

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

Date of report: October 5, 2016

Auditor Information			
Auditor name: Joel T. Whitt M.A.			
Address: P.O. Box 10751 College Station, TX 77842-0751			
Email: joel.whitt@zajonc-corp.com			
Telephone number: 210-744-4943			
Date of facility visit: August 29, 2016 – August 31, 2016			
Facility Information			
Facility name: Jefferson County Juvenile Detention Center (Minnie Rogers Juvenile Justice Center)			
Facility physical address: 5326 Hwy 69 S. Beaumont Texas 77705			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 409-722-7474			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Edward "Ed" Cockrell, Sr			
Number of staff assigned to the facility in the last 12 months: 64			
Designed facility capacity: 48			
Current population of facility: 14			
Facility security levels/inmate custody levels: NA			
Age range of the population: 10-17			
Name of PREA Coordinator: Dennis Copeland		Title: Detention Superintendent/PREA Coordinator	
Email address: dcopland@co.jefferson.tx.us		Telephone number: 409-722-7474	
Agency Information			
Name of agency: Jefferson County Juvenile Probation			
Governing authority or parent agency: <i>(if applicable)</i> Jefferson County Juvenile Board			
Physical address: 5326 Hwy 69 S. Beaumont Texas 77705			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 409-722-7474			
Agency Chief Executive Officer			
Name: Edward "Ed" Cockrell, Sr		Title: Chief Juvenile Probation Officer	
Email address: ecockrell@co.jefferson.tx.us		Telephone number: 409-722-7474	
Agency-Wide PREA Coordinator			
Name of PREA Coordinator: Dennis Copeland		Title: Detention Superintendent/PREA Coordinator	
Email address: dcopland@co.jefferson.tx.us		Telephone number: 409-722-7474	

AUDIT FINDINGS

NARRATIVE

The Jefferson County Juvenile Probation Department (JCJPD) requested a PREA Audit for the Jefferson County Juvenile Detention Center (JCJDC) located Beaumont, Texas. Both the Agency and Facility are housed in one location (building) known as the Minnie Rogers Juvenile Justice Center. This PREA Audit Report is specific to the findings related to the JCJDC. The pre-audit work began on June 13, 2016 and the onsite portion of the PREA Audit was conducted between August 29, 2016 and August 31, 2016. (NOTE: for the purposes of this PREA Report the term “Agency” at all times represents the JCJPD and the term “Facility” at all times represents the JCJDC. The onsite portion of the Audit was conducted on August 29, 2016 through August 31, 2016 by Joel Whitt M.A. from San Antonio, Texas, a U.S. Department of Justice Certified PREA Probationary Auditor for juvenile facilities. Audit notices were posted throughout the facility 42 days prior to the onsite review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted until the completion of the audit and approval of the Final Report. As of the date of this report, the Auditor has not received any correspondence or mail at the Post Office Box address included on the Notice of Audit.

It was requested of the Agency and Facility to complete the *Pre-Audit Questionnaire* and it was provided to the Auditor along with electronic copies of the supporting documents in the weeks preceding the on-site review portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator and the Agency Head through electronic mail to which responses were requested. Answers to the questions were submitted by the Agency and Facility management there weeks before the on-site portion of the audit and reviewed by the Auditor prior to the on-site review. During this correspondence two phone conferences were scheduled with the PREA Coordinator/Detention Superintendent (Dennis Copland), Agency Head (Ed Cockrell) and Case Manager (Latricia Coleman). It was also noted at this time that the Organizational Chart did not specifically indicate the PREA Coordinator. A revised Organizational Chart was presented to the Auditor prior to the onsite audit and found to be in use onsite during the audit. During this correspondence the PREA Coordinator informed this Auditor that due to exigent circumstances unrelated to PREA, he would not be present during the time of the Audit. Contact was made with the PREA Coordinator prior to the onsite regarding questions and processes. The Agency Head verified the truly exigent circumstances and notified the Auditor that Latricia Coleman who is supervised by the Agency Head and is the immediate supervisor of the PREA Coordinator would serve in his absence.

The Auditor conducted an entrance conference with facility administration on the morning of August 29, 2016. After introductions and welcoming remarks by the Agency Head, PREA Coordinator’s Supervisor/Case Manager and two Detention Supervisors and the Auditor, the discussion focused on the audit schedule and an overview of the process. Present were Ed Cockrell the Jefferson County Chief Juvenile Probation Officer (Agency Head) and Latricia Coleman the PREA Coordinator’s Supervisor/Case Manager. It was determined at the close of this meeting and review of the schedule of the onsite audit that there were 14 residents in the facility (8 male and 6 female). Random selection of 5 males and 5 female residents to be interviewed (71% of the current population) was completed utilizing a random number generator and the residents to be interviewed were identified. A random number generator was also utilized to identify 15 staff members who were in the random staff interview pool and verified that of these staff each shift was included and represented and a sample of both male and female staff were included. The methodology for file selection was completed in the same process of use of a random number generator selecting staff names for review which included all interviewed and those from the original randomly selected pool. File review was completed on all current residents. After this introductory meeting and the selection of random staff and the schedule review for interviews with specialized staff the Auditor toured the physical plant escorted by Ed Cockrell (Chief Juvenile Probation Officer) Latricia Coleman (PREA Coordinator’s Supervisor/Case Manager and two Detention Facility Supervisors. Both the Agency and Facility are housed in one building. The tour included the Agency areas that include office space for probation officers, mental health workers and administrative support staff. The public entrance to the building required visitors enter into a public waiting area and pass through a security screening and identification verification in a public waiting area. It was observed that in both the public and Agency space of the building notices of zero tolerance, abuse reporting, advocacy services/victim’s services as well as other informational brochures for additional support were posted and available; as well as the notice of the PREA Audit. To enter the Agency/Probation area of the building access is maintained by two administrative staff who verify identification before allowing access into that part of the building. To

access the Detention Facility part of the building identification is verified and then access is granted by a control room staff member who is behind tinted glass. Control staff are on-duty 24-hours a day except in emergency situations when key use would be used all access to the Detention Facility is controlled from the Control room and two sets of electronic doors; for security reasons the first door in the short hallway must be locked before the second door is opened. Inside the Detention Facility there are two additional entrances; one is utilized for court and the other is utilized for law enforcement intake. The Detention Facility included the a kitchen, dining area, library, a male living unit with 24 single cells split into 3 wings and a female unit with three wings for 24 single cells. Each wing of each unit has a shower room, day room, unit control/staff office. Each unit has two locking doors to pass through before entering a wing; there is a locking door between each of the three wings and each single cell has a locking door and a toilet. The Detention Facility has laundry areas, 5 intake/holding cells, a medical screening room, pharmacy, custodial closets, and storage areas. Additionally there are the offices of the Facility Superintendent/PREA Coordinator, Detention Supervisors, Education Rooms, and exercise areas inside and outside of the facility. The Auditor noted the video monitoring capabilities in control rooms and administrator offices in both the Agency and Facility areas of the building; as well as camera placement both inside and outside of the building. After the physical plant review, the Auditor began interviewing the Agency Head, PREA Coordinator's Supervisor, a Detention Supervisor, PREA Incident Review Team Member, Control Room Staff, Kitchen, Mental Health Staff, and available Random Staff and specialized staff for the remainder of day one. On day two, the Auditor, as planned with the Case Manager arrived at 6:30 am to interview random staff who worked the overnight shift (11pm to 7am) and the day shift (7am to 3pm). Random Staff Interviews were completed with full and part-time random staff who worked all three shifts on day one and two (1st Shift 7am to 3pm, 2nd Shift 3pm to 11pm, and third shift 11pm to 7am). Additionally on day two all 10 residents were interviewed as well as a volunteer from Foster Grandparents, On the second and third day the Auditor completed resident file, staff background checks, staff training records, facility documents and video review of camera locations, and verification of unannounced rounds as documented over the past 45 days (the number of days video is available on the server) and found that unannounced rounds as documented were completed by the PREA Coordinator and two Detention Supervisors over each of the three shifts almost every week for the past three months and prior to that a minimum of once per month. The Unannounced Round Documentation had changed over the past 40 days to a comprehensive form that included boxes each area reviewed where as previously this had been documented with the time, date, name and signature of the supervisory staff completing the Unannounced Rounds. Review of video confirmed that rounds were completed by the staff as indicated on the date and time documented. The exit conference was conducted on the third day.

During the three days of the onsite audit, the Auditor was provided use of the Detention Supervisor's Office for confidential interviews and the use of a private conference room for document and file review. The Auditor conducted all staff interviews, specialized staff interviews, contractor interviews, and volunteer interviews in this office with the Agency Head and PREA Coordinator's Supervisor/Case Manager which were completed in the conference room. At the request of this Auditor resident interviews were completed in the mental health counseling office which is small and confidential with a solid door with a desk and chair and two additional chairs. This room was selected because the residents do not enter the Detention Supervisor's Office and there were many items on the desk and in the room such as glass frames and pens that this Auditor did not wish to inventory; additionally there is no clear line of sight in this room. The interview room used is on camera with no sound. The PREA Coordinator's Supervisor brought the random youth into the room from the classroom and day areas. Access to video is limited to Control, Supervisory Staff and Administrators. For resident interviews and the nature of the questions on the interviews having a direct line of sight or observation by camera was preferred by the auditor as it was determined that confidentiality would not be impacted as there was no sound and staff with access to video of the room would have access to video of residents entering a room that was not on camera. On the first day of the on-site review, there were 14 residents housed in the facility (8 males and 6 females). The auditor interviewed 71% of the resident population (5 male and 5 female) at the Facility. Residents were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment.

Interviews also were conducted with multiple Facility employees and resources, including the Agency Head, PREA Coordinator's Supervisor, PREA Incident Review Committee Members, Ten (10) Detention Staff members of both genders and covering all shifts, Mental Health Staff, Administrative Investigation Staff, First Responders, Educational Staff, Kitchen Staff, Training Staff, Staff Responsible for Classification and Living Assignments, Volunteers, Administrative Staff/Facility Supervisor responsible for completing background checks and criminal history checks prior to employment and Contract Staff. The responses were consistent and all interviews, including those with residents, indicated that there was a culture of Zero Tolerance for Sexual Abuse and Sexual Harassment at the facility. Staff Members, Contractors and Volunteers were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, first responder duties, data collection processes and other pertinent PREA requirements.

The auditor reviewed personnel files for fifteen (15) staff members to determine compliance with training mandates and background check procedures. Case files for the 14 current youth in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. No employees hired in the past two years had an institutional background however, the Facility maintains an active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years and files included verification of these checks. Additionally, FAST provides immediate reports to Agency Head of any arrests or violations that occur. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. Both Agency Policy and Facility Practice indicate compliance in all aspects of hiring, training, promotion, and all personnel requirements in regards to compliance with PREA Standards for Juvenile Facilities.

The Auditor spoke via telephone to staff at the Rape & Suicide Crisis Center of Southeast Texas (RSCCST) located in Beaumont, Texas and verified the web address and hotline numbers posted were correct and that they provided advocacy services as indicated in the MOU between the Agency and RSCCST; each was confirmed. The Auditor also verified the SANE services available at Christus Southeast Texas Health Center (CSTHC); which has offered Forensic Examinations since 1993 and works closely with law enforcement. While there have been no forensic exams provided for residents of the Facility it was verified that a SANE Nurse is always on-call and available for any instance of sexual assault. The agency maintains a relationship with County Sheriff's Department who completes all criminal investigations and utilizes the CSTHC.

During the onsite review of the Minnie Rogers Juvenile Justice Center, the Auditor observed, among other things, the Facility's configuration, location of cameras, cell doors and windows, lay out of cells for changing and use of toilet free from cross gender viewing, staff supervision of residents, access to camera areas (all doors were locked and must be accessed by electric locks by Control or by key), placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The Auditor noted that per Facility design, Policy and Procedures all residents are assigned a single cell, opposite gender staff are prohibited from entering the cell except in a security situation accompanied by staff of the gender of the resident. Notices of the PREA audit were posted throughout the facility in common areas. Posters and notices about Sexual Abuse and Sexual Harassment reporting were placed throughout the facility in English and Spanish in multiple locations that youth access throughout the day and in public areas. Interviews with Random Staff and Residents indicated that staff did announce before entering the living areas of opposite genders; staff also indicated that they are required to radio in advance and notify Control when entering the opposite gender's unit.

Both the Pre and Onsite Portions of this Audit found that the Policy and practices of the Agency and Facility were designed to and met the Compliance Standards of PREA. As indicated in the following Report by standard there were some minor revisions to be made however; the practice was based on the evidence that compliance with PREA was institutionalized. An example of the changes needed was the use of the term "vagina" in definitions where PREA Standards state "vulva" and the PREA Coordinator was not shown by title on the Organizational Chart. Both of these revisions were made prior to the onsite Audit and sent on 8/9/2016. Verification that staff were made aware of these revisions in training and acknowledged by their signature was verified on 9/15/2016. The Agency and Facility took rapid action to address all areas that required revision and verification of completion and staff acknowledgement.

The Auditor conducted an exit conference with the agency officials on August 31, 2016. Agency administration and staff were very open and receptive to areas where PREA compliance needs and recommendations were identified. The Auditor identified that the updated Organizational Chart with the PREA Coordinator had replaced the former Organizational Chart onsite and that the change in definitions had been made as well. Policy 12.5 which includes these definitions contains the Agency Policy regarding 115.322; it was verified that in meeting 115.322 the updated Policy 12.5 posted on the website included updated definitions as well.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Jefferson County Juvenile Detention Center (JCJDC) “Facility” occupies space in the Minnie Rogers Juvenile Justice Center located at 5326 Hwy 69 S. Beaumont, Texas 77705 . This is also the location of the Jefferson County Juvenile Probation Department which houses both the Agency and the Facility. This PREA Audit Report is specific to the findings related to the JCJDC. The pre-audit work began on June 13, 2016 and the onsite portion of the PREA Audit was conducted between August 29, 2016 and August 31, 2016. (NOTE: for the purposes of this PREA Report the term “Agency” at all times represents the JCJPD and the term “Facility” at all times represents the JCJDC.

The Agency and Facility are also regulated by the State of Texas via the Texas Juvenile Justice Department (TJJD). Texas Administrative Code Title 37, Chapter 343 governs secure pre- and post-adjudication facilities and imposes significant rules on the operations and programming. The Facility has 48 single cells and Policy mandates that all residents are housed in a single cell. The Facility can detain youth ages 10 to 17 when brought by the police. TJJD required ratios for detention Facilities that operate a single cell design is 1 Detention Security Officer to every 8 youth during waking hours and 1 to 24 during sleeping hours. The Facility meets this standard by policy as it requires compliance with the 1 to 8 ratio and has a required 1 to 18 ratio during sleeping hours; however, per Policy and Staffing Plan there is always 1 staff of each gender at the Facility and the required TJJD ratio is surpassed. The current staffing plan that has been passed and approved by the Governing Body (Juvenile Board) of the Agency has approved the existing staffing plan. The staffing plan that the Facility will implement effective January 2017 is designed to meet the required ratios for compliance with PREA Standards effective October 2017. The Agency Head indicated that the 2017 Staffing Plan is designed to achieve compliance and it is under review; however, the Governing Body is aware of the requirement effective October 2017 and the Agency indicates that the Facility will meet this ratio.

