.

During the onsite audit, staff reported there were no residents who had been in isolation for being at risk of sexual victimization or who alleged to have suffered sexual abuse; therefore, no interviews were conducted, specific to this provision. During the onsite review, the auditor noted there are four cells that can be used for isolation. The cells do not have cameras and are located close to the control room, which allow for more direct staff supervision. The auditor observed that every time any security staff would walk by any occupied cell, the staff would check on the resident and note the observed behavior on the log sheet posted outside the door.

*Same LGBTI resident interviewed both times.

Corrective Action:

1. No corrective action is required ...

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- 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 No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17 (*revised 8-19-15*)
 - c. ACJJC Reporting Abuse, Neglect, and Exploitation, Policy Number 2.1 (*revised 5-30-18*)
2. Interviews:
 - a. Superintendent or designee
 - b. PREA coordinator
 - c. PREA compliance manager
 - d. Investigative staff
 - e. Residents who reported a sexual abuse

Findings (By Provision):

115.371 (a). The agency reported in the PAQ that it has a policy related to criminal and administrative agency investigations.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Policy (p. 1) states, "ACJJC will conduct any investigations, including into third-party and anonymous allegations, of sexual abuse and sexual harassment in a prompt, thorough and objective manner"

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (b) (p. 1) states, "The ACJJC FA will be responsible for investigations into allegations of sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to sexual abuse, the FA will conduct the investigation promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports, even if the alleged abuser or victim is no longer employed or housed by ACJJC." ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Procedure (h), (p. 2), was revised and now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."

ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Policy, first paragraph (p. 1), requires the facility will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and completed and submitted to TJJD nine days after the incident was reported. A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievance process. There is no documentation demonstrating the sexual harassment grievances were reported as sexual harassment allegations, therefore not reviewed for potential criminal behavior. This was discovered by the PREA coordinator while preparing for the PREA audit. The PREA coordinator reported she immediately alerted staff and instructed them to refer all grievances pertaining to sexual abuse or sexual harassment to her attention so they can be properly investigated.

Staff interviewed reported an investigation would be initiated right away and that third-party and anonymous reports would be investigated the same as a regular report. Staff reported JPD would be contacted.

115.371 (b). ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (c) (p. 1) states, "Where sexual abuse is alleged, ACJJC shall use Jourdan Police Department (JPD) investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334."

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and completed and submitted to TJJD. A review of the two sexual harassment allegations reflect they were reported through the grievance process by two residents and were handled and disposed of via the grievances process. There is no documentation demonstrating the sexual harassment grievances were reported as sexual harassment allegations, therefore not reviewed for potential criminal behavior. This was discovered by the PREA coordinator while preparing for the PREA audit. The PREA coordinator reported she immediately alerted staff and instructed them to refer all grievances pertaining to sexual abuse or sexual harassment to her attention so they can be properly investigated. The staff that conducted the sexual abuse administrative investigation had not been trained as required by 115.334. Staff interviewed reported they had not received specialized training in sexual abuse investigations.

A review of two investigative staff training files reflected staff had not completed the training pursuant to 115.331 or the specialized investigator training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized investigative staff training, but not the Basic Training required under 115.331. Documentation demonstrating compliance was due to the auditor by November 9, 2019. Subsequent to that date, agency staff provided supporting documentation that the investigative staff had completed the PREA Basic Training on November 12th and November 15, 2019. The agency has designated five agency investigative staff and training records demonstrate all investigative staff completed the specialized investigative staff training. Staff reported there have been no new sexual abuse or sexual harassment allegations since the initial onsite audit.

115.371 (c). Investigators gather and preserve direct and circumstantial evidence, including: (a) any available physical and DNA evidence and any available electronic monitoring data; (b) interview alleged victims, suspected perpetrators, and witnesses; and (c) review prior reports and complaints of sexual abuse involving the suspected perpetrator.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (d) (p. 2) states, "Direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data shall be gathered by JPD." ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (e) (p. 2) states, "The JPD shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

A review of the sexual abuse investigative report demonstrates the review of electronic monitoring data, the interviews of the alleged victims, suspected perpetrators, and witnesses. The investigative report was submitted to TJJD per statutory requirement for review. This process requires the agency refer to a list outlining the required components of a report and the list of documents that shall be submitted with the report. The TJJD issued a Notification of Disposition specific to the investigative file.

Staff interviewed reported the FA would handle the investigative process. Staff reported the allegation would be discussed with the supervisor, and they would talk with witnesses and see what the resident is alleging and call: the CJPO; JPD within six hours; and TJJD within 24 hours. In the meantime, the alleged victim and alleged perpetrator would be kept separate and observed and not allow either to destroy evidence. Staff reported they get statements from everybody, review videos and check times and compare them with the statements. Staff reported all information would need to go through CJPO and he would be notified. In regards to circumstantial evidence, not all staff were familiar with the protocols. Staff familiar with the process indicated they would gather and review statements and videos.

115.371 (d). The agency reported in the PAQ that it does not terminate an investigation solely because the source of the allegation recants the allegation. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (f) (p. 2) states, "The ACJJC FA will assure that no investigation is terminated solely because the source of the allegation recants the allegation."

Staff interviewed they would not terminate the investigation if the source of the allegation recants his/her allegation.

115.371 (e). ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (g) (p. 2) states, “When the quality of evidence appears to support criminal prosecution, the ACJJC CJPO shall consult with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted, completed and submitted to TJJD. The report does not indicate the Garrity Warning was considered or administered. Staff interviewed reported they get advice from the County Attorney’s Office before conducting compelled interviews. Staff were not familiar with Garrity Warning.

A review of two investigative staff training files reflected staff had not completed the training pursuant to 115.331 or the specialized investigator training required under this standard. During the post-onsite audit phase, the agency provided documentation demonstrating the staff had completed the specialized investigative staff training. The agency has designated five agency investigative staff and training records demonstrate all investigative staff completed the specialized investigative staff training.

115.371 (f).

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (h) (p. 2) states, “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. ACJJC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

Staff interviewed reported they 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. Staff reported they follow the evidence and treat everyone the same and see the investigation through. Staff reported that the use of a truth-telling device would be left up to JPD and the county attorney. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.371 (g). Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse, and administrative investigations are 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

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (i) (p. 2) states, “When an authorized ACJJC staff member (e.g., ACJJC PC) conducts an administrative investigation he/she: (j) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse and will document in an ACJJC Internal Investigation Report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Once completed, the report was submitted to TJJD, which subsequently issued a notification of disposition to the agency.

Staff interviewed reported they question everybody that was there at the time, review the camera videos to see if there were any policy violations, and they go from there. Staff reported they document administrative investigations in written reports, which includes the violation, person involved, date, time, short description of the incident and finding.

115.371 (h). Criminal investigations are 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.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (k) (p. 2) states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The ACJJC CJPO will request a copy of this report from TJJD and/or law enforcement." Staff interviewed reported criminal investigations are documented the same as administrative investigations. The agency reported no criminal investigations were conducted in the past 12 months.

115.371 (i). The agency reported in the PAQ that all substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency reported there were no unsubstantiated allegations of conduct that appeared to be criminal that were referred for prosecution since 8/20/12.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (l) (p. 2) states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution." Staff interviewed reported a case is referred for prosecution once they receive the report from JPD and they say it is prosecutable. Staff reported TJJD would also be notified.

115.371 (j). The agency reported in the PAQ that it retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment 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.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (m) (p. 2) states, "The ACJJC PC shall retain all written reports for as long as the alleged abuser is incarcerated or employed by ACJJC, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention." The auditor reviewed one administrative investigative and two grievance files, which are securely maintained in the PREA coordinator's office.

115.371 (k). ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (n) (p. 2) states, "ACJJC assures that the departure of the alleged abuser or victim from the employment or control of ACJJC shall not provide a basis for terminating an investigation."

Staff interviewed reported that if staff a staff member terminates employment prior to the completion of the investigation, they would still proceed with the investigation. Staff reported it would still be reported to TJJD, which could impact that staff's certification.

115.371 (l). The auditor is not required to audit this provision.

115.371 (m). ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Procedure (p) (p. 2) states, "When outside agencies investigate sexual abuse, all ACJJC staff shall fully cooperate with outside investigators and the ACJJC PC will endeavor to remain informed about the progress of the investigation."

Staff interviewed reported, when an outside entity investigates, they make sure they are doing what they are supposed to do. Staff reported they will not interfere and wait and see what they (JPD and TJJD) find out. Staff also reported JPD would report the progress and findings to the PREA coordinator or CJPO.