The Facility is comprised of two units with 24 single cells per unit for a total facility capacity of 48. Each unit has three wings with 8 single cells. Each cell has a toilet that is not in camera view; there are no cameras in the cells. Each wing has a shower room and only the door is captured on camera. There are no designated isolation rooms/cells and all cells are single occupancy. Both wings have a control room/staff office with monitoring capabilities both visual and by video of communal areas that are used during resident sleep hours. The facility includes 4 educational classrooms, 5 intake/holding cells, PREA Coordinator Office, Two Detention Supervisors Offices, Counseling Room, Library, Kitchen, Cafeteria, Court Room, Visitation Area, outside secure recreation, large indoor recreation area, secure drop off area for law enforcement vehicles and officer entrance, and a medical screening room. The Facility also has 4 janitorial closets and each of these closets remained locked and have a camera inside these rooms. Each unit has utility closets, laundry rooms, supply rooms, and there is a day room on each wing. The maximum capacity for this facility is 48 residents. Juveniles are brought to this facility when detained by the police.

There are a total of 65 staff who have contact with youth in the Facility; a total of 10 of these staff have been hired in the past 12 months. Over the past 12 months a total of 469 youth have been admitted to the Facility who remain at the Facility an average of 24 days. The Facility services as the County Juvenile Detention Center for both male and female youth. Of these youth 469 admitted during the past 12 months 132 have resided in the Facility for more than 72 hours. Over the past 12 months there have been a total of 6 contractors that have contact with youth in the Facility. Currently there are a total of 67 volunteers and/or contractors authorized to enter the facility; all volunteers and contractors complete required training and the background checks compliant with standards. Each youth is housed in a single cell and no segregation cells are utilized for administrative or disciplinary purposes. There are five administrative investigators employed by the Agency and criminal investigations are completed by the Jefferson County Sheriff’s Office. The County Sheriff’s Office utilizes the SANE Nurses at Christus Southeast Texas Health Center (CSTHC) for forensic examinations.

The Facility’s design helps ensure the safety of youth as it is single cell, all cells have a toilet but there are no cameras and cross gender viewing is prohibited by policy and evidence of compliance was presented including staff and resident interviews. Showers are one youth at a time with only same gender staff on the wing at this time, entry and exit procedures require the youth to be fully clothed, and these doors are captured on the video surveillance system. Throughout the Facility the video surveillance system is implemented to cover all doors in the Facility ensuring that deviation from the areas staff or residents are permitted to go would be on video for the current storage capacity of 45 days should an allegation be made. Recorded records are saved to a disk and maintained for a minimum of 5 years in a secure storage area within the Facility. The Agency Head, PREA Coordinator’s Supervisor, PREA Coordinator/Superintendent of Detention all have access to review stored data in the system, ability to monitor all cameras at any time from their desks, and the ability to save and record data as needed for investigations. Camera monitors are located in each Detention Supervisor’s Office as well and they are also in the Control Room that monitors the Facility through the camera system.

The Agency and Facility have a high level of staff retention. Many Agency and Facility Staff have been employees for more than 20 years. Facility staff positions are rarely vacant and file review showed staff, contractors and volunteers all have background checks as required and complete training related to PREA that is required by standard and Agency Policy. During interviews all Agency, Facility, and Contractual staff seemed competent as to the Zero Tolerance Policy, how to report, what to report and who to report to in an incident of sexual abuse or sexual harassment. As the Facility is a detention facility this is the first contact for many youth with the Juvenile Justice System. Staff are very familiar with reporting reports of abuse that happened outside of the facility. There have been no allegations of sexual harassment or sexual abuse in more than 3 years. All Detention Staff interviewed were competent as to their responsibilities as a first responder, reporting, rights of youth, and Agency policy related to PREA.

Interviews with youth all indicated that the residents feel free from Sexual Abuse and Sexual Harassment at the Facility. Residents indicated they had received orientation and education materials or that they did not recall. File review found that in all current residents and random selection of past residents that orientation and education were received within the timelines established in the Policy and were compliant with PREA Standards. Interviews with Mental Health providers, the Agency Head, and the PREA Coordinator indicated that youth all have access to on-going mental health services and those who have reported past abuse are provided services and referrals to community level services upon discharge. There is access to an on-site Mental Health Provider who is onsite. This provider is a Licensed Professional Counselor who is also certified to provide treatment for sexual abuse victims and sex offenders. All evidence indicates that youth have on-going access to mental health services, are screened at intake, screenings are follow-up on and referrals for additional services are made based on the policy of the Agency which are compliant with PREA Standards.

Both the Agency and Facility; based on the evidence provided and obtained through review and interviews, have a culture of Zero Tolerance for Sexual Abuse and Sexual Harassment and are committed to maintaining this culture. All evidence indicates compliance and that resident safety is a priority for the Agency and Facility from the top down and that multiple layers of protection were in place on multiple levels. Staff indicated that they could go to the Agency Head/PREA Coordinator, any supervisor and Agency Head with concerns and that the concerns would be addressed without fear of retaliation. Staff also indicated that they would take immediate action at suspicion or if allegations were made. All staff and residents aware of how to report.

The Agency and Facility are located in the same building. Only authorized staff may leave the Agency's Probation Department, Administrative or public areas and must be admitted upon verification of identification, security check and under supervision through a locked door. There are four entrances to the Facility. One Entrance is used to access the Agency's Administrative and Probation office area through the public waiting room which requires passage through the two Control operated electronic doors after identification verification. The second Facility Entrance is the Intake Entrance which is utilized by law enforcement when youth are brought to the Facility. This entrance is in a covered garage area that is on camera. Law Enforcement pulls their vehicles into the area and staff meet them at the door for intake. The third Entrance is for court. It is controlled by electronic lock and is utilized by officers of the court to enter the facility for juvenile detention court proceedings. There is rear entrance to the facility that allows access to the outdoor recreational area. This area is within a secure fenced area. All entries are monitored by video surveillance cameras. The cameras are both outside and inside the entrance for verification of identify before access is granted. All entry ways require passage through at least two more locked doors before contact can be made with residents. This path is captured on video surveillance cameras that has the storage capacity of 45 days on the server; however the Agency Head maintains copies of all video surveillance in a secure storage area for a minimum of five years.

SUMMARY OF AUDIT FINDINGS

Pre-Audit: The PREA Audit period began on July 15, 2016. At this time it was noted and reported to the PREA Coordinator that the current Organizational Chart did not identify the PREA Coordinator and would not be compliant with Standard 115.311. The existing Definitions in Policy 12.5 page 2 utilized the word “vagina” instead of the PREA specific term “vulva”. A revised Policy 12.5 was received with the revision. On August 9, 2016 the revised Organizational Chart and Policy 12.5 was received by the Auditor; the revised Organizational Chart and Policy included the PREA Coordinator position and the revised definitions.

Samples of contracts with confinement facilities that the Agency may use for youth ordered by the courts to place a resident at did not all indicate the expectation of compliance with PREA Standards. This was discussed in the Pre-Audit component of the Audit as some contracts did include this language and some did not; it was noted to be reviewed on-site as the new proposed contract for placement to be implemented on September 1, 2016 did include this language. Additionally, all contractors within the state have been notified by TJJD that compliance is required.

On-Site: The onsite component of this PREA Audit occurred on August 29th, 30th, and 31st. During the completion of the onsite it was determined that the Organization Chart and Policy 12.5 page 2 had been updated and replaced previous Organizational Chart and Policy. This and verification of staff training of all PREA Requirements were received at the time of the onsite and reconfirmed at the time of this report. During the past 12 months, the Agency reported that there have been no allegations of sexual abuse or sexual harassment in their responses to the PAQ. This was verified by documentation and interviews with staff, mental health providers, Agency Head, volunteers and education staff.

Overall, the interviews of residents reflected that they are aware of and understand the PREA protections and the agency’s zero tolerance policy. Residents receive written materials at intake (i.e., *Resident Handbook*) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Residents initial each section of the orientation materials and sign on the form that they received it with the date included for verification. Subsequent to intake orientation, residents are provided more comprehensive education on PREA that includes a review of a PREA Education Video provided by TJJD, personal instruction, review of the Resident Handbook, and the services available for victims of sexual abuse or sexual harassment. Residents indicated they understand the various ways to report abuse internally and all residents indicated that they believed staff would respond immediately. Residents were able to articulate to the Auditor what they would do and who they would tell if they were sexually abused or sexually harassed. All residents indicated that they had contact family outside of the Facility, access to a counselor, access to a teacher, and access to their Juvenile Probation Officer who could also report to if it was needed. Residents consistently indicated to the auditor that they felt safe in the facility which is a most significant indicator of a positive and sexually safe culture in the facility. Approximately 30% of the residents interviewed indicated this was not their first time in the Facility. Staff interviews, volunteer interviews and mental health provider interviews all indicated that several of the youth who had been in the facility multiple times intentionally were brought to the facility as they had food, shelter, and structure that was not provided by the family or current living situation. It was indicated that additional agencies were involved in these cases; however, based on these interviews and the positive statements by the residents about the Facility’s safety and their perceptions of staff this was an additional indication of the culture of sexual safety at the Facility.

All Facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency’s zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Overall, most staff demonstrated they were well trained on the PREA first responder’s protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. As the Policy 12.5 page 2 definitions were changed, and additional recommendations were made which are detailed in the report it was determined that staff should be retrained on the Policy 12.5, Resident Orientation, Resident Education, and Sexual Abuse and Sexual Harassment Definitions. The definitional changes were focused on specific PREA language and required the change of 2 words in the definitions to achieve compliance with 115.311. This change was made on August 8, 2016 and a copy of the policy was received that included the definitions along with Organizational Chart. However, to ensure all staff understood the change and were refreshed on the resident orientation, resident education, first responder duties and intake procedures the Facility completed training for Detention Supervision Officers was completed on September 15, 2016 and verification of receipt of these trainings by employee signature was provided to the Auditor. Policy 12.5 is also on the Agency Website and this version was updated and verified as well to ensure that these changes were included on the website as well.

In summary, after reviewing all pertinent information and after conducting the on-site review, resident interviews and staff interviews, the Auditor found that Mr. Cockrell, Mr. Copeland, Ms. Coleman, Supervisory Staff and Facility Staff have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA. Discussions with the Agency Head, PREA Coordinator's Supervisor and PREA Coordinator reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the Facility. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements. The positive culture of sexual safety in this facility is evident in the overall operations of this facility and the level of PREA compliance noted by this Auditor. During the resident interviews the clear message received by youth was "this place is safe" based on their descriptions of staff, sleeping areas, shower processes, and searches. Residents indicated cross gender viewing, searches or pat downs do not occur and several female residents stated "we do not talk or interact with male staff" and all indicated they have never viewed cross gender viewing, searches or pat down searches occur or heard of it occurring. While there are certain areas of compliance that will require strengthening through corrective action as detailed in this report, those corrections are relatively easy to accomplish and the Auditor expects full compliance will be achieved prior to the 30 day period as the training was scheduled at the time of the Exit Meeting.

Post Onsite: As a result of the exit conference with Agency began and completed the necessary actions to indicate full compliance with PREA Standards on 09/15/2016. These were reviewed and verified by the Auditor by verifying that training occurred as planned on the topics planned in the exit interview. Both contact with Agency and Facility, documentation, and Agency website indicates that this has occurred. This report was submitted to the PREA Resource Center for Review. Approval by the PREA Resource Center to finalize this report was received on October 4, 2016.

The final status of standards that were exceeded, met, not met or not applicable is detailed below. There are a total of 41 standards. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard. The compliance performance is shown for the Final Audit Report issued October 5, 2016.

PREA Standards Compliance Overview – Final Audit Report

Number of standards exceeded: 2

- §115.317 and §115.318

Number of standards met: 39

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

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 41

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 Chapter Juvenile Rights Pages 1-15
2. Agency and Facility Organizational Chart
3. Interviews with the following:
 - a. PREA Coordinator's Supervisor
 - b. Agency Head
 - c. Detention Supervisors
 - d. 71% the 14 Facility Residents (10)
 - e. Interviews with 11 Security Staff
 - f. Interviews with Specialized Staff (1 First Responder, 1 PREA Incident Review Team Member, 1 Mental Health Contractor, 1 Kitchen Staff, 1 Volunteer, and 1 Education Staff Member)
4. Staff Training Records

Findings (By Subsection):

Subsection (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct: The Agency has a comprehensive policy on sexual abuse and sexual harassment contained throughout the Jefferson County Juvenile Probation Department Policy 12.5 Chapter Juvenile Rights Pages 1-15. The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the Agency's approach to preventing, detecting and responding to any allegation of sexual abuse or sexual harassment or suspicion of. The policy details definitions that are compliant with the PREA definitions on page 2. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy 12.5 also provides detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. The evidence reviewed including; Interviews, Policy, Organizational Charts and Training Records, each provides evidence of compliance with this subsection.

Subsection (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities: The Agency has designated the Detention Supervisor (Facility Head), Mr. Dennis Copeland as the PREA Coordinator. Mr. Copeland is housed in the single Facility at the Minnie Rogers Juvenile Justice Center. Mr. Copeland and his Supervisor Ms. Latricia Coleman both ensure that staff training is completed with the assistance of two Detention Supervisors who are supervised by Mr. Copeland. Mr. Copeland reports to Ms. Latricia Coleman who reports to Ed Cockrell who is the Agency Head. Both the PREA Coordinator (via electronic and telephone contact), the PREA Coordinator's Supervisor and Agency Head reports that the PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA. At the time of the onsite, as notified in advance the PREA Coordinator was absent due to exigent circumstances that were non-PREA related. Mr. Copeland, Ms. Coleman, and Mr. Cockrell were both extremely knowledgeable about the Facilities policies, procedures and practices. The PREA Coordinator maintains an office in the PREA Audit Report

Facility area of the Building and both Mr. Cockrell and Ms. Coleman have offices in the Agency area of the Building. All three of these upper-level agency-wide supervisory staff are in the Minnie Rogers Juvenile Justice Center and have the ability to monitor the video surveillance system from their desk tops through their computers. The evidence reviewed including Policy, Interviews, visual confirmation, and review of the Organizational Charts each indicated compliance with subsection.

Subsection (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards: The Agency has a single 48 single cell Facility. The PREA Coordinator is located within the Facility and no PREA Compliance Manager is required or designated. Verification of the PAQ onsite and evidence reviewed including Facility, Interviews, and Policy each indicate compliance.