Corrective Action:

1. Develop and implement protocols to ensure investigations are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous, of sexual abuse and sexual harassment allegations.
2. Ensure all investigators are trained as required under 115.334

Agency Response to Corrective Action:

1. ACJJC Referrals of Allegations for Investigations, Policy Number 18.9, Procedure (h), (p. 2), was revised and now states, "All administrative investigations will be handled by the CJPO, the Assistant CJPO and the Detention Superintendent unless the allegation involves any of the administrative investigators. In the event the allegation involves the Detention Superintendent, the CJPO or Assistant CJPO, the Detention Supervisor and the PC will be responsible for conducting and completing the investigation."
2. The auditor inquired on whether there were any new allegations of sexual abuse or sexual harassment during the corrective action period and staff reported there had been no new allegations reported. The PREA coordinator reiterated they have developed the following protocols:
 - a. Staff were directed to refer all allegations, including any grievances pertaining to sexual harassment or sexual abuse allegations, to the PREA coordinator to ensure the incident is referred for an investigation.
 - b. The PREA coordinator will track the status of the investigations through completion.
3. The agency provided documentation demonstrating the five agency investigative staff had completed the specialized investigative staff training.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17 (revised 8-19-15)
2. Interviews:
 - a. Investigative Staff

Findings (By Provision):

115.372 (a). The agency reported in the PAQ that it imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, Policy second paragraph (p. 1) states, "Any ACJJC staff authorized (e.g., ACJJC PC) to conduct administrative investigations will use the preponderance of evidence standard in determining whether allegations are substantiated."

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and completed and submitted to TJJD. The report reflects the proper standard of proof. Staff interviewed reported the standard used is the outcry and probable cause. Staff reported the specialized training provided to the five investigative staff included the preponderance of the evidence standard of proof.

Corrective Action:

1. Ensure investigative staff are trained on the proper standard of proof.

Agency Response to Corrective Action:

1. Staff reported the specialized training provided to the five investigative staff included the preponderance of the evidence standard of proof.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.373 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17 (*revised 8-19-15*)
2. Interviews:
 - a. Superintendent or designee
 - b. Investigative staff
 - c. Resident who reported a sexual abuse

Findings (By Provision):

115.373 (a). The agency reported in the PAQ that it has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The agency reported one (1) criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months, and one (1) resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed in the past 12 months.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, I. Reporting to Residents: Policy first paragraph (p. 3) states, "ACJJC will assure that upon completion of an investigation into a resident's allegation that he or she suffered sexual abuse in this facility, ACJJC will inform the resident whether the allegation was deemed substantiated, unsubstantiated, or unfounded."

A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted and the record reflects the resident was notified of the outcome (finding) of the investigation. Staff interviewed reported residents are informed of the outcome of the investigation.

115.373 (b). The agency reported in the PAQ that, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative agency in order to inform the resident of the outcome of the investigation. The agency reported there was one (1) investigation of alleged sexual abuse in the facility that was completed by an outside agency in the past 12 months, and no (0) resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed by an outside agency in the past 12 months.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, I. Reporting to Residents: Policy Procedure (b) (p. 3) states, "The ACJJC FA shall request the relevant information from the investigative agency to inform the resident." A review of the sexual abuse investigative report demonstrates an administrative investigation was conducted, completed and submitted to TJJD, which subsequently issued a notification of disposition.

115.373 (c). The agency reported in the PAQ that, 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, the agency subsequently informs the resident whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency reported there has been no (0) 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.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, I. Reporting to Residents: Policy Procedure (c)(p. 3) states, "Following a resident's allegation that a staff

member has committed sexual abuse against the resident, the ACJJC FA shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever.” The policy continues and includes all four required elements by this provision.

During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.373 (d). The agency reported in the PAQ that, following a resident’s allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, I. Reporting to Residents: Policy Procedure (d) (p. 3) states, “Following a resident’s allegation that he or she has been sexually abused by another resident, the ACJJC FA shall subsequently inform the alleged victim whenever.” The policy continues and includes the two required elements by this provision.

During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.373 (e). The agency reported in the PAQ that it has policy that all such notifications or attempted notifications are documented. The agency reported there were no (0) notifications to residents that were provided or documented in the past 12 months.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, I. Reporting to Residents: Policy Procedure (e) (p. 3) states, “All such notifications or attempted notifications of the resident shall be documented via an ACJJC Incident Report.”

115.373 (f). The auditor is not required to audit this provision.

Corrective Action:

1. No corrective action required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18 (revised 8-19-15)

Findings (By Provision):

115.376 (a). The agency reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Policy First Paragraph (p. 1), states, "ACJJC staff shall be subject to disciplinary sanctions up to and including termination for violating all sexual abuse or sexual harassment policies."

115.376 (b). The agency reported in the PAQ there were no (0) staff from the facility who have violated agency sexual abuse or sexual harassment policies, nor any staff terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, in the past 12 months.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Policy First Paragraph (p. 1), states, "Terminations shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse."