Corrective Action: During the pre-audit portion of this Audit it was determined that a definitions change was needed in 12.5 and that the Organizational Chart should be updated to include the identification of the PREA Coordinator specifically on the Chart. Updated copies of Policy 12.5 and the definitions was received On 8/09/2016. Updates were verified onsite during the audit. To ensure all staff were aware of the changes the Facility was requested to provide written documentation that staff were trained on the updates within Policy 12.5 Definitions on Page 2 and the Organizational Chart. This verification was provided on 09/14/2016 with employee signatures received on the training sheets that included that these training topics were addressed and acknowledge. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. Policy 12.5 is also placed on the Agency Website and it was determined that materials available to the public through the website had been updated as well.

As 09/15/2016 it was determined based on the verification of training with Agency and Facility staff that the Agency and Facility were compliant with 115.311.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Evidence Reviewed (documents, interviews, site review):

1. Fiscal Year 2015 Residential Contracts (9)
2. Fiscal Year 2016 Residential Contracts (9)
3. Interview with the following:
 - a. Agency's Contract Administrator (Chief Juvenile Probation Officer/Agency Head)

Subsection (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards: The Agency currently contracts with nine (9) providers for the placement of their youth. Each of the sites are with private residential providers that are licensed by the Texas Department of Family and Protective Services (TDFPS). All contracts require the service provider to adhere to federal law which includes PREA; 70% of current contracts further contain explicit and specific clauses that require PREA compliance. The 30% of current contracts that did not contain this specific language were to be renewed effect 09/01/2016. Verification that these contracts will contain the explicit and specific clauses that require PREA Compliance was made onsite. Agency provided copies of the renewed contracts that contained the explicit and specific clauses that require PREA Compliance. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation and interviews. Both Contract review and interview with the Agency Head indicate compliance. Additionally TJJD has notified all Contracting Agencies that Juveniles are placed in and indicated that they would be required to become PREA Compliant for youth under TJJD's authority to be placed at their facility.

Subsection (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards: The Agency has contacted all of their nine contract placement facilities. Two of the facilities have already successfully completed a PREA audit. The remaining facilities are all working toward PREA compliance in the coming year. The Agency will need to continue monitoring the progress of these contractors in achieving PREA compliance. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation and interviews. Both Contract review and interview with the Agency Head indicate compliance with Subsection. Additionally TJJD has notified all Contracting Agencies that Juveniles are placed in and indicated that they would be required to become PREA Compliant for youth under TJJD's authority to be placed at their facility.

Corrective Action: None.

Standard 115.313 Supervision and monitoring

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

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

Evidence Reviewed (documents, interviews, site review):

1. Facility Staffing Plan (Approved January 1, 2016 by the Chief Juvenile Probation Officer)
2. Facility schematics and diagrams of physical plant layout
3. Jefferson County Juvenile Probation Department Policy 3.8 Personnel Pages 1-7 and Policy 12.5 pages 9-13
4. Unannounced Rounds – Unannounced Round Log Maintained in PREA Coordinator's Office used to document unannounced rounds.
5. PREA Verification of Monthly Unannounced Rounds based on documentation identified in #4 and of rounds completed verified by past 45 days of video surveillance footage that captured rounds completed in July and August 2016.
6. Interviews with the following:
 - a. PREA Coordinator's Supervisor
 - b. Agency Head
7. On-site review of housing areas and program areas of facility (Intake Area, Resident Day Areas, Resident Cells, Kitchen, Dining, all Storage Areas, access to Court or Agency areas, Education and Mental Health Areas, Public Areas, Staff Supervision Areas and Staff Control Room; all doors and areas of the Facility were viewed)

Findings (By Subsection):

Subsection (a) a staffing plan has been created: The agency has developed a staffing plan for the facility. This staffing plan discusses all 11 required elements in this standard. The facility submitted schematics of the physical plant, these diagrams identified staff placement and movement. The staff plan for the facility, inclusion of contingencies of coverage of supervisors covering shifts, on-call probation officers, mandatory coverage until relief arrives (staff are held over), approval of ratio and documentation that the staffing plan for 2017 has been developed and is to be implemented on 01/01/2017. Currently the Facility Wide Ratio is 1/8 during program hours and 1/18 in non-program hours when youth are in their single cells. The Supervision Ratio is currently 1/12 during program hours and 1/24 in non-program hours. Control Room Operators are not included in the ratio count. The Staffing Plan to be implemented in 2017 to bring the ratio from the existing 1/8 during day time and 1/24 at night to 1/8 and 1/16. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation and interviews. The evidence reviewed including; Interviews, Policy, Facility Tour, Staff Plan, and documentation, each provided evidence of compliance with this subsection.

Subsection (b) deviations from the staffing plan are documented: The staffing plan requires deviations be documented and reviewed. The plan includes a statement that the agency must comply with the staffing plan except during limited and discrete exigent circumstances. Further the agency policy and staffing plan require documentation of deviations. The Shift Log Book and Incident Reports are utilized for this reporting as identified in the Jefferson County Juvenile Probation Department Policy 3.8. The Facility reports in the PAQ that there have been no deviations from the required ratios and staffing plan in the past 12 months. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. The evidence reviewed including; Interviews, Policy, Facility Tour, Staffing Plan, and documentation, each provided evidence of compliance with this subsection.

Subsection (c) the staffing plan is reviewed annually: This subsection regarding the new juvenile staffing ratios is not applicable until October 1, 2017. The approved Staffing Plan for 2017 indicates that effective January 1, 2017 the resources will be available for compliance and this ratio shall be met. Compliance was determined based on the proposed Staffing Plan, Approved Staffing Plan and interviews with the Agency Head.

Subsection (d) unannounced rounds are completed by Management: The Agency Policy 12.5 requires that unannounced rounds occur once per month on all shifts and be performed by the PREA Coordinator and Detention Supervisors. The policy further requires the PREA Coordinator to collect all documentation monthly and review for compliance with the policy. The Auditor reviewed the Unannounced Rounds Documentation (Log) that document the unannounced rounds occurring on all shifts. The Auditor reviewed saved surveillance video that is maintained on the server for 45 days the maximum storage capacity the system currently has and then saved to a DVD and stored for 5 years. The Auditor and PREA Coordinator's Supervisor identified the documented times of Unannounced Rounds in the Log and went to these times in the saved video surveillance records. Confirmation that the PREA Coordinator were present and completed unannounced rounds on the date and time these were documented were evident. Copies of the Logs and Policies were provided to this Auditor. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. The evidence reviewed, included the Policy, Staffing Plan, Unannounced Round Log, and Interviews; each provided evidence of compliance with this subsection.

Subsection (e) for secure facilities, where unannounced rounds occur, staff are prohibited from alerting other staff that such rounds are occurring: In the agency's PAQ, they report that they conduct unannounced rounds on all shifts; this is included in Policy 12.5 pages 9-13 and 3.8 pages 1-7. Policy includes the language that prohibits staff from alerting other staff of these rounds. The agency staffing plan requires that unannounced rounds occur once per month on all shifts and be performed by the PREA Coordinator and Detention Supervisors. The policy further requires the PREA Coordinator to collect all documentation monthly and review for compliance with the policy. The Auditor reviewed the Unannounced Rounds Documentation (Log) that document the unannounced rounds occurring on all shifts. The Auditor reviewed saved surveillance video that is maintained on the server for 45 days the maximum storage capacity the system currently has and then saved to a DVD and stored for 5 years. The Auditor and PREA Coordinator's Supervisor identified the documented times of Unannounced Rounds in the Log and went to these times in the saved video surveillance records. Confirmation that the PREA Coordinator were present and completed unannounced rounds on the date and time these were documented were evident. Copies of the Logs and Policies were provided to this Auditor. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. The evidence reviewed, included the Policy, Staffing Plan, Unannounced Round Log, and Interviews; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5
2. Interviews with the following:
 - a. Random Staff
 - b. Random Residents
 - c. Volunteers
 - d. Control Staff

Findings (By Subsection):

Subsection (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners: Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5 indicate that cross gender searches (i.e., pat, visual body cavity, strip) are explicitly prohibited by Agency and Facility Search Procedures. There is no exigent circumstances exemption in their policy. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews with residents and all staff interviewed. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

Subsection (b) the agency shall not conduct cross-gender pat-down searches except in exigent circumstances: Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5 do not allow exigent circumstances to justify cross-gender searches of any kind. TJJD standards in Chapter 343 prohibit all cross gender supervision during showers, searches, toilet, etc. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. The evidence reviewed included the Policy and Interviews residents and staff; each provided evidence of compliance with this subsection.

Subsection (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates: TJJD Chapter 343 prohibits cross gender pat down searches in §343.260. Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5 prohibit all cross gender pat-down searches and strip searches. This policy also requires that body cavity searches are conducted by a medical practitioner. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. Random Staff, Resident Interviews and Volunteer interview all confirmed in 100% of all interviews completed that they were prohibited and they have never witnessed this occur. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

Subsection (d) The facility shall implement policies and procedures that enable inmates 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit: Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5 all provide that staff shall not supervise or visually observe residents of the opposite gender during showers, strip searches, disrobing by residents, performing bodily functions, or when personal hygiene practice requires the presence of a staff member of the same gender. This policy complies with TAC 343 requirements as well. These Policies and Procedures further require that staff of the opposite gender shall verbally announce their presence when entering a housing unit populated by residents of the opposite gender. The Auditor interviewed random residents who consistently stated they were not supervised by staff of the opposite gender during shower routine, toileting, or changing clothes. Further, residents consistently indicated that the announcements are always made by staff when the opposite gender staff did not enter cells or complete rounds that they were aware of. Interviews with staff corroborated that residents' privacy from opposite gender staff is protected and that the practice is to always do announcements and at no time are they permitted to enter the single cell of the opposite gender except for security reasons and at this time they were accompanied by a staff member of the same gender as the resident. Due to the physical design any viewing by cross gender staff would be deliberate and captured on video due to the location of the cameras that views the doorway where staff stand but does not show the shower, changing or toilet areas. Staff also indicated consistently that the process for entering the opposite gender's living area included notifying Control Staff by radio and the staff supervising the unit prior to entry; as well as announcing their selves before entry. The interview with a Control Staff member indicated that this was the procedure followed. The evidence reviewed included the Policy and Interviews with residents and staff; each provided evidence of compliance with this subsection.

Subsection (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, 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: Jefferson County Juvenile Probation Department Policy 14.3 Sanitation and Hygiene pages 1-2, Policy 3.8 pages 6 and 7, and Policy 12.5 prohibits searches or physical examinations of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Interviews with staff indicate they have been trained and are knowledgeable on this policy and they do not conduct these type searches. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

Subsection (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs: Agency Search Procedures and Staff Training and Orientation Requirements requires all juvenile supervision officers and juvenile probation officers to be trained on how to conduct searches of residents including transgender and intersex residents before working with residents. The evidence reviewed included the Policy, Training Records, and Interviews; each provided evidence of compliance with this subsection.

Corrective Action: None

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 4
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
 - c. Random Staff

Findings (By Subsection):

Subsection (a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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 or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment: Jefferson County Juvenile Probation Department Policy 12.5 page 4 ensures that disabled residents; including those who are deaf/hard of hearing or those that are blind or visually impaired, and those who have intellectual, psychiatric, or speech disabilities, have equal access to all aspects of the facility's PREA protections. The Agency has made provisions for all disabled youth through a Licensed Professional Counselor, Special Education Staff, and access to large print and sign language providers. The evidence reviewed included the Policy, viewing of posters, and Interviews; each provided evidence of compliance with this subsection. It was also confirmed in interviews that if a resident's special needs were unable to be met with the existing resources that both policy and TAC require that within 48 hours this barrier of access is removed and that resources are secured to ensure that the youth receives equal opportunity to participate in or benefit from all agency efforts to detect, prevent and respond to sexual abuse and sexual harassment.

Subsection (b) The agency shall 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 inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary: Jefferson County Juvenile Probation Department Policy 12.5 page 4 ensures that residents who are limited English proficient (LEP) have access to all aspects of the facility's PREA protections. Both the Agency and Facility Staff indicate that there are staff who are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary will be secured if resources are not immediately available. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

Subsection (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.642, or the investigation of the inmate's allegations: Agency and Facility Policy last updated 05/04/2016- page 3 prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances as authorized by this standard. Interviews with

staff members consistently revealed that resident interpreters are never used and staff could articulate why using resident interpreters is not considered a best practice. Both the Agency and Facility Staff indicate there are staff who are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator will be secured if resources are not immediately available. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2
 - a. Hiring and Promotion Decisions – page 1
 - b. Employment Disqualification – page 1
 - c. Employment – page 1
 - e. Promotions – page 1
 - f. Volunteer and Contractor Training – page 2
 - g. Failure to Disclose – page 2
 - h. Disclosure – page 2
2. Agency County Employment Application Form (as of date of on-site audit)
3. Professional Reference Check Form
4. Personnel Files for Existing Staff (15 reviewed onsite)
5. Interviews with the following:
 - a. Administrative (Human Resources) Staff
 - b. PREA Coordinator's Supervisor
 - c. Volunteer
 - d. Mental Health Service Provider

Findings (By Subsection):

Subsection (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, 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 paragraph (a)(2) of this section]: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 provides the disqualifications from employment with the agency and the prohibition tracks this PREA standard. Evidence that this information was viewed onsite in employee files. Page 1-2 of the policy provides the procedures for promotions and requires any candidate for a promotion to submit a completed Internal Application that included the required disclosure questions. Page 2 of Policy 3.1 governs contractors and volunteers. The Agency requires the needed background checks for volunteers and contractors. Self-disclosure is included in the signed contracts reviewed onsite and volunteer applications. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 requires the agency to take into consideration any incidents of sexual harassment in determining whether to hire or promote an applicant. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (c) Before hiring new employees who may have contact with inmates, the agency shall: [(1) Perform a criminal background records check; and (2) 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]: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 contains the requirements of state standards for criminal background checks promulgated by TJJD. Subsection A requires criminal history checks from the Texas Crime Information Center (TCIC) and the National Crime Information Center (NCIC). Additionally, applicants must have checks in the Fingerprint Applicant Services of Texas (FAST) and the Fingerprint-based Applicant Clearinghouse of Texas (FACT) through the Texas Department of Public Safety. Checks must be received prior to employment. Additionally, policy requires the Agency to consult the local child abuse registry and the child abuse registry of any state where the applicant has resided in the last 10 years. The Auditor reviewed personnel files for new hires and the documentation showed that the required checks are being conducted. No employees hired in the past two years had an institutional background however, the Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Facility Head of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 requires criminal background checks for contractors or volunteers and includes the requirement for the child abuse registry check in any state where the contractor or volunteer has resided. The Auditor reviewed a contracts with the Education Provider and the corresponding background check of one of the contractor's employees which demonstrated compliance with this subsection. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection. Additionally, prior to contract for this PREA Audit this Auditor was required to be fingerprinted and entered into the FAST System for TJJD approval.

Subsection (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees: Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Facility Head of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection. Documentation indicated that background checks are completed every two years; 100% of files reviewed indicated this had occurred.

Subsection (f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 address the requirements of this standard and require that the information required by this standard is to be solicited during the employment interview process and on the application reviewed onsite. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 provides that failing to disclose the information required under this section or providing false or misleading information will result in disqualification of consideration for employment or in post-hire termination. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work: Jefferson County Juvenile Probation Department Policy 3.1 pages 1 and 2 indicate compliance based on policy. Onsite employee file review indicated that no employees hired in the past two years had an institutional background however, the Facility maintains an active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Facility Head of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. The evidence reviewed included the Policies, Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Determination that the Agency exceeds standards was made based on the Policy, multiple levels of background checks, on-going active subscription to FAST. FAST is based on finger print data alerts the agency of any violations based on identity or arrest information. The Agency monitors FAST and completes a FAST Checks, registry checks and background checks on all staff, volunteers and contracts completed every 2 years.

Corrective Action: None.

Standard 115.318 Upgrades to facilities and technologies

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

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

Evidence Reviewed (documents, interviews, site review):

1. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
2. Site Review and Tour of Building and Infrastructure (interior and exterior) noting Camera Placements/Coverage
3. Review of recorded material and camera monitoring to verify placement/coverage to ensure no restrooms, toilets or changing areas were viewed by cameras.

Findings (By Subsection):

Subsection (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse: Since 2012 the Facility has upgraded its Video Surveillance System to eliminate blind spots. In 2016 the facility added additional cameras and software designed to increase security and to protect residents from Sexual Abuse. The additional camera and their location determination clearly to into consideration the overall safety of residents as it creates a trail for residents to remain on while being moved by staff throughout the building. Based on the consideration, implementation, and deployment of the video surveillance cameras and monitoring system it is clear that the standard was met as clear consideration was given to the expansion of this system and the Agency and Facility clearly acted on these considerations and implemented the expansion of the system. The expansion to eliminate blind spots, to include the "path" taken throughout the facility to ensure monitoring without cross gender viewing has significantly increase the sexual safety of the facility. It is apparent that great consideration was given and then acted upon. The evidence reviewed included the Interviews, Review of Site, and Camera placement and monitoring system; each provided evidence of compliance with this subsection.

Subsection (b) when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse: Staff are required to remain on the camera path and deviations would be intentional and would be verified with this system. Video feed is currently maintained on the server for 45 days. This can be removed and stored when needed based on an allegation, investigation or suspected sexual abuse. Cameras were reviewed to ensure that there were none that viewed restrooms, showers, or locations that residents may undress or change their clothes; this check as well as the tour showed that the Facility had clearly considered the safety of both residents and staff and integrated the new cameras to eliminate blind spots and keep an on-camera pattern for staff to remain on during the performance of their duties as Detention Supervision Officers. The evidence reviewed included the Interviews, Review of Site, and Camera placement and monitoring system; each provided evidence of compliance with this subsection.

It is clear that the standard is met. It is also evident that efforts to exceed the standard have also been met through the use of video surveillance, the staff awareness of the cameras, placement and monitoring from the Control Room and by Management Staff. Standards require the consideration of placement and it is evident that this was met and exceeded through the placement and implementation of the system within the Facility. The expansion to eliminate blind spots, to include the "path" taken throughout the facility to ensure monitoring without cross gender viewing has significantly increase the sexual safety of the

residents in the Facility. It is apparent that great consideration was given and then acted upon.

Corrective Action: None.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 5-7 and 10
2. Interviews with the following:
 - a. Random Staff
 - b. Investigative Staff
 - c. PREA Coordinator
 - d. Resident Reporting Sexual Abuse
 - e. Mental Health Provider
3. Contact and Verification with the Christus Southeast Texas Health Center (CSTHC) that has Sexual Assault Nurse Examiners available or on-call in the event that a sexual assault victim presents at the Emergency Room.
5. Memorandum of Understanding between the Agency and the Rape & Suicide Crisis Center of Southeast Texas (RSCCST).
6. Memorandum of Understanding between the Agency and the County Sheriff's Office
7. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan
8. Email correspondence between PREA Coordinator with the Health Center and Sheriff's Office
9. Investigator Training Records

Findings (By Subsection):

Subsection (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions: The Agency conducts administrative investigations on all allegations of sexual abuse. The agency follows a uniform evidence protocol and trains first responders on their Coordinated Response Plan and in Policy 12.5 pages 5-7 for juvenile supervision officers. The Agency's protocol is adapted from the national protocol referenced in this standard. Investigators received training that included practices adapted from the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. In the PAQ, the Agency reports no forensic medical exams have been conducted in the past 12 months. Copies of specialized training for 5 staff members who may act as Administrative Investigators were verified. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, Correspondence between the Facility and both the Health Center and Law Enforcement and Training Records; each provided evidence of compliance with this subsection. PAQ information received was verified during the onsite audit.

Subsection (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011: The protocol used by the Agency is adapted from the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. The evidence reviewed

included the Policy, Interviews, Correspondence between the Facility and both the Health Center and Law Enforcement and Training Records; each provided evidence of compliance with this subsection.

Subsection (c) The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs: According to Agency Policy and the Coordinated Response Plan, a victim of sexual abuse at the facility will receive SAFE/SANE services at the Christus Southeast Texas Health Center. The Coordinated Response Plan provides that the County Sheriff's Office will arrange the SANE services. Documentation was provided that both the Sheriff's Office and the hospital were requested to utilize protocols compliant with standard. Contact with the Hospital confirmed that there was always a SANE Nurse available would utilize the standard forensic kit and protocols. SANE services are provided to a victim without financial cost pursuant to Policy 12.5 page 10. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, Correspondence between the Facility and both the Health Center and Law Enforcement and Training Records; each provided evidence of compliance with this subsection.

Subsection (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services: The Agency has a memorandum of understanding with the Rape & Suicide Crisis Center of Southeast Texas (RSCCST). RSCCST will provide victim advocacy services to victims of sexual abuse at the facility. Pursuant to the written Coordinated Response Plan the PREA Coordinator will contact the RSCCST upon notice of an allegation of sexual assault. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, and Training Records; each provided evidence of compliance with this subsection. In the instance that the RSCCST had no qualified victim advocates available the facilities Licensed Professional Counselors who is serviced to treat victims of sexual assault would serve as the victim's advocate.

Subsection (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals: Pursuant to the terms of the MOU, the RSCCST advocate will accompany and support the victim through the forensic medical exam process and the investigatory interviews, etc. This information is located on the Agency's Website and provided to youth during orientation and education in writing. The Auditor contacted the RSCCST to verify advocacy services and protocols utilized; verification that the hotline was operational was also made. Additionally, the Facility has a Licensed Professional Counselor who is a Licensed and Certified to provide sexual assault victim treatment. If requested this qualified and credentialed Mental Health staff would serve as the advocate and accompany the youth to the exam and act as their advocate as identified in interviews and review of this provider's credentials. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, and Training Records; each provided evidence of compliance with this subsection.

Subsection (f and g) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section; (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: [(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.]: The Agency PREA Coordinator has requested County Sheriff's Office to utilize the national protocol and follow the requirements of this standard. At the time of the onsite audit and this report a response had not been received formally; however the Sheriff's Office has indicated its investigators have been trained on protocols compliant with the standard. The Agency should obtain this response in writing with on-going follow-up. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, Correspondence between the Facility and both the Health Center and Law Enforcement and Training Records; each provided evidence of compliance with this subsection.

Subsection (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general: The Agency PREA Coordinator has requested County Sheriff's Office to utilize the national protocol and follow the requirements of this standard. At the time of the onsite audit and this report a response had not been received formally; however the Sheriff's Office has indicated its investigators have been trained on protocols compliant with the standard. The Agency should obtain this response in writing with on-going follow-up. The evidence reviewed included the Policy, Interviews, Contact with RSCCST, Correspondence between the Facility and both the Health Center and Law Enforcement and Training Records; each provided evidence of compliance with this subsection. The Health Center has SANE Nurses on staff for the completion of forensic examinations and maintains an on-call system for these services.

Corrective Action: None.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 4-7
2. Texas Family Code Chapter 261 (*Investigation of Report of Child Abuse or Neglect*)
3. Texas Administrative Code Title 37, Part 11, Chapter 358 (Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents)
4. Interviews with the following:
 - a. Agency Head,
 - b. Investigative Staff
 - c. PREA Coordinator's Supervisor
5. Jefferson County Juvenile Probation Department's Policy has been published on their Website at <http://co.jefferson.tx.us/Juvenile/Main.htm>

Findings (By Subsection):

Subsection (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment: Jefferson County Juvenile Probation Department Policy 12.5 pages 4-7 requires staff to administratively investigate promptly, thoroughly and objectively all allegations of sexual abuse, sexual harassment and retaliation. All conduct that may be criminal is referred to the County Sheriff's Office. All sexual abuse and sexual harassment must also be report to TJJD for an administrative investigation pursuant to the Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. Interviews with the Agency Head and Investigative Staff confirm that these investigations and referrals to outside entities occur. Agency reports in the PAQ that they have had no allegations of sexual abuse in the past 12 months; auditor verified this in interviews with the Agency Head, PREA Coordinator's Supervisor and Random Staff. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. The evidence reviewed included the Policy, Interviews, and Website Review; each provided evidence of compliance with this subsection.

Subsection (b) The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals: Jefferson County Juvenile Probation Department Policy 12.5 pages 4-7 requires allegations of sexual abuse or sexual harassment are documented and referred as required by Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. This information is posted on the agency website. The evidence reviewed included the Policy, Interviews, and Website Review; each provided evidence of compliance with this subsection.

Subsection (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity: Jefferson County Sheriff's Office conducts all criminal investigations for conduct occurring in the facility. This information is posted on the agency website. The evidence reviewed included the Policy, Interviews, and Website Review; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.331 Employee training

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 11-12
2. Texas Administrative Code (TAC) 344 requires that all juvenile supervision officers and juvenile probation officers employed by the Department receive training on PREA prior to performing the duties of a certified officer and for certification.
3. Interviews with the following:
 - a. Random Staff
 - b. PREA Coordinator's Supervisor
4. Training and Orientation Requirements/Training Records/Employee Personnel Files

Findings (By Subsection):

Subsection (a) The agency shall train all employees who may have contact with residents on 11 required topics: The Agency provided their New and Annual Employee Training Requirements/Curriculum. Both Policy and Training Requirements cover the eleven (11) mandated elements in this standard. In total, the training covers all PREA required training subjects in addition to the 11 mandated elements. This Training is provided by the PREA Coordinator or Case Manager in person. Staff are required to pass an after training quiz/exam upon completion of training. The Facility reports in the PAQ that all detention staff included in the ratio have been trained on the PREA curriculum. Random staff interviews indicated that these trainings were held annually and training records indicated this was accurate. Evidence of training with dates was documented in each of the employee files reviewed. As Policy 12.5 was updated in August 2016; evidence was requested by and provided to the Auditor that all staff had received and the agency has documented this training through employee signature. Interviews with random staff indicate they have received the PREA training and are knowledgeable on the required information. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Subsection (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa: The Agency's Training Records indicate that gender specific training regarding the unique needs of both genders as well as gender non-conforming adolescents is provided. Training is specific to the facility and the youth placed in the facility. Staff are trained to work with all genders as the Facility has both males and female units. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Subsection (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies: The Agency provides annual refresher training on PREA to all staff. Random Interviews and Training Records indicate that PREA training occurs more frequently than

annually. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection as Policy indicates annual training is required and documentation indicates that this training is provided.

Subsection (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received: The Auditor reviewed the training sign-in sheets where all employees trained sign and indicate they have received the training and understand the material. The Facility has recently updated its training records to reflect each of the required components of training in addition to other training that ensures compliance such as cross gender pat downs, completion of the Intake Screening, Resident Orientation and Education Training. Evidence was provided that all staff had received and the agency has documented this training through employee signature by the PREA Coordinator. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection

Corrective Action: None.

Standard 115.332 Volunteer and contractor training

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 11-12
2. Training and Orientation Requirements/Training Records/ Volunteer, Intern, Contractual and Personnel Files
3. Interviews with the following:
 - a. Contractors (Education)
 - b. Volunteer

Findings (By Subsection):

Subsection (a) The agency shall ensure 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: Jefferson County Juvenile Probation Department Policy 12.5 pages 11-12 requires each volunteer, intern and contractor to complete orientation training on PREA. The Agency/Facility reports in the PAQ that they have trained 67 volunteers and contractors who have contact with residents. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with subsection and indicated that all volunteer and contractors who have contact with residents are trained under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

Subsection (b) 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents: The Agency provides orientation training to volunteers and contractors based on the services they provide and the level of contact; all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. These individuals receive an abbreviated training based upon the general staff training. Specifically, they are training on the PREA zero tolerance policy and PREA reporting procedures. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Subsection (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received: The Agency maintains documentation confirming that volunteers and contractors understand the training they have received. All volunteers and contractors are required to sign a form indicating they have received and understand the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and that they further understand their reporting responsibilities under PREA. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection

Corrective Action: None.

Standard 115.333 Resident education

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 16.2 pages 3, 5, and 7
3. Resident Intake Form
4. Resident Orientation Handout
5. Resident Education Handbook
6. Resident Orientation and Education Documentation
7. Interviews with the following:
 - a. Random Residents
 - b. Intake Staff
 - c. Resident Interviews
8. Review of Resident Files
9. Tour of housing areas and program areas of facility specifically observing placement of PREA information (e.g., posters, brochures, audit notices, etc.)
10. Prior review of the Education Video utilized

Findings (By Subsection):

Subsection (a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, 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: Jefferson County Juvenile Probation Department Policy 16.2 page 3 requires that all juveniles admitted into the facility shall receive a verbal facility orientation within twelve (12) hours of admission. This orientation includes PREA information. Residents are provided verbal instruction of the Zero Tolerance for Sexual Abuse and Sexual Harassment Policy, What to Report, When to Report and Where to Report and that they have a right to be free from sexual abuse and sexual harassment or from retaliation from reporting in good faith. During intake residents are provided a handbook and sign that they understand and have received the orientation materials. The handbook has prompts for staff that require them to verbally review specific key sections in the handbook and then get the resident to initial their understanding. The evidence reviewed included the Policy, Resident Forms and Handbook, Education Materials, Interviews, Facility Review and Training Records; each provided evidence of compliance with this subsection. The materials provided are designed to be age appropriate; additional staff are trained to use terminology based on the resident's age and level of understanding. All evidence as indicated determines compliance with this subsection.