115.376 (c). The agency reported in the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The agency reported there were no (0) staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Procedure (b) (p. 1), states, "The ACJJC CJPO will ensure that disciplinary sanctions for violations of ACJJC's policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

115.376 (d). The agency reported in the PAQ that 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, are reported to: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) relevant licensing bodies. The agency reported there were no (0) staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Procedure (a) (p. 1), states, “The ACJJC CJPO will ensure that all terminations for violations of ACJJC’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the appropriate law enforcement agency (unless the activity was not clearly criminal) and to any relevant licensing bodies.”

Corrective Action:

1. No corrective action required.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18 (*revised 8-19-15*)
2. Interviews:
 - a. Superintendent or designee

Findings (By Provision):

115.377 (a). The agency reported in the PAQ that policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) relevant licensing bodies. The agency reported there were no (0) contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents in the past 12 months.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Corrective Action for Contractors and Volunteers (c) (p. 1), states, "The ACJJC FA will assure that any ACJJC contractor or volunteer violating the sexual abuse or sexual harassment policies will not have access to ACJJC residents. Dismissal from service will be the presumptive disciplinary sanction for contractors / volunteers who engage in sexual abuse. Further, the ACJJC FA will ensure that any contractor or volunteer found to have engaged in sexual abuse will be reported to law enforcement and to relevant licensing bodies."

115.377 (b). The agency reported in the PAQ that it, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes appropriate remedial measures, and consider whether to prohibit further contact with residents. The agency reported volunteers or contractors will not be allowed back in the facility for any violation of sexual abuse or sexual harassment policies.

ACJJC Disciplinary Sanctions for Staff, Corrective Action for Contractors and Volunteers, Policy Number 18.18, Corrective Action for Contractors and Volunteers (d) (p. 1), states, "The ACJJC FA will promptly notify via the Supervisor Report that the contractor or volunteer is not allowed contact with any ACJJC resident or access to the facility, thus assuring resident safety.

Staff interviewed reported contractors and volunteers would not be allowed back, even if it was determined that the allegation, after the investigation was completed, was determined to be unfounded. Staff reported the agency would not take any chances.

Corrective Action:

1. No corrective action required.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12 (revised 8-19-15)
2. Interviews:
 - a. Superintendent or designee
 - b. Medical and mental health staff

Findings (By Provision):

115.378 (a). The agency reported in the PAQ that residents are 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 that the resident engaged in resident-on-resident sexual abuse. The agency reported there were no administrative findings of resident-on-resident sexual abuse or no criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility in the past 12 months.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Interventions and Disciplinary Sanctions for Residents

(h) (p. 2) prohibits any and all sexual activity between residents or staff and residents. Policy states, "The ACJJC FA will ensure that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident sexually abused another resident."

115.378 (b). The agency reported in the PAQ that, in the event a disciplinary sanction results in the isolation of a resident, the agency ensures the resident has access to daily large-muscle exercise, has access to any legally required educational programming or special education services, receives daily visits from a medical or mental health care clinician; and has access to other programs and work opportunities to the extent possible. The agency reported there have been no (0) residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the past 12 months.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (i) (p. 2) addresses the elements of this provision.

Staff interviewed reported, when disciplining residents, the sanctions are proportionate to the nature and circumstances of the abuses committed, the resident's disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. Staff reported that isolation is used as a disciplinary sanction.

115.378 (c). The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (j) (p. 2) states, "The FA will ensure that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

Staff interviewed reported, when disciplining residents, they also consider the resident's mental disability or mental illness.

115.378 (d). The agency reported in the PAQ that it offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, and considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. The agency reported access to general programming or education is not conditional on participation in such interventions.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (k) (p. 2) states, "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. ACJJC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education"

Staff interviewed reported it considers whether to offer therapy, counseling or other intervention services to an offending resident. Staff reported they do not require a resident's participation as a condition to access any rewards-based behavior management system or programming or education.

115.378 (e). The agency reported in the PAQ that it disciplines residents for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (l) (p. 2) states, “ACJJC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”

115.378 (f). The agency reported in the PAQ that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Procedure (m) (p. 2) addresses this provision and prohibits disciplinary action for a report of sexual abuse made in good faith.

115.378 (g). The agency reported in the PAQ that it prohibits all sexual activity between residents and disciplines residents for such activity, and deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

ACJJC Resident Reporting & Exhaustion of Administrative Remedies Interventions and Disciplinary Sanctions for Residents, Policy Number 18.12, Policy, first paragraph (p. 1) states, “ACJJC prohibits all sexual activity between residents and will discipline residents for such activity.” Policy Number 18.12, Policy, Procedure (l) (p. 2) was revised and states, “ACJJC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A resident may also be disciplined for sexual abuse with another resident if it is determined the activity was coerced.”