Subsection (b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents: Jefferson County Juvenile Probation Department Policy 16.2 page 5 requires comprehensive age appropriate education for all residents as soon as practical but within 10 days of intake. This education currently requires the residents to review material with staff, the Resident Handbook, discuss policy, rights, and reporting. Staff review the Handbook that is comprehensive and inclusive of definitions of sexual abuse and sexual harassment. Policy requires a staff member to oversee this. Residents sign off on the completion of the Education Component and that they have received and understood the handbook and information. All residents in the Facility watch an Education Video every Thursday. This video

was provided to the Agency by TJJD. This auditor has reviewed this video and it serves the youth with educational material related to standard. Resident interviews indicated that all of them were aware they could use the “Blue” phone in the library as the hotline if requested. As this video was designed for institutional use and shared across the state the library was reviewed and the Facility has placed a phone there to serve as a hotline. There is information on its use posted; however the phone is not “Blue”. The Facility should ensure that it includes in the education by staff in association to this that they ensure that residents are aware that the phone is not “Blue”. Residents did however indicate there were phones for regular contact they could use and it did not seem evident that the color of the phone has been a barrier to access; however, clarification with youth should be provided. The evidence reviewed included the Policy, Resident Forms and Handbook, Education Materials, Interviews, Facility Review and Training Records; each provided evidence of compliance with this subsection. All evidence indicated that 100% of residents had received and signed for Education and that the ability to meet the disabilities or format requirements for all potential residents existed.

Subsection (c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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: All residents currently in the facility have had PREA training. Evidence of compliance was based on documentation in Resident Files with their initials, signature and date, interviews and Policy. All evidence indicated that 100% of residents had received and signed for Education and that the ability to meet the disabilities or format requirements for all potential residents existed. The current practice is that all residents in the Facility complete Education on each Thursday of the week. This ensures that you retain the information through weekly refresher sessions and that all residents receive education within seven days of intake and regardless of how long they are in the Facility.

Subsection (d) The agency shall provide 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: Jefferson County Juvenile Probation Department Policy 16.2 and Jefferson County Juvenile Probation Department Policy 12.5 page 4 requires the facility to ensure the resident education is accessible in formats as needed for LEP, deaf, visually impaired, or otherwise disabled residents. Materials are available in Spanish as needed. For situations that need other languages, the Agency utilizes the means of translation identified in Standard 115.316. The evidence reviewed included the Policy, Resident Forms and Handbook, Education Materials, Interviews, Facility Review and Training Records; each provided evidence of compliance with this subsection. All evidence indicated that 100% of residents had received and signed for Education and that the ability to meet the disabilities or format requirements for all potential residents existed.

Subsection (e) The agency shall maintain documentation of resident participation in these education sessions: Resident files contain documentation of initial orientation completed at Intake and Education completed within 10 days of intake. Documentation is maintained in the Residents File. The evidence reviewed included the Policy, Resident Forms and Handbook, Education Materials, Interviews, Facility Review and Training Records; each provided evidence of compliance with this subsection. All documentation is signed by the resident at the time of completion.

Subsection (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats: The Agency and Facility ensures that educational materials are continuously and readily available and visible to residents about PREA. All housing areas and programming areas have PREA informational posters and the Auditor observed these throughout the pre- and post-facilities as well as the education building. Posters were located throughout all areas of the Facility including day areas, education areas, public areas, visitation areas, and dining areas. The evidence of compliance was determined by review of the Facility and the location and content of posted information.

Corrective Action: None

Standard 115.334 Specialized training: Investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 5 and 6
2. Interviews with the following:
 - a. Investigative Staff
3. Personnel Records for Investigative Staff (showing training records)

Findings (By Subsection):

Subsection (a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings: Jefferson County Juvenile Probation Department Policy 12.5 pages 5 and 6 requires all investigative staff to have specialized training in conducting sexual abuse investigations in confinement settings. The Agency and Facility investigators conduct administrative investigations. Documentation that all investigators had completed TJJD provided Specialized Training for Administrative Investigations in the past 24 months was provided. The evidence reviewed included the Policy, Interviews, Facility and Training Records; each provided evidence of compliance with this subsection.

Subsection (b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral: The specialized investigator training provided by TJJD covers all the required components in this subsection including the use of Garrity warnings for compelled staff interviews. The evidence reviewed included the Policy, Interviews, Facility and Training Records; each provided evidence of compliance with this subsection.

Subsection (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations: The Agency maintains documentation in personnel files of all training received by staff members. Sign-in sheets are maintained for all trainings. The evidence reviewed included the Policy, Interviews, Facility and Training Records; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 5-7
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
 - c. Mental Health Staff
3. Review of Mental Health Staff Training Records

Findings (By Subsection):

Subsection (a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in [(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment]: Jefferson County Juvenile Probation Department Policy 12.5 pages 5-7 States "all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews and Training Records of the mental health provider indicate that this training is provided to medical and mental health care staff." Medical services onsite are limited to a health screening and does not include any forensic services; however, all staff have received training as required by standard. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Subsection (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations: The medical contractors do not conduct forensic examinations of victims. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection as law enforcement would be contacted and any alleged victim would be transported to the Health Center with a SANE Nurse for the forensic exam.

Subsection (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere: The Agency/Facility has documentation that this training has been provided. The mental health contractor interviewed was knowledgeable of this training and the materials included. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Subsection (d) 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: The Agency/Facility has documentation that this training has been provided. The medical contractor who does health

screenings for youth placed in the facility was not at the Facility at the time of the onsite; however policy and training records indicate training has been provided and documented. The evidence reviewed included the Policy, Interviews, and Training Records; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2
2. Behavioral Screening Form
3. Random Resident Files
4. Interviews with the following:
 - a. Residents
 - b. Staff Responsible for Risk Screening
 - c. PREA Coordinator's Supervisor
 - d. Mental Health Service Provider

Findings (By Subsection):

Subsection (a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2 requires screening within 72 hours of the resident's admission into the facility. Policy requires the screening must be completed prior to assigning the juvenile to a housing unit. Interviews with staff who conduct the screening indicate that the screening is typically done within the first hour that a resident arrives at the facility. Policy requires that at least every 30 days this screening is reviewed and administered again. As the facility is a single cell facility consideration is given at intake as required by standard; additionally the Detention Supervisors, PREA Coordinator and Mental Health Staff review this information within 72 hours to determine if additional steps for resident safety are required. A review of resident files indicates the initial screening at intake is done timely and all were completed on the date of intake. Interviews with random residents indicate the screening occurs and the required inquiries are being made of residents. Resident file review also noted that all residents who had a history of abuse were seen by mental health staff in less than 10 days; or provided the opportunity. Additionally the TAC 343.414 and 343.608 (Behavior Screening) require the residents be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior and housing assignments made accordingly. Interview with the primary Mental Health Service Provider and referral and documentation all verified that youth with a past history of sexual abuse had been seen within 10 days of intake. The evidence reviewed included the Policy, Interviews, Resident Files (with Behavioral Screening Forms in 100%) and Training Records; each provided evidence of compliance with this subsection.

Subsection (b) Such assessments shall be conducted using an objective screening instrument: The Facility uses an objective behavioral screening instrument. The screening instrument considers the youth's own perceptions of safety and other risk factors including gender non-conforming appearance, mannerisms or identification. The evidence reviewed included the Policy, Interviews, Resident Files (with Behavioral Screening Forms in 100%), Staff Signature that Behavioral Screening was reviewed prior to cell assignment, and Training Records; each provided evidence of compliance with this subsection.

Subsection (c) At a minimum, the agency shall attempt to ascertain 11 pieces of required information (see standard): The behavioral screening instrument attempts to ascertain information about all eleven (11) enumerated items in this

subsection. Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2 requires the behavioral screening to contain all the required elements of this subsection. The evidence reviewed included the Policy, Interviews, Resident Files (with Behavioral Screening Forms in 100%) and Training Records; each provided evidence of compliance with this subsection.

Subsection (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2 required information to be ascertained through conversations with the resident at the intake process as well as from court records, case files, medical or mental health information available and any other relevant information in the resident's file. The evidence reviewed included the Policy, Interviews, Resident Files (with Behavioral Screening Forms in 100%) and Training Records; each provided evidence of compliance with this subsection.

Subsection (e) The agency shall implement 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: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2 provides that all information from the screening is kept confidential and only accessible by limited individuals. Interviews with staff who conduct behavioral screenings of residents indicate that there are appropriate controls on the dissemination within the facility of the responses to questions in the screening. Files are kept securely. Only medical or mental health care staff in addition to supervisors has access. If any other staff request access, there must be a business need and supervisor approval. The evidence reviewed included the Policy, Interviews, Resident Files (with Behavioral Screening Forms in 100%) and Training Records; each provided evidence of compliance with this subsection.

Corrective Action: None.

Standard 115.342 Use of screening information

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5
2. TAC 343.290 (Protective Isolation)
3. Interviews with the following:
 - a. Random Residents
 - b. Staff Responsible for Risk Screening
 - c. PREA Coordinator's Supervisor
4. On-Site Review of Housing Units (wing and cells) and Isolation Rooms, Toilet and Shower Facilities

Findings (By Subsection):

Subsection (a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5 require that the information obtained in the screening/intake process be used to make housing and other assignments. Interviews with staff indicate the information is used to make decisions on resident housing and programming. Resident and Staff interviews both indicate that the screening is completed at intake and youth also indicated that follow had been made if they had indicated prior victimization. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible: The Agency/Facility reports in the PAQ that there have been no residents identified at risk of sexual victimization who were held in isolation during the past 12 months. Jefferson County Juvenile Probation Department Policy 11.4 pages 4 and 5 requires that isolation is used only as a last resort when other less restrictive measures are inadequate. Policy requires that residents in isolation receive educational programming and recreation and exercise programming. It was indicated that if protective isolation was utilized it would be documented and maintained in the resident's record; however, protective isolation was reported to have never been utilized at the Facility. Interviews with residents and staff supported this claim. The Policy also indicates it complies with TAC 343.290 (Protective Isolation) states that protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. Based on the Policy and interviews compliance with standard is evident. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5 provides that lesbian, gay, bisexual, transgender or intersex (LGBTI) residents are not to be assigned specific housing units based solely on such identification. Interviews with staff corroborate this is the practice of the facility and that the Agency and Facility does not consider sexual orientation or conformity to be an indicator of sexual aggression or the likely hood of being sexually abusive. At the time of the audit visit, there were no youth identified that were LGBTI in the facility population. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems: Interviews with staff indicate that the placement of any LGBTI residents would be made on a case-by-case basis; but are not frequent. Staff interviews indicated that isolation would not occur and that other protective measures such as keeping the resident near staff in the classroom or program parts of the day would be those primarily utilized and that residents are never allowed in other residents cells; all residents have a private individual cell/room. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5 provides that housing and programming assignments for a transgender or intersex resident shall be reassessed at least once every other month to review any threats to safety experienced by the resident. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5 requires that transgender and intersex resident's own views regarding their safety shall be given serious consideration. Interviews with staff corroborate that this would be the practice if these residents were in the facility which all staff indicated they do not believe they have had a transgender or intersex resident in the facility to date. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents: Jefferson County Juvenile Probation Department Policy 16.2 pages 1 and 2, and Policy 11.4 pages 4 and 5 ensures transgender and intersex residents can shower separately from other residents. The shower area only allows one resident to shower at a time and staff ensures that residents have privacy. Facility Bathing Procedures indicate that all residents shower separately and at no time are undressed in front of staff or other residents. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection.

Subsection (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: [(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged]: The Agency/Facility has had no residents in the past 12 months at risk of sexual victimization who were placed in isolation. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection. Evidence indicated that isolation was only used based on the Policy that is PREA Compliant with clear documentation of the concern for the resident's safety and why no other means of separation can be arranged. Due to the nature of the Facility design and the single cell living quarters isolation is the last resort and seldom utilized as supervision and monitoring are utilized rather than isolation.

Subsection (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population: Jefferson County Juvenile Probation Department Policy 11.4 pages 4 and 5 only authorizes isolation for up to 72 hours. TJJD standards in Chapter 343 and TAC 343.290 contain this same protective requirement. The evidence reviewed included the Policy, Interviews, and Site Review; each provided evidence of compliance with this subsection. Reviews are completed more frequently than the standard requires; however, separation from general population is not utilized for more than 72 hours.

Corrective Action: None.

Standard 115.351 Resident reporting

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8
2. Resident Hand Book
3. On-site review of housing areas and program areas of facility, specifically reviewing PREA information visible and grievance box locations
4. *Grievance Form*
5. Interviews with the following:
 - a. Random Residents
 - b. Random Staff
 - c. PREA Coordinator's Supervisor
6. Posting on Website: <http://co.jefferson.tx.us/Juvenile/Main.htm>.

Findings (By Subsection):

Subsection (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents: Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8 requires multiple internal ways for residents to privately report PREA related incidents. These include verbal reporting to staff, written reports (i.e., grievance form or any written statement is accepted), anonymous reports and reports from third parties. The Resident Handbook contains a discussion of these internal reporting methods as well. Interviews with random staff and residents provided further evidence these internal reporting mechanisms are available and utilized. The evidence reviewed included the Policy, Resident Handbook, Website Review, Grievance Form, Interviews, and Site Review; each provided evidence the practice of and compliance with this subsection. Hotline in the library, request to speak to supervisory staff, Probation, Grievance Box and trusted staff or volunteers are all indicated as internal private ways to report. All evidence indicated that there are multiple internal ways for residents to privately report sexual abuse, sexual harassment or retaliation for reporting of sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. These are provided during Orientation and Education to residents and they are provided with this information in writing.

Subsection (b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security: State standards from TJJD require that all residents have unimpeded access to TJJD for reporting child abuse, neglect and exploitation. TJJD is legally mandated to investigate all abuse, neglect and exploitation in county-operated facilities. TAC 358.440 (Reporting of Allegations by Juveniles) requires that juveniles in a facility shall have the right to report to the Texas Juvenile Justice Department alleged abuse, neglect, and exploitation, including death. Juveniles shall be advised in writing during orientation into the facility of their right to report allegations and of TJJD's toll-free number (877-786-7263) available for reporting allegations. Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8 that all residents shall have free,

confidential, and unimpeded access to contact TJJD via the telephone number listed on posters throughout the facility for the purposes of reporting sexual abuse and sexual harassment. All residents interviewed indicated they had access to the phone or their Probation Officer if they requested for a grievance or to report. The evidence reviewed included the Policy, Resident Handbook, Website Review, Grievance Form, Interviews, and Site Review; each provided evidence the practice of and compliance with this subsection. The TJJD hotline can be accessed by residents and it is confidential. Residents do have to request access to the phone in the library but policy indicates that they will be allowed to use this phone which by design has access to the hotline numbers which are posted. All evidence indicated that there is at least one way for residents to privately report sexual abuse, sexual harassment or retaliation for reporting of sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. These are provided during Orientation and Education to residents and they are provided with this information in writing.

Subsection (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports: Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8 requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports received. Interviews with staff indicate this is the practice of the facility. The evidence reviewed included the Policy, Resident Handbook, Website Review, Grievance Form, Interviews, and Site Review; each provided evidence the practice of and compliance with this subsection.

Subsection (d) The facility shall provide residents with access to tools necessary to make a written report: Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8 requires facility staff to provide writing materials for residents who wish to make a written complaint of sexual abuse or sexual harassment. Interviews with residents and staff indicate this is the practice of the facility. The evidence reviewed included the Policy, Resident Handbook, Website Review, Grievance Form, Interviews, and Site Review; each provided evidence the practice of and compliance with this subsection.

Subsection (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents: Jefferson County Juvenile Probation Department Policy 12.5 pages 3-8 provides employees multiple ways to privately report sexual abuse and sexual harassment of residents. All staff indicated they would report immediately, they would report to the Chief Probation Officer, contact Law Enforcement, and contact Child Protective Services and TJJD. They identified multiple ways reporting can be anonymous including TJJD, Hotlines and written. The evidence reviewed included the Policy, Resident Handbook, Website Review, Grievance Form, Interviews, and Site Review; each provided evidence the practice of and compliance with this subsection. All hotlines can be contacted confidentially by staff from inside or outside the facility and all staff interviews indicated they were able to privately report sexual abuse and sexual harassment.

Corrective Action: None

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 and 12.4 pages 1-4

Findings (By Subsection):

Subsection (a): Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 and 12.4 pages 1-4 describe the grievance system of the Agency and the Facility that are compliant; however all allegations of sexual abuse are reported to law enforcement and an official grievance is not required to initiate this process. There have been no allegations of sexual abuse in the past 3 years. Based on this Policy it is evident that the facility is exempt from 115.352 as allegations of sexual abuse are reported to law enforcement for criminal investigation.

The Agency and Facility are required to comply with TAC 343.356 (Access to Attorney) requires that residents shall be permitted reasonable confidential contact with the resident's attorney and their designated representatives through telephone, uncensored letters, and personal visits. Additionally, TAC 343.352(a)-(b) (Visitation) and 343.358 (Telephone) provide for the residents' rights to receive visits by their parents or legal guardians as well as to complete telephone calls.

Corrective Action: None.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.1, Policy 12.5, Policy 18.2 and Policy 18.3
2. Resident Handbook
3. Memorandum of Understanding between the Agency and the Rape & Suicide Crisis Center of Southeast Texas (RSCCST).
4. Interviews with the following:
 - a. Random Residents
 - b. PREA Coordinator's Supervisor
5. On-site review of housing areas and program areas of facility, specifically looking for information about outside support services for residents
6. Jefferson County Juvenile Probation Department's has published this information on their Website at <http://co.jefferson.tx.us/Juvenile/Main.htm>

Findings (By Subsection):

Subsection (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible: The Agency has a MOU with the RSCCST. This MOU covers victim advocacy services during forensic exams. It also includes crisis intervention counseling and referrals to services for victims. During the on-site review of the physical plant, the Auditor saw brochures, posters or information on the RSCCST in both the Resident areas with other postings and in the public waiting room where parents or visitors enter. The Resident Handbooks contained information on the RSCCST and advocacy services. During interviews with random residents, the majority understood the orientation material and education materials but only 4 of 7 indicated that they recalled victim services but were not sure what these were as they had not needed to inquire further. This information is in the Resident Handbook and is posted on the facility walls but the facility should increase awareness during orientation. After the onsite audit the PREA Coordinator sent documentation of training provided to detention staff that included this information being reviewed with staff in the Resident Handbook, Review of Resident Orientation Materials and Review of Resident Education Materials. These documents were received on September 14, 2016 with staff signatures indicating that they had received and acknowledged the training. Additionally, the PREA Coordinator's Supervisor informed the auditor that this information was now available on the Agency Website, it was verified that it was there. This information is included in the Resident Handbook received at intake but during the training staff were instructed to increase the information on the accessibility of advocacy services in both orientation and education to ensure residents understand the availability of these services. All RSCCST phone numbers as well as the Child Protective Services and TJJD Hotline numbers were checked on 8/27/2016 and verified to be working. The Agency does provide residents with the right to communicate and correspond with persons outside the agency subject only to limitations necessary to maintain facility security so providing residents access to these services will be relatively easy to do. All residents indicated in the interviews that they had family they could contact by phone, many did not know who their attorney was at this time as they had not been to court yet and had not been assigned an attorney yet, and residents indicated they could

contact their Juvenile Probation Officer if they wished to discuss anything with them. The Agency does not detain persons solely for civil immigration purposes. The evidence reviewed included the Policy, Resident Handbook, Website Review, Interviews, and Site Review; each provided evidence the practices compliant with this subsection. The access to hotlines numbers by phones, in the Resident Handbook and throughout the facility; as well as interviews, all indicated that residents had multiple ways to report confidentially and receive support for sexual abuse and/or sexual harassment.

Subsection (b) The facility shall 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: The Resident Handbook indicates that resident communication with the RSCCST is not monitored and is confidential. The evidence reviewed included the Policy, Resident Handbook, Website Review, Interviews, and Site Review; each provided evidence the practices compliant with this subsection. The access to hotlines numbers by phones, in the Resident Handbook and throughout the facility; as well as interviews, all indicated that residents had multiple ways to report confidentially and receive support for sexual abuse and/or sexual harassment.

Subsection (c) The agency shall 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 shall maintain copies of agreements or documentation showing attempts to enter into such agreements: The Agency has an executed Memorandum of Understanding between the Agency and the Rape & Suicide Crisis Center of Southeast Texas (RSCCST). The evidence reviewed included the Policy, Resident Handbook, Website Review, Interviews, and Site Review; each provided evidence the practices compliant with this subsection. The access to hotlines numbers by phones, in the Resident Handbook and throughout the facility; as well as interviews, all indicated that residents had multiple ways to report confidentially and receive support for sexual abuse and/or sexual harassment.

Subsection (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.: Jefferson County Juvenile Probation Department Policy 18.2, Policy 18.3, and the Texas Administrative Code 356 and 358 all indicate that residents are required to have reasonable and confidential access to their attorneys or other legal representation and reasonable to parents or legal guardians. Resident interviews confirmed this practice with parents; resident indicated they did not know who their attorney was or that they never asked to speak with them. The evidence reviewed included the Policy, Resident Handbook, Website Review, Interviews, and Site Review; each provided evidence the practices compliant with this subsection. The access to hotlines numbers by phones, in the Resident Handbook and throughout the facility; as well as interviews, all indicated that residents had multiple ways to report confidentially and receive support for sexual abuse and/or sexual harassment.

Corrective Action: None

Standard 115.354 Third-party reporting

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 4
2. Third-Party Reporting Information Posters
3. Posting on Website: <http://co.jefferson.tx.us/Juvenile/PREA-ParentsInformation.pdf>

Findings (By Subsection):

Subsection (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident: The Jefferson County Juvenile Probation Department Policy 12.5 page 4 provides for the receipt of third-party reports of sexual abuse and sexual harassment. In the public waiting area for parents, guardians and visitors the Facility has notices in English and Spanish indicating the Zero Tolerance of sexual abuse and sexual harassment and provides RSCCST, TJJD, and Child Protective hotline numbers to report suspected sexual abuse or sexual harassment of residents. The Agency has provided a link on their county website that provides parents and all third parties with information about PREA and how to report sexual abuse and sexual harassment on behalf of residents. The link on the website provides an information for parents or guardians on sexual abuse and sexual harassment and how to report to the Agency, Law Enforcement, TJJD, and RSCCST. Evidence presented through Policy, publically posted posters, and the Agency's Website section for parents with phone numbers and hotlines outside of the Agency indicate compliance. These numbers were verified and found to be accurate and functional. There are multiple ways for 3rd Party Reports to be made and Policy and Interviews indicate they will be acted upon. Additionally, as these reports may go to the oversight agency for the state or law enforcement this also indicates action will be taken if a 3rd Party report is received.

Corrective Action: None.

Standard 115.361 Staff and agency reporting duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 2-7
2. Coordinated Response Plan
3. Texas Family Code Chapter 261
4. Interviews with the following:
 - a. Random Staff
 - b. Agency Head
 - c. Mental Health Staff
 - d. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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: Jefferson County Juvenile Probation Department Policy 12.5 page 2-7 requires staff, contractors and volunteers to report immediately all the information delineated in this subsection (i.e., sexual abuse, sexual harassment, retaliation, staff neglect, and violations of staff responsibilities). Interviews with random staff, Agency Head, Mental Health Staff and the PREA Coordinator's Supervisor indicate they understand their reporting obligations. The Policy and the Coordinated Response Plan in Policy clearly outlines responsibilities to report and the responsibilities of the first responders to report. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws: Jefferson County Juvenile Probation Department Policy 12.5 page 2-7 requires facility staff to comply with mandatory child abuse reporting laws under Texas Family Code Chapter 261. Interviews with staff indicate that staff have received training on this topic and understand their role as a mandatory reporter. Staff interviews indicated that all staff would report to Child Protective Services, TJJD and Law Enforcement. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection as staff were aware of reporting requirements.

Subsection (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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: Jefferson County Juvenile Probation Department Policy 12.5 page 2-7 prohibits staff from revealing confidential information related to a report of sexual abuse except to the extent necessary to make treatment, investigation, and/or other security management decisions. Interviews with staff indicate their understanding of this confidentiality provision. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) (1) Medical and mental health practitioners shall be 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; (d)(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality: Interviews with mental health staff indicate they comply with this subsection regarding mandatory reporting laws and disclosing the limitations of their confidentiality. This is required per policy and interviews indicate it is in practice.

Subsection (e) (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; (e)(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians; (e)(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation: Jefferson County Juvenile Probation Department Policy 12.5 page 2-7 requires parental notification of abuse of a resident; as well as specifically addresses the requirements of this subsection regarding notification to parents, legal guardians, Child Protective Services, and the resident's attorney. Jefferson County Juvenile Probation Department Policy 12.5 page 2-7 and the Coordinated Response Plan requires the Facility Head to contact the parents or legal guardians and attorney of the victim if applicable of alleged abuse. Additional training is recommended to clarify and solidify this procedural point. The written Coordinated Response Plan clearly demonstrates the role and positions responsible for reporting alleged abuse. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators: All allegations of sexual abuse and sexual harassment regardless of the source, including third party and anonymous reports are acted upon as indicated by Policy 12.5. All reports made are reported to the facility investigator(s) by the PREA Coordinator. The staff member or supervisor who completes the *Incident Report Form* forwards it to the Agency Head, Case Manager and PREA Coordinator who are all members of the PREA Incident Review Team. The PREA Coordinator is the lead on all administrative investigations unless there is a conflict of interest as determined by the Agency Head. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.362 Agency protection duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 2-9
2. Coordinated Response Plan
3. Interviews with the following:
 - a. Random Staff
 - b. Volunteers
 - c. Agency Head
 - d. PREA Coordinator's Supervisor
 - e. Residents
 - f. Contractors

Findings (By Subsection):

Subsection (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident: The Agency reports in their PAQ that they have had no determinations made that a resident was subject to substantial risk of imminent sexual abuse. Jefferson County Juvenile Probation Department Policy 12.5 addresses the agency policy when learning a resident is subject to a substantial risk of imminent sexual. The Staff First Responder Duties within the policy indicates the actions to be taken. Additionally, the written Coordinated Response Plan of the Facility also indicates immediate action, what actions are to be take and by each position. Staff Interviews, including Random Staff, Agency Head, Contractors, Volunteers, and the PREA Coordinator's Supervisor all indicated that staff would take immediate response and defined immediate that indicated that all interviewed understood the urgency of the protection of a resident from imminent threat. While no residents had made an allegation of abuse or imminent threat of sexual abuse they constantly indicated that staff react to things immediately based on verbal and they are highly supervised. Residents stated they believe staff would take immediate action to protect them based on their responses to non-PREA related incidents such as physical altercations or threats. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the changes had been institutionalized. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 13
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency: The Agency and facility reports in the PAQ that in the past 12 months they have received no allegations that a resident was abused while confined at another facility; this was confirmed in the interviews with the Agency Head and the PREA Coordinator's Supervisor. Additionally, they have received no allegations of sexual abuse from other facilities. Jefferson County Juvenile Probation Department Policy 12.5 page 13 requires the Facility Administrator to provide the required notifications under this section regarding a resident's abuse while confined at other facilities. Interviews with agency and facility leadership indicate they are knowledgeable about the requirements of this section and that this notification would occur when any allegations are received. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Training records and practices were also reviewed to determine if the Policy had been institutionalized. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation: Jefferson County Juvenile Probation Department Policy 12.5 page 13 requires notification within 72 hours as required by this standard. Interviews with agency and facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this mandatory timeframe. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) The agency shall document that it has provided such notification: Jefferson County Juvenile Probation Department Policy 12.5 page 13 requires the facility to document when all such notifications are provided and to whom. Interviews with agency and facility leadership indicate they are knowledgeable about the requirements of this section and that they would comply with this requirement should they receive any allegations. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards: Jefferson County Juvenile Probation Department Policy 12.5 page 13 requires all allegations are investigated in accordance with this standard. Interviews with agency and facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this investigation requirement for any allegations that may be received. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.364 Staff first responder duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 5-6
2. Coordinated Response Plan
3. Interviews with the following:
 - a. Facility Staff/Volunteers/Contractors
 - b. Random Staff
 - c. PREA Coordinator's Supervisor
 - d. Agency Head
4. Training Files

Findings (By Subsection):

Subsection (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: [(1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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]: Jefferson County Juvenile Probation Department Policy 12.5 pages 5-6 details the first responder duties for a security staff member or a non-security staff member (i.e., not a certified officer such as kitchen, Control Room, volunteer, mental health) in accordance with this subsection. Interviews onsite with the Agency Head and PREA Coordinator's Supervisor indicated as did all Pre-Audit materials that there have been no allegations of sexual abuse in the past 12 months and all interviews indicated that it has been more than 36 months since any allegation had been made at the Facility. Jefferson County Juvenile Probation Department Policy 12.5 pages 5-6 and the Coordinated Response Plan documents is clear that first responders are to only preserve and protect the scene along with the duties regarding protection of evidence on the victim and abuser. Training files reviewed that staff had received training on the responsibilities of the first responder. Based on the evidence provided through Policy, Response Plan, and Training Files and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff: Jefferson County Juvenile Probation Department Policy 12.5 pages 5-6 and the Coordinated Response Plan are clear on the response of non-security staff. Interviews with non-security staff showed consistent responses of ensuring safety, separation of the two and maintaining physical evidence. All were able to describe their role and actions to preserve evidence on the victim but refresher training to include the alleged perpetrator and actions to preserve the scene is needed. Based on the evidence provided through Policy, Training Records for 09/15/2016, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.365 Coordinated response

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 5-7
2. Coordinated Response Plan in Policy
3. Interviews with the following:
 - a. Random Staff
 - b. PREA Coordinator's Supervisor
 - c. Agency Head
4. Contact and Verification with the Christus Southeast Texas Health Center (CSTHC) that has Sexual Assault Nurse Examiners available or on-call in the event that a sexual assault victim presents at the Emergency Room.
5. Memorandum of Understanding between the Agency and the Rape & Suicide Crisis Center of Southeast Texas (RSCCST).
6. Memorandum of Understanding between the Agency and the County Sheriff's Office
7. Email correspondence between PREA Coordinator and the Christus Southeast Texas Health Center (CSTHC) and Sheriff's Office regarding SANE and Uniform Protocol

Findings (By Subsection):

Subsection (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership: The Agency submitted Jefferson County Juvenile Probation Department Policy 12.5 pages 5-7 which states the policy that requires a written Coordinated Response Plan. The Coordinated Response Plan indicated that it followed the structural design from first response including First Responders, Notifications, Investigations, Medical and Mental Health Services, Forensics Exams (SANE), Coordination with Law Enforcement, Advocacy, Protection and Retaliation Monitoring and PREA Incident Review Team meeting within 30 days. The Coordinated Response Plan provided included the details of the subsection and responsibilities of each party. The plan detailed when, who, and how notifications occur and the roles of each party involved. Review of the MOU's with the County Sheriff's Office, the RSCCST and verification SANE Services at the Hospital were completed, Email Correspondence from the Agency and the Hospital and Sheriff's Office were confirmed. Interviews with the staff confirmed the policy and awareness of the plan and first responder duties. Based on the evidence provided through Policy, MOUs, documentation of contact by Agency with Law Enforcement and Health Center, Verification of Services at RSCCST and CSTHC, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Interviews with the following:
 - a. Agency Head
2. Texas Administrative Code

Findings (By Subsection):

Subsection (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted, and (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: [(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.]:

An interview with the Jefferson County Agency Head noted that the agency/state *does not* have, nor has it had, any collective bargaining agreements that were completed since August of 2012. TAC indicates that County Juvenile Probation Departments may not enter into any collective bargaining agreements. Compliance with standard determined based on all available information and interview with the Agency Head.