Recommendation:

1. Policy does not include last portion of 115.378(g); policy is not required.

Agency’s Response to Recommendation:

1. Policy Number 18.12, Policy, Procedure (l) (p. 2) was revised and states, “ACJJC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A resident may also be disciplined for sexual abuse with another resident if it is determined the activity was coerced.”

Corrective Action:

1. No corrective action required.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19 (revised 8-19-15)
 - c. ACJJC Behavioral Assessment and Classification 115.341 Form
 - d. MAYSI-2 Second Screening Form Summary
 - e. Resident Files
2. Interviews:
 - a. Medical and mental health staff
 - b. Staff responsible for risk screening
 - c. Residents who disclose sexual victimization at risk screening

Findings (By Provision):

115.381 (a). The agency reported in the PAQ that all residents at the facility who have disclosed any prior sexual victimization, during a screening pursuant to 115.341, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The agency reported zero percent of residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner in the past 12 months. The agency reported medical and mental health staff maintain secondary materials documenting the required follow-up meeting is provided.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, Procedure (a) (p. 1), states, "If the screening pursuant §115.341 indicates that a resident has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, the ACJJC 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."

During the onsite audit, the auditor reviewed 12 resident files, which reflected no residents were identified as sexual abuse victims. During the post onsite audit phase, the auditor reviewed an additional eight resident files, which reflected one resident with prior sexual victimization. The resident was referred and seen by mental health staff in eight days.

Staff interviewed reported that if the screening indicates a resident experienced prior sexual victimization, they try to get counseling for the resident. Staff reported the referral is made immediately. Staff reported the resident is referred to medical if there is a medical problem or concern, such as an injury noted on the body chart. During the onsite audit, staff reported there were no residents who had disclosed sexual victimization at risk screening; therefore, no interviews were conducted, specific to this provision.

115.381 (b). The agency reported in the PAQ that all residents who have ever previously perpetrated sexual abuse, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The agency reported zero percent of the residents who previously perpetrated sexual abuse, as indicated during screening, were offered a follow-up meeting with a mental health practitioner in the past 12 months. The agency reported mental health staff maintain secondary materials documenting the required follow-up meeting is provided.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, Procedure (b) (p. 1), states, "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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." During the post-onsite audit phase, the agency revised the *ACJJC Behavioral Assessment and Classification 115.341 Form* to include the following element: Current or previous sexual offense

During the onsite audit, the auditor reviewed 12 resident files, which reflected one resident identified as a possible sexual abuser. The resident had arrived seven day prior to the file being audited. During the post onsite audit phase, the auditor reviewed an additional eight resident files, which reflected three residents were identified as a possible sexual abuser. The documentation reflected the residents were referred and seen by mental health staff within 14 days.

Staff interviewed reported if a screening indicates a resident previously perpetrated sexual abuse, the resident is referred to the counselor or CRCS as-soon-as-possible.

115.381 (c). The agency reported in the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and the information shared with other staff is strictly limited to informing security and management decision, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, Procedure (a) (p. 1), states, "ACJJC staff will be trained to understand that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical practitioners, mental health care practitioners, or Supervisor staff, as necessary, to initiate security / management decisions as to housing, bed, education, and programming or otherwise required by Federal, State, or local law enforcement."

During the onsite review it was noted that the resident files are maintained in the control room. Staff reported intake staff (all security staff) have access to the resident files. Staff reported medical information records are maintained by medical staff. Mental health staff maintain mental health related information and provides instructions for security staff as needed.

115.381 (d). The agency reported in the PAQ 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.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and

Abusers, Policy Number 18.19, Policy Second Paragraph (p. 1), states, “ACJJC medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.” Staff interviewed reported they do not obtain an informed consent form from residents. All residents are under 18 years of age and staff are considered mandatory reporters.

Corrective Action:

1. No corrective action required.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19 (*revised 8-19-15*)
 - c. ACJJC Physician Progress Note Form
2. Interviews:
 - a. Medical and mental health staff
 - b. Security staff and non-security staff first responders
 - c. Residents who reported a sexual abuse
3. Site Review Observations:
 - a. Medical station

Findings (By Provision):

115.382 (a). The agency reported in the PAQ that 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. The agency reported medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that are provided, the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, I. Access to Emergency Medical and Mental Health Services: Policy Second Paragraph (p. 2), states, "The ACJJC FA will ensure that residents, who are victims of sexual abuse while in confinement at this facility, will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment."

Staff interviewed reported victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff reported if acute care was needed,

the resident would be taken to the hospital (emergency room), if the incident occurred after 72 hours, the resident would be taken to an advocacy center where the forensic interview would take place. Staff reported the nature and scope of the services provided are determined according to their professional judgment. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision. The facility has a medical station and a resident would be taken to the doctor's office or the children's advocacy center for care.

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

A review of the investigative report reflects there was no referral to medical or mental health care staff. Staff interviewed reported the incident they responded to involved an allegation of an improper pat-down search. The incident report form directs staff to include information related to medical treatment provided.

115.382 (c). The agency reported in the PAQ, resident victims of sexual abuse are 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.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, I. Access to Emergency Medical and Mental Health Services: Procedure (a) (p. 2), states, "ACJJC medical and mental health practitioners will document the following: (4) Provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis;"

Staff interviewed reported victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.382 (d). The agency reported in the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, I. Access to Emergency Medical and Mental Health Services: Procedure Last Paragraph (p. 3), states, "The ACJJC FA will ensure that treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Corrective Action:

1. No corrective action required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19 (*revised 8-19-15*)
2. Interviews:
 - a. Medical and mental health staff
 - b. Residents who reported a sexual abuse
3. Site Review Observations:
 - a. Medical station

Findings (By Provision):

115.383 (a). The agency reported in the PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and

Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (b) (p. 3), states, “The ACJJC FA will ensure that this facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”

During the onsite review the auditor noted a nurse’s station located adjacent to the intake area and close to the control room. The facility is designed to provide minor medical care. Medical staff provide medical screenings and evaluations.

115.383 (b). The evaluation and treatment of such victims includes, 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.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (c) (p. 3), states, “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”

Staff interviewed reported evaluation and treatment of residents who have been victimized includes setting up for acute/non-acute care and getting resident to the hospital for lab work. The facility’s physician would review the results and a follow-up plan would be created. Counseling would also be set up with either the doctor or the advocacy center. Staff would set up emergency mental health and would refer the resident out, if needed. Staff reported they would continue to offer support services. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.383 (c). The facility provides such victims with medical and mental health services consistent with the community level of care.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (d) (p. 3), states, “The ACJJC FA will ensure that this facility provide such victims with medical and mental health services consistent with the community level of care.”

Staff interviewed reported medical services provided are consistent with the community’s level of care. Individual counseling services are not provided and any crisis counseling needed is referred out. The counselor sees the residents three times a week.

115.383 (d). The agency reported in the PAQ that resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (e) (p. 3), states, “The ACJJC FA will ensure that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”

During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.383 (e). The agency reported in the PAQ that, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (f) (p. 3), states, “The FA will ensure that if pregnancy results from conduct specified in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”

Staff interviewed reported, if pregnancy results from sexual abuse while incarcerated, victims would be given timely information and access to all lawful pregnancy-related services. The services needed would be discussed with the medical doctor and victim. During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.383 (f). Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (g) (p. 3), states, “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”

During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.383 (g). The agency reported in the PAQ 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.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (h) (p. 4), states, “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.:

During the onsite audit, staff reported there were no residents who had reported a sexual abuse incident; therefore, no interviews were conducted, specific to this provision.

115.383 (h). The agency reported in the PAQ that it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19, II. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers: Policy (i) (p. 4), states, "The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners [§115.383(h)]."

Staff interviewed reported they would not conduct a mental health evaluation or provide treatment to any known resident-on-resident. Resident with the need for this level of care would be referred to CRCS.

Corrective Action:

1. No corrective action required.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17 (*revised 8-19-15*)
 - c. ACJJC Medical and Mental Health Screenings; History of Sexual Abuse, Access to Emergency Medical and Mental Health Services, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, Policy Number 18.19 (*revised 8-19-15*)
2. Interviews:
 - a. Superintendent or designee
 - b. PREA compliance manager
 - c. Incident review team

Findings (By Provision):

115.386 (a). The agency reported in the PAQ that it conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The agency reported there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents, in the past 12 months.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, II. Sexual Abuse Incident Reviews: Policy First Paragraph (p. 4) states, "The ACJJC PC will ensure that a sexual abuse incident review is conducted within 30-days of the conclusion of a sexual abuse

investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.”

The auditor reviewed the sexual abuse investigative file, which did not require a sexual abuse incident review since the allegation was determined to be unfounded.

115.386 (b). The agency reported in the PAQ that such reviews ordinarily occur within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The agency reported there were no 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, in the past 12 months.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, II. Sexual Abuse Incident Reviews: Policy First Paragraph (p. 4) states, “The ACJJC PC will ensure that a sexual abuse incident review is conducted within 30-days of the conclusion of a sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.”

The auditor reviewed the sexual abuse investigative file, which did not require a sexual abuse incident review since the allegation was determined to be unfounded.