Corrective Action: None.

Standard 115.367 Agency protection against retaliation

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
 - c. Designated Staff Member Charged with Monitoring Retaliation

Findings (By Subsection):

Subsection (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation: Agency reports in the PAQ that no incidents of retaliation have occurred in the past 12 months. Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 protects residents and staff from retaliation as required by this subsection. This policy has been written to meet compliance with this subsection; however since there have been no allegations the practices has not been utilized to day. Interviews with the Agency Head, PREA Coordinator's Supervisor and Staff Charged with Monitoring Against Retaliation verified there have been no allegations made in the past 12 months that would initiate the protocols of monitoring for retaliation. These staff members were aware of the policy and protocols used to protect residents and staff reporters against retaliation and that multiple designated staff members would be involved in monitoring for retaliation. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) The agency shall 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: Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 provides multiple measures to protect residents from retaliation including housing changes, reassessments and reassignment of alleged perpetrators. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Interviews indicated that monitoring would occur frequently (every 7 days minimally) to ensure these protection measures were effective.

Subsection (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need: Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 requires the monitoring of residents or staff who report sexual abuse to see if there is any retaliation occurring. Policy requires an assigned member of the PREA Incident Review Committee to formally

conduct monitoring every 7 days and to document monitoring for a minimum of 90 days. Additionally, the PREA Coordinator, Case Manager and mental health provider have been designated to also monitor retaliation and will work cooperatively with these other individuals. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) In the case of residents, such monitoring shall also include periodic status checks: Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 requires the monitoring of retaliation for the required 90 days following a report of sexual abuse. The policy further requires periodic status checks every 7 days throughout a resident's confinement. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation: Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 ensures residents and staff are protected against retaliation. Interviews with the Agency Head, PREA Coordinator's Supervisor and Staff Charged with Monitoring Against Retaliation indicated protective action would be taken to ensure the safety of the resident from all parties regarding retaliation for reporting sexual abuse. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded: Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 provides that the agency's obligation to monitor terminates if the agency determines the allegation is unfounded. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.368 Post-allegation protective custody

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 and Policy 11.4
2. Interviews with the following:
 - a. Agency Head
 - b. Staff Who Supervise Residents if in Isolation
 - c. Mental Health Staff
3. On-site review of housing areas specifically looking at isolation rooms and observing any residents in isolation

Findings (By Subsection):

Subsection (a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342: The Agency reports in the PAQ that in the past 12 months, they have had no residents alleged to have suffered sexual abuse who were placed in isolation. Jefferson County Juvenile Probation Department Policy 12.5 pages 2-7 and Policy 11.4 allows residents who are determined to be at risk for abuse or sexual victimization to be protectively isolated as a last resort when less restrictive measures are inadequate to ensure safety. During the on-site review, the Auditor observed no use of seclusion. The use of isolation is also tightly regulated by TJJD Chapter 343. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews. Onsite evidence of practices compliant with standard were identified through Policy, Interviews and Facility Review.

Corrective Action: None.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12
2. Training records for Investigative Staff
3. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
 - c. Investigative Staff
4. Coordinated Response Plan

Findings (By Subsection):

Subsection (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports:

The Agency conducts administrative investigations but all criminal investigations are conducted by County Sheriff's Office. All investigations are initiated immediately regardless of if it is received in verbal, written, from outside sources or a third-party or anonymous report. Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 requires that in administrative investigations, staff will investigate promptly, thoroughly, and objectively all allegations of sexual abuse, sexual harassment, and retaliation. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334: Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 requires all investigative staff shall be trained in conducting sexual abuse investigations in confinement settings. All agency investigators have received special training in sexual abuse investigations involving juvenile victims as required by §115.334. Training records and interviews with investigative staff confirm they have had this special training. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator: Agency investigative staff does not collect any physical DNA evidence; the County Sheriff's Department is responsible for all forensic evidence collection. The Agency follows their Coordinated Response Plan related to protecting and preserving the crime scene and any potential forensic evidence. Agency investigators do the administrative investigation and gather relevant witness statements, etc... in cooperation with both the County Sheriff's Office criminal investigation and the TJJD administrative investigation. All three investigations typically are occurring simultaneously. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation: Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 prohibits an investigation from being terminated solely because the source of the allegation recants. The interview with the lead facility investigator corroborated this policy is followed in practice. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution: Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 and the Coordinated Response Plan requires that the investigator must consult with the local prosecutor prior to conducting compelled interviews. The interview with the Agency Head and PREA Coordinator's Supervisor supported this. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (f) 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. No agency shall 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: Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 match the requirements of this subsection regarding determining the credibility of an alleged victim and the prohibition on utilizing a polygraph test or other truth detecting device. The interview with the Agency Head and PREA Coordinator's Supervisor (both complete Administrative Investigations) corroborated this policy is followed in practice. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (g) Administrative investigations: [(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings]: Jefferson County Juvenile Probation Department Policy 12.5, Policy 15.12 tracks the requirements of this section related to determining whether staff actions or failures to act contributed to the abuse and the documentation that must be maintained. All Agency internal investigations must be forwarded to TJJD upon completion per Texas Administrative Code Chapter 358 standards as well as Agency Policy. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (h) 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 County Sheriff's Office conducts all criminal investigations for allegations of criminal activity in the facility. There have been no investigations to review; however interviews with the Agency Head, PREA Coordinator's Supervisor (both complete Administrative Investigations) Investigative staff indicate compliance with this standard. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution: Jefferson County Juvenile Probation Department Policy 12.5 and Policy 15.12 tracks the requirements of this section related to referring all cases of conduct that appears to be criminal to the prosecutor. The Agency is required by policy, TJJD rules, and Title 3 of the Texas Family Code to refer all criminal conduct to law enforcement. Law enforcement is responsible for sending all criminal cases to the criminal prosecutor for the county. Interviews with the Agency Head and PREA Coordinator's Supervisor confirm that in the past 12 months there have been no criminal cases referred for prosecution. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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: Jefferson County Juvenile Probation Department Policy 12.5 and Policy 15.12 the requirement of this section related to records retention and complies with this subsection. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the

determination that the Policy and Practice at the Agency and Facility are compliant with subsection. The Agency retains all records related to sexual abuse through the completion of investigation, incarceration, employment and for a minimum of 5 years.

Subsection (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation: Jefferson County Juvenile Probation Department Policy 12.5 and Policy 15.12 provides that the departure of the alleged abuser or victim shall not provide a basis for terminating an investigation. The Auditor interviewed the lead investigator who indicated that the investigation would continue despite these circumstances. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements: Both the Agency and TJJD conducts state administrative investigations in juvenile facilities and follows the requirements of this standard. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation: Jefferson County Juvenile Probation Department Policy 12.5 and Policy 15.12 the agency to cooperate with all outside investigators which in their case are normally the County Sheriff's Office and the Texas Juvenile Justice Department. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. The Agency Investigator works closely with law enforcement to remain informed and to ensure that the investigation progresses in its efforts to reach a finding.

Corrective Action: None.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 15.12 page 4
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated: Jefferson County Juvenile Probation Department Policy 15.12 page 4 prohibits the Agency from imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment have occurred. The Auditor interviewed the Agency Head and PREA Coordinators Supervisor who indicated that the standard used is preponderance of the evidence. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Agency Administrative Investigators work cooperatively with Law Enforcement to ensure that no standard higher than the preponderance of evidence is used to substantiate an allegation. All evidence provided indicates compliance.

Corrective Action: None.

Standard 115.373 Reporting to residents

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 15.12 page 1-5
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded: Jefferson County Juvenile Probation Department Policy 15.12 page 1-5 requires resident notification following an investigation into an allegation of sexual abuse. Interviews completed with the Agency Head, PREA Coordinator and Case Manager who are all members of the PREA Incident Review Team all indicated this was policy but there have been no allegations in more than 36 months. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection as all indicate that all relevant information would be provided to the resident.

Subsection (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident: Interviews with the Agency Head and PREA Coordinator's Supervisor indicate that there have been no investigations of alleged resident sexual abuse in the facility in more than 36 months; therefore, there have been no notifications to residents. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection as all indicate that all relevant information would be provided to the resident.

Subsection (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever [(1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility]: Jefferson County Juvenile Probation Department Policy 15.12 page 1-5 details the required notifications pursuant to this subsection of the PREA standards. Based on the evidence provided through Policy, Training Records, Response Plan and Interviews the determination that the Policy and Practice at the Agency and Facility. Residents would be informed of each of the four outcomes and updated on the on-going progress of the investigation or finds based on policy and interviews reviewed onsite.

Subsection (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: [(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility]: Jefferson County Juvenile Probation Department

Policy 15.12 page 1-5 details the required notifications pursuant to this subsection of the PREA standards. Policy and interviews indicate this practice would be followed as both indicate that the resident who made the allegation would be informed per subsection d.

Subsection (e) All such notifications or attempted notifications shall be documented: Jefferson County Juvenile Probation Department Policy 15.12 page 1-5 requires that all notifications be documented and a copy placed in the resident's file. Interviews and review of files indicate that documentation is consistently maintained on other reports not related to sexual abuse or sexual harassment inside the facility as there have been no such allegations; however, evidence indicates the consistency or documentation if the abuse occurred prior to placement. Policy and interviews indicate this practice would be followed and all notifications are required to be documented with time and date.

Subsection (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody: Policy 15.12 indicates that subsection f would be followed according to the requirements; interviews confirmed that the obligation to report would end if the resident was released from custody.

Corrective Action: None.

Standard 115.376 Disciplinary sanctions for staff

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 7-8
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
3. TAC 345.310(F) (Code of Ethics) and TAC 345.310.

Findings (By Subsection):

Subsection (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies: Jefferson County Juvenile Probation Department Policy 12.5 pages 7-8 provides that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment and retaliation policies. TAC 345.310 also indicates no limitation on disciplinary action for sexual abuse up to including termination. Interviews with the Agency Head and PREA Coordinator's Supervisor supported that this policy would be implemented and termination was the presumptive action. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse: Jefferson County Juvenile Probation Department Policy 12.5 pages 7-8 provides that if an allegation of sexual abuse of a resident by an employee is substantiated, that employee shall be terminated. Interviews with the Agency Head and PREA Coordinator's Supervisor indicate that there have been no staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) Disciplinary sanctions for violations of agency 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: Jefferson County Juvenile Probation Department Policy 12.5 pages 7-8 provides that discipline is given based upon the requirements of this subsection and is commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. Interviews with the Agency Head and PREA Coordinator's Supervisor indicate that there have been no staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) 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, shall be reported to law enforcement agencies, unless

the activity was clearly not criminal, and to any relevant licensing bodies: Jefferson County Juvenile Probation Department Policy 12.5 pages 7-8 provides that all conduct that could be criminal is reported to local law enforcement and the state (TJJD) for investigation. Interviews with the Agency Head and PREA Coordinator's Supervisor indicate that there have been no staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 8 and 9
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies: Jefferson County Juvenile Probation Department Policy 12.5 pages 8 and 9 provides that any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents. Potentially criminal conduct must be reported to County Sheriff's Office and TJJD. Interviews with the Agency Head and PREA Coordinator's Supervisor indicate that there have been no Volunteers or Contractors at the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer: Jefferson County Juvenile Probation Department Policy 12.5 pages 8 and 9 requires the agency to take appropriate remedial measures and to consider whether to prohibit further contact with residents based on the conduct as required by this subsection. Interviews with the Agency Head and the PREA Coordinator's Supervisor indicate that there have been no Volunteers or Contractors at the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced. Based on the evidence provided through Policy, Training Records, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11
2. Resident Handbook
3. TAC 358, 343
4. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
 - c. Random Staff
 - d. Mental Health Staff

Findings (By Subsection):

Subsection (a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process when there is an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual abuse. Interviews with the Agency Head, PREA Coordinator's Supervisor, Random Staff and Mental Health Staff all indicated that there have been no allegations of resident on resident sexual abuse or sexual harassment in the past 12 months. There have been no criminal findings. Based on the evidence provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Residents are made aware of this during education and that all sexual contact may result in disciplinary or criminal review and response based on the outcome of the investigation.

Subsection (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. The Resident Handbook details the disciplinary process and categorize conduct into major rule violations and minor rule infractions and specify the consequences of these violations. Disciplinary sanctions are regulated by TJJD's administrative rules contained in Chapter 343. Agency Policy states that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive regular visits from a medical or mental health care worker. Residents shall also have access to other programs and work opportunities. Based on the evidence

provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 provides that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Interviews with the Agency Head, PREA Coordinator's Supervisor, and Mental Health Staff all indicated this policy would be followed. Based on the evidence provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) 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. The agency 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 to access to general programming or education: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 addresses the requirements of this subsection regarding offering residents of the Facility therapy, counseling or other interventions as part of discipline. Policy prohibits the agency from requiring participation as a condition of access to general programming but it may be required as a condition of access to any reward-based behavior management system or other behavior-based incentives. Interviews with mental health staff indicate the practice is compliant with this subsection. Based on the evidence provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Interview with the mental health provider at the Facility verified credentials and licensure to provide these services.

Subsection (e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 permits a resident to be disciplined for sexual contact with a staff member if the staff member did not consent to such contact. Based on the evidence provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Residents are made aware of this during education and that all sexual contact may result in disciplinary or criminal review and response based on the outcomes of the Investigation.