115.386 (c). The agency reported in the PAQ that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, II. Sexual Abuse Incident Reviews: Procedure (c) (p. 4) states, “The ACJJC PC will ensure that the Review Team includes upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners, and community advocacy officials, as necessary.”

The auditor reviewed the sexual abuse investigative file, which did not require a sexual abuse incident review since the allegation was determined to be unfounded. Staff interviewed reported they do have a sexual abuse incident review team, which consists of the PREA coordinator, FA, and supervisor. Staff also reported an incident review team was not formally in place. Staff subsequently interviewed reported the incident review team includes upper management officials: CJPO, Dep. CJPO, detention superintendent, investigators, medical and mental health staff, and line supervisors.

115.386 (d). The agency reported in the PAQ that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to the following: (a) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) 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; (c) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) assess the adequacy of staffing levels in that area during different shifts; (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (f) 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.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, II. Sexual Abuse Incident Reviews: Procedure (d) (p. 4) states, "The ACJJC PC will ensure that the Review Team:" The policy continues and addresses all six elements listed under 115.386(d).

The auditor reviewed the sexual abuse investigative file, which did not require a sexual abuse incident review since the allegation was determined to be unfounded.

Staff interviewed reported with an affirmative response that the incident review team would consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (e). The agency reported in the PAQ that it implements the recommendations for improvement, or documents its reasons for not doing so.

ACJJC Criminal and Administrative Agency Investigations Evidentiary Standard for Administrative Investigations, Reporting to Residents, Sexual Abuse Incident Reviews, Policy Number 18.17, II. Sexual Abuse Incident Reviews: Procedure (e) (p. 4) states, "The ACJJC PC will ensure that the facility implements the recommendations for improvement or shall document its reasons for not doing so on the incident report."

The auditor reviewed the sexual abuse investigative file, which did not require a sexual abuse incident review since the allegation was determined to be unfounded.

Corrective Action:

1. Develop and implement protocols to formally create a sexual abuse incident review team.

Agency Response to Corrective Action:

1. Staff subsequently interviewed reported the incident review team includes upper management officials: CJPO, Dep. CJPO, detention superintendent, investigators, medical and mental health staff, and line supervisors.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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 No NA

115.387 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20 (*revised 8-19-15*)
 - c. ACJJC PREA Policy Definitions Policy Number 18.1 (*revised 1-3-18*)

- d. PREA Annual Report Year over Year
- e. Agency's website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Findings (By Provision):

115.387 (a). The agency reported in the PAQ that it collects accurate, uniform data for every allegation of sexual abuse at the facility under its direct control using a standardized instrument and set of definitions.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (a) (p. 1-2), states, "The PC will collect accurate, uniform data for every allegation of sexual abuse at this facility using a standardized instrument and a set of definitions." The policy outlines a list of 29 data elements it will be collecting. ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (c) (p. 2), states, "The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the *Survey of Sexual Violence* conducted by the Department of Justice." ACJJC PREA Policy Definitions Policy Number 18.1, outlines the definitions.

115.387 (b). The agency reported in the PAQ that it aggregates the incident-based sexual abuse data at least annually.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (b) (p. 2), states, "The PC will aggregate and analyze the incident-based sexual abuse data and compile his/her analysis into a report submitted to the FA on an annual basis."

115.387 (c). The agency reported in the PAQ that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (b) (p. 2), states, "

115.387 (d). The agency reported in the PAQ that it maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (d) (p. 2), states, "The PC will maintain, review, and collect data, as needed, from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

115.387 (e). The agency reported in the PAQ that this provision is not applicable; therefore, it does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, Procedure (f) (p. 2), states, "The CJPO will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents." The policy further states, "The ACJJC PC will utilize this data to "recommend" or "not recommend" continuing contracts for private confinement facilities."

During the onsite audit, it was noted the agency does contract with private facilities for the confinement of its residents. During the post-onsite audit review, the agency implemented protocols, including posting the links to the contract facilities on the agency's website, allowing for the public to review the PREA information for each facility the agency contracts with for the confinement of its residents, as well as access and obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The agency's website is:

<http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

115.387 (f). The agency reported in the PAQ that, upon request, it provides all such data from the previous calendar year to the Department of Justice no later than June 30. The agency reported it has not received a request for the data from the DOJ.

Corrective Action:

1. Develop and implement protocols to ensure the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. ...

Agency Response to Corrective Action:

1. The agency implemented protocols, including posting the links to the contract facilities on the agency's website, allowing for the public to review the PREA information for each facility the agency contracts with for the confinement of its residents, as well as access and obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
2. Agency's website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- 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 No

115.388 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PAQ
 - b. ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20 (*revised 8-19-15*)
 - c. PREA Annual Report Year over Year
2. Interviews:
 - a. Agency head
 - b. PREA coordinator
3. Site Review Observations:
 - a. PREA coordinator's office

Findings (By Provision):

115.388 (a). The agency reported in the PAQ that it reviews 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: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, I. Data Review for Corrective Action: Policy (a) (pp. 2-3), addresses this provision and includes all four elements within the provision.