Subsection (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 provides that a report of sexual abuse made in good faith shall not constitute a false report even if the investigation does not establish evidence sufficient to substantiate the allegation. Based on the evidence provided through Policy, Resident Handbook and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced: Jefferson County Juvenile Probation Department Policy 12.5 pages 10-11 prohibits all sexual activity between residents in the facility and allows the facility to discipline violators in accordance with the resident discipline plan. While prohibited, if such activity is determined after investigation that the sexual activity was not coerced disciplinary action will be taken; however this behavior would not be identified as sexual abuse between residents. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 16.2 pages 1-3
2. Interviews with the following:
 - a. Staff Responsible for Risk Screening
 - b. Mental Health Staff
 - c. Agency Head
 - d. PREA Coordinator's Supervisor
4. Resident Intake Form
3. On-site review of housing areas specifically looking at intake area and where resident files are stored to determine security of records

Findings (By Subsection):

Subsection (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, 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: Jefferson County Juvenile Probation Department Policy 16.2 pages 1-3 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses prior sexual victimization at the intake screening process. Resident Files and Intake Forms are filed securely; upon review two current residents had reported prior abuse. Their referral to mental health services for follow-up within 14 days was verified with Mental Health Staff who indicated that every youth was offered individual counseling once per week and that 4 days per week there were mental health staff on site for services as needed or requested. Interviews with Staff responsible for risk screening, the PREA Coordinator's Supervisor indicated that if a resident enters the facility are reports abuse occurred outside of any Facility they report following the state guidelines for mandatory reporting, determine if forensic evidence may still be available, schedule medical services immediately, and mental health services. This was verified based on the Policy, records and interviews. The facility utilizes a referral form for medical and mental health referrals for youth that documents to whom the resident is referred and the reasons for the referral, including whether it is a PREA related incident. Policy, Interviews, Intake Forms, Risk Screenings and Referrals all indicate that no youth had reported any PREA related incidents or prior abuse; however, those who had reported any sexual abuse history were seen by mental health services and if the incident was previously not reported the Facility reported and followed protocols established by the Agency's Policy. Based on the evidence provided through Policy, Resident Forms, Onsite Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Mental Health interview with the Licensed Professional Counselor found upon review of certifications that this staff was licensed to provide treatment for sex offenders and victims of sexual abuse.

Subsection (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening: Jefferson County Juvenile Probation Department Policy 16.2 pages 1-3 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses at the intake screening process that the resident has previously perpetrated sexual abuse. Interviews with mental health provider and the PREA Coordinator's Supervisor indicated this policy would be

followed. Based on the evidence provided through Policy, Resident Forms, Onsite Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Mental Health interview with the Licensed Professional Counselor found upon review of certifications that this staff was licensed and certified to provide treatment for sex offenders and victims of sexual abuse.

Subsection (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law: Jefferson County Juvenile Probation Department Policy 16.2 pages 1-3 and Policy 12.5 provides that information gained at the intake screening is confidential and strictly limited to medical and mental health practitioners and other staff as required by their job function and responsibilities. During the on-site review of the physical plant, the Auditor was shown where resident files are securely located, requiring supervisory approval for access and only if for a legitimate business/facility purpose. Based on the evidence provided through Policy, Resident Forms, Onsite Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. All information regarding sexual victimization or abusiveness is secured and only utilized by authorized staff to ensure Resident safety and programming determinations.

Subsection (d) 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: Interviews with specialized staff indicated that these providers are aware of their responsibilities to report, informed consent and disclosure of the limits of confidentiality to residents. All Facility residents are under that age of 18 and the Facility provides services for ages 10 through 17. Interviews with the Agency Head and PREA Coordinator's Based on the evidence provided through Policy, Resident Forms, Onsite Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 6
2. Interviews with the following:
 - a. First Responders
 - b. Mental Health Staff
 - c. Agency Head
 - d. PREA Coordinator's Supervisor
3. Coordinated Response Plan

Findings (By Subsection):

Subsection (a) Resident victims of sexual abuse shall 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: Jefferson County Juvenile Probation Department Policy 12.5 page 6 and the Coordinated Response Plan demonstrates compliance with this subsection. Interviews with two mental health providers, First Responders, Agency Head and PREA Coordinator's Supervisor indicate a victim would receive the medical and mental health care services required by this subsection. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Based on the evidence provided there are emergency mental health staff on-call. Access is not impeded as all evidence indicates that the Resident would be immediately taken to the emergency room and have immediate access to mental health services through the RSCCST or the Licensed Professional Counselor for the Facility.

Subsection (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners: Interviews with first responders and PREA Coordinator's Supervisor indicate the practice of the facility is compliant with this subsection. The victim will be protected as will the crime scene until the police and necessary medical personnel arrive on site or until the victim is transported. Only emergency medical first aid is provided at the Facility if necessary for the health and well-being of a victim. This is also stated in the Coordinated Response Plan. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate: Jefferson County Juvenile Probation Department Policy 12.5 page 6 provides that a victim will be offered timely access to medical treatment and testing in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception. The policy does not mention sexually transmitted infections prophylaxis; interviews with the Agency Head and PREA Coordinator's Supervisor supported that this policy would be followed. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) 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: Jefferson County Juvenile Probation Department Policy 12.5 page 6 provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation. Based on the evidence provided through Policy, Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Interview with the Mental Health Provider at the Facility indicated compliance with this subsection as well.

Corrective Action: None

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 9-10
2. Interviews with the following:
 - a. Mental Health Staff
 - b. Agency Head
 - c. PREA Coordinator's Supervisor
3. Resident File Review

Findings (By Subsection):

Subsection (a) The facility shall 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: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 to provide specialized medical and mental health services to any resident who has been the victim and/or the perpetrator of sexual abuse whether in the facility or prior to his or her confinement. Resident File Review has had no incidents of sexual abuse in the past 12 months; therefore, the Auditor had no medical records to review related to the provision of services as required by this standard. Records indicated that two residents had past sexual abuse histories but the incidents of abuse outside of the facility were not within the past 12 months. Interviews with Mental Health Staff and the PREA Coordinator's Supervisor indicated that these two residents had received Mental Health Services. Interviews with the Agency Head and PREA Coordinator's Supervisor indicated that the Facility would implement the Policy as stated. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. The Facility has the onsite capability as it employs a Licensed Professional Counselor who is licensed with specialized training specifically focusing on the treatment of sexual abuse victims and abusers.

Subsection (b) 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: Interviews with the PREA Coordinator's Supervisor and mental health staff indicate victims would be provided with appropriate levels of services as required by this subsection. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Mental Health staff provided evidence of treatment planning and services available upon release from the Facility. Release and placement arrangements are often determined by the courts. Services are always made available for residents through partnerships or Agency resources to continue care. Placements are identified as a result of mental health assessment and treatment and are a determining factor in the long term care of the resident.

Subsection (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that victims will be provided medical and mental health services that are determined by medical and mental health practitioners to be necessary according to their professional judgement; Christus Southeast Texas Health Center (CSTHC) is the predominant care facility in the community and policy states victims would be taken here for services. Interviews and Resident File Review indicated

that mental health professionals were onsite and available to youth four days per week and on-call. The Agency maintains contractual service providers for placement and employs a Licensed Professional Counselor who provides treatment services for victims and abusers. Policy, Interviews and Resident File Review indicated that ongoing medical and mental health services were provided regularly. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Based on the qualifications, licensing, and certifications of the mental health provider and contract facilities it is evident that services would be consistent with the community level of care, if not surpassed. Law Enforcement would take alleged victims for forensic exams to a SANE Nurse that is equal to the community level of care based on Policy, practices, review of community access to SANE Nurses, interviews with Agency and Facility Staff, and documented correspondence with law enforcement by the PREA Coordinator.

Subsection (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that female victims that have been sexually abused while incarcerated will be offered pregnancy testing. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that if a victim of sexual abuse while incarcerated becomes pregnant, the victim shall receive timely and comprehensive information and access to all lawful pregnancy. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that victims of sexual abuse while incarcerated shall be provided testing for sexually transmitted infections as medically appropriate. Based on the evidence provided through Policy and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (g) 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: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. The Facility has the onsite capability as it maintains a Licensed Professional Counselor who is licensed with specialized training specifically focusing on the treatment of sexual abuse victims and abusers.

Subsection (h) 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: Jefferson County Juvenile Probation Department Policy 12.5 page 9-10 provides that facility shall attempt to conduct a mental health evaluation of a resident-on-resident abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. Interviews with mental health staff indicate this would be the practice if this situation occurred. Based on the evidence provided through Policy, Resident File Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. The Facility has the onsite capability as it employs a Licensed Professional Counselor who is licensed with specialized training specifically focusing on the treatment of sexual abuse victims and abusers.

Corrective Action: None.

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5 page 8
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator's Supervisor
3. Coordinated Response Plan

Findings (By Subsection):

Subsection (a) The facility shall 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: Jefferson County Juvenile Probation Department Policy 12.5 page 8 requires the Facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The Agency reported there had been no allegations in the past 12 months. Interviews with the Agency Head and PREA Coordinator's Supervisor confirmed that there had been no allegations of sexual abuse or sexual harassment in the past 12 months. Based on the evidence provided through Policy, Coordinated Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation: Jefferson County Juvenile Probation Department Policy 12.5 page 8 requires the review to ordinarily occur within 30 days of the conclusion of the investigation. Interviews with facility administrators indicate that this is the practice of the facility to adhere to the 30 day time requirement. While there have been no incidents to review, based on the evidence provided through Policy, Coordinated Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners: Jefferson County Juvenile Probation Department Policy 12.5 page 8 details the composition of the review team which includes the Agency Head, PREA Coordinator, Case Manager and Mental Health Provider with input from facility supervisors, assigned investigator(s), and medical or mental health practitioners. Based on the evidence provided through Policy, Coordinated Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) The review team shall: [(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare

a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager]: Jefferson County Juvenile Probation Department Policy 12.5 page 8 details all the items that the review team must consider when conducting the review; which match Subsection d. Policy is compliant with the standard requirements. Interviews with Agency Head and PREA Coordinator's that the Policy has been developed to ensure the practice require the report to be submitted to the Agency Head and PREA Coordinator. The Coordinated Response indicates compliance and supports the Policy. Based on the evidence provided through Policy, Coordinated Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. While the Review Team has not had to review any incidents at this time; policy and interviews indicate compliance.

Subsection (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so: Jefferson County Juvenile Probation Department Policy 12.5 page 8 requires the facility to implement the recommendations for improvement or document why they did not do so. Interviews with the Agency Head and PREA Coordinator's Supervisor indicate this policy would be followed; however there have been no PREA related incidents to review in the past 12 months. Based on the evidence provided through Policy, Coordinated Response Plan, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None.

Standard 115.387 Data collection

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://co.jefferson.tx.us/Juvenile/PREA-YearoverYearAnalysis.pdf>

Findings (By Subsection):

Subsection (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions: Jefferson County Juvenile Probation Department Policy 12.5 requires the facility to collect accurate and uniform data for every allegation of sexual abuse that occurs in the Agency. These data were verified on the Agency's Website during the onsite review. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. These data were reviewed onsite and on the Agency's Website.

Subsection (b) The agency shall aggregate the incident-based sexual abuse data at least annually: Jefferson County Juvenile Probation Department Policy 12.5 requires the Agency to aggregate annually all sexual abuse incident data. These data were verified on the Agency's Website during the onsite review. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. These data were reviewed onsite and on the Agency's Website.

Subsection (c) The incident-based data collected shall include, 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: Jefferson County Juvenile Probation Department Policy 12.5 details the types of data to be collected and it is, at a minimum, the data necessary to complete the *Survey of Sexual Violence* conducted by the Department of Justice and the Bureau of Justice Statistics. These data were verified on the Agency's Website during the onsite review. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. These data were reviewed onsite and on the Agency's Website.

Subsection (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews: Jefferson County Juvenile Probation Department Policy 12.521 requires the facility to maintain, review and collect data as required by this subsection. These data were verified on the Agency's Website during the onsite review. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents: Jefferson County Juvenile Probation Department Policy 12.5 requires the agency to collect incident-based aggregate data from all private facilities to which the department contracts for the placement of juveniles. This data was viewed on the Agency's Website. Based on the evidence provided through Policy, SSV, Website

Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection. These data were reviewed onsite and on the Agency's Website.

Subsection (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30: Jefferson County Juvenile Probation Department Policy 12.5 requires the Agency to provide all data from the previous calendar year to the Department of Justice no later than June 30th of each year upon request. The Agency presented the 2015 SSV and posted these same data with 2013 and 2014 data on the Agency's website. This was verified at the time of the onsite review. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.388 Data review for corrective action

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://co.jefferson.tx.us/Juvenile/PREA-YearoverYearAnalysis.pdf>
4. Interview:
 - a. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) The agency shall 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: [(1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole]: Jefferson County Juvenile Probation Department Policy 12.5 requires the agency to review data collected and aggregated as detailed in this subsection. Policy is compliant with the standard; however as there were no incidents to review in the past 36 months there is not corrective action included in the data reported. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse: Jefferson County Juvenile Probation Department Policy 12.5 requires the annual report include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. Data for the past 36 months is available on the agency's website; however there have been no allegations at the Facility in 36 months for sexual abuse or sexual harassment for comparison. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) The agency's report shall be 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: Jefferson County Juvenile Probation Department Policy 12.5 requires the annual report to be approved by the Agency Head and made available to the public on the department's website. These data were confirmed to be available on the Agency's website. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted: Jefferson County Juvenile Probation Department Policy 12.5 authorizes the agency to redact certain information as authorized by the standard. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence Reviewed (documents, interviews, site review):

1. Jefferson County Juvenile Probation Department Policy 12.5
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://co.jefferson.tx.us/Juvenile/PREA-YearoverYearAnalysis.pdf>
4. Interview:
 - a. PREA Coordinator's Supervisor

Findings (By Subsection):

Subsection (a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained: Jefferson County Juvenile Probation Department Policy 12.5 requires all sexual abuse and sexual harassment data collected shall be securely retained by the Agency. Data is securely retained in practice. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (b) The agency 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: Jefferson County Juvenile Probation Department Policy 12.5 requires the Agency to annually make all aggregated sexual abuse data from the facility and private contracted facilities readily available to the public through the department's website. These data were present on the website. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers: Jefferson County Juvenile Probation Department Policy 12.5 requires the facility to remove all personal identifiers on the data before making the aggregated sexual abuse data publically available. These data were present on the website. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Subsection (d) The agency 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: Jefferson County Juvenile Probation Department Policy 12.5 requires the agency to maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection. Interviews with the Agency Head and PREA Coordinator's Supervisor indicated these records were stored in compliance with the policy. Based on the evidence provided through Policy, SSV, Website Review, and Interviews the determination that the Policy and Practice at the Agency and Facility are compliant with subsection.

Corrective Action: None

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature – Joel Whitt M.A.

Date
10/05/2016