Staff reported they have not assessed the data yet, but would train and get everyone involved. Staff reported the data is collected, but they need to create a tracking system. Staff reported the data is collected via incidents. Staff also reported the agency prepares an annual report of its findings from the data reviewed and address any corrective action is addressed in the staffing plan. During the post-onsite audit phase, the agency reported and demonstrated the information is tracked using the ANE/SI Data Reconciliation Form and all reports/forms containing the necessary information. The information is secured in a locked file cabinet in the PREA coordinator's office.

115.388 (b). The agency reported in the PAQ that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

115.388 (c). The agency reported in the PAQ that the agency's annual report is approved by the agency head and made readily available to the public through its website:
<http://www.atascosacounty.texas.gov/> The auditor noted the direct link to the agency's website is:
<http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

Staff interviewed reported they approve the annual reports. Staff reported they will enhance subsequent annual reports to ensure all the elements under 115.388(a) are addressed and also include the CJPO's signature.

115.388 (d). The agency reported in the PAQ that when it redacts material from the annual report, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of a facility. The agency reported it indicates the nature of the material redacted. The agency reported no redactions were needed.

Staff interviewed reported personal identifying information (PII) is redacted from the annual report.

Corrective Action:

1. Develop and implement a tracking system for all sexual abuse and sexual harassment allegations.
2. Develop and implement protocols to aggregate the data to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training.

Agency Response to Corrective Action:

1. During the post-onsite audit phase, the agency reported and demonstrated the information is tracked using the ANE/SI Data Reconciliation Form and all reports/forms containing the necessary information.

2. Staff reported they will enhance subsequent annual reports to ensure all the elements under 115.388(a) are addressed and also include the CJPO's signature.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. PAQ
- b. ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20 (*revised 8-19-15*)
- c. Agency website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

2. Interviews:

- a. PREA coordinator

Findings (By Provision):

115.389 (a). The agency reported in the PAQ that it ensures that incident-based and aggregate data collected are securely retained.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, II Data Storage, Publication, and Destruction: Procedure (a) (p. 3), states, "The PC shall ensure that data collected pursuant to §115.387 are securely retained via encrypted data files and/or via locked file cabinets."

Staff reported the data is collected, but they need to create a tracking system. Staff reported the data is collected via incidents.

115.389 (b). The agency reported in the PAQ that policy requires aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, be made readily available to the public, at least annually through, its website.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, II Data Storage, Publication, and Destruction: Procedure (b) (p. 3), states, "The PC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means."

During the post-onsite audit review, the agency implemented protocols, including posting the links to the contract facilities on the agency's website, allowing for the public to review the PREA information for each facility the agency contracts with for the confinement of its residents, as well as access and obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The agency's website is:

<http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

115.389 (c). The agency reported in the PAQ that it removes all personal identifiers before making the aggregated sexual abuse data publicly available.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, II Data Storage, Publication, and Destruction: Procedure (c) (p. 3), states, "Before making aggregated sexual abuse data publicly available, the PC shall remove all personal identifier."

115.389 (d). The agency reported in the PAQ that it maintains 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.

ACJJC Data Collection, Data Review for Corrective Action, Data Storage, Publication, and Destruction, Policy Number 18.20, II Data Storage, Publication, and Destruction: Procedure (a) (p. 3), states, “The PC shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise and all data older than 10 years is shredded in a confidential manner.”

Corrective Action:

1. Secure aggregated data from private facilities the agency contracts.

Agency Response to Corrective Action:

1. The agency implemented protocols, including posting the links to the contract facilities on the agency’s website, allowing for the public to review the PREA information for each facility the agency contracts with for the confinement of its residents, as well as access aggregated data from every private facility with which it contracts for the confinement of its residents.
2. Agency’s website: <http://www.atascosacounty.texas.gov/page/atascosa.JuvenileDetention>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

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

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the agency's first PREA audit. The auditor was provided unimpeded access to all areas of the facility as requested and provided copies of all requested information: policies, supporting documentation demonstrating policy implementation. The agency made the appropriate accommodations and arranged meeting areas for the auditor to conduct private interviews with staff and residents.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the first time ACJJC has participated in a PREA audit; therefore, there has never been a Final Audit Report issued.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ana T. Aguirre, ATA3 Consulting, LLC

12-9-19

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.