

PREA Facility Audit Report: Final

Name of Facility: Midland County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 11/06/2019

Date Final Report Submitted: 04/29/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Randy Turner	Date of Signature: 04/29/2020

AUDITOR INFORMATION	
Auditor name:	Turner, Randy
Address:	
Email:	srandyturner.1952@gmail.com
Telephone number:	
Start Date of On-Site Audit:	08/27/2019
End Date of On-Site Audit:	08/29/2019

FACILITY INFORMATION	
Facility name:	Midland County Juvenile Detention Center
Facility physical address:	3800 North Lamesa Road, Midland, Texas - 79705
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Cathey Chavez
Email Address:	CChavez@mcounty.com
Telephone Number:	4326884541

Superintendent/Director/Administrator	
Name:	Forest Hanna
Email Address:	FHanna@mcounty.com
Telephone Number:	4326884556

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

Facility Characteristics	
Designed facility capacity:	28
Current population of facility:	17
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	10-17
Facility security levels/resident custody levels:	n/a
Number of staff currently employed at the facility who may have contact with residents:	25
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Midland County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	3800 North Lamesa Road, Midland , Texas - 79705
Mailing Address:	
Telephone number:	4326884540

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

Agency-Wide PREA Coordinator Information			
Name:	Cathy Chavez	Email Address:	cchavez@mcounty.com

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) audit of the Midland County Juvenile Detention Center (MCJDC), also known as the Barbara Culver Juvenile Justice Center, located in the city of Midland, Texas, was initiated on July 11, 2019, by Randy Turner, SRT Consulting & Management Services, LLC, Fort Worth, Texas. The auditor is a U.S. Department of Justice certified PREA Auditor (probationary) specifically for juvenile facilities. The facility is operated by the Midland County Juvenile Probation Department, and is under the jurisdiction of the Midland County Juvenile Board who must annually authorize the facility as suitable for the detention of juvenile offenders. The facility is audited annually by the Texas Juvenile Justice Department, the state agency designated under the Texas Family Code to promulgate minimum standards. The facility operates and is classified as a juvenile pre-adjudication facility, more commonly referred to as a juvenile detention center. Further, Texas Administrative Code Title 37, Chapter 343, titled "Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities" provides the specific standards by which the facility is to be operated, as well as the services and programs that must be provided to youth while being detained.

The pre-onsite portion of the audit began on July 15, 2019, via a conference call with the Facility Administrator who also serves as the PREA Coordinator and a Team Leader who assisted with gathering required documents, data, and other related information for the audit process. The Auditor provided information concerning the audit process, reinforced that the audit will utilize a "practice-based" methodology, and ensured that the Facility Administrator/PREA Coordinator was comfortable utilizing the On-Line Automated System (OAS). Further discussion took place to (1) clarify the documentation that would need to be included in the OAS; (2) review a process for the facility to contact the Auditor if there were questions or concerns throughout the pre-onsite portion of the audit; (3) agree to conduct, at a minimum, a weekly conference call to review progress, address questions or concerns; and, (4) tentatively plan for how the on-site portion of the audit would be conducted. The Auditor provided the notices of the audit by email on July 15, 2019, with recommendations as to where they should be posted. The audit notices were prepared by the Auditor using 14-18 size font and bolded; and, notices were provided in both English and Spanish languages. The facility posted the notices on a bright yellow paper to call attention to the documents, on July 16, 2019, six-weeks prior to the scheduled on-site audit date of August 27-29. Posting of the notices was confirmed by pictures taken and emailed to the Auditor on the same day as the posting, and were placed where they could be easily seen and read, in the housing units, in the classroom hallway, in the intake area, in the visitation area, and in other major hallways where residents could easily view and obtain the Auditor's contact information.

Weekly calls took place for six weeks prior to the on-site audit, from July 15 through August 19, with one exception due to the Auditor's attendance at the Texas Probation Association Conference on August 5. The facility was delayed in gathering and uploading required documents due to a family emergency of the Facility Director/PREA Coordinator that required significant travel on several occasions during this time. This issue was discussed, and the Auditor was asked if the audit would need to be delayed. The

Auditor reviewed this with the individual who coordinated the “Early Intervention” process, and after discussion, it was understood that the audit can continue, with scheduling adjustments made to complete the necessary interviews for the Facility Administrator/PREA Coordinator, and identifying another individual to coordinate the on-site portion of the audit, if needed. This information was provided to the Facility Administrator/PREA Coordinator.

During the pre-onsite period, both phone and email contact was made with the Office of the Inspector General, Texas Juvenile Justice Department, to determine if there had been any reported incidents of sexual abuse or sexual harassment at the MCJDC for the previous three years. The Auditor received written information indicating that there had been no reported incidents during Fiscal Years 2016, 2017, and specifically during the period of July 2018 to July 2019. It was reported that there had been no allegations of sexual abuse by contact or by non-contact since 2012. In addition, the Auditor placed a phone call to a known contact at Just Detention to determine how to obtain information as to whether any allegations had been received by that agency or any of its affiliates. Upon making contact, Just Detention provided email confirmation that a review of their database indicated that the agency had not received any information concerning the MCJDC, and recommended the auditor contact the local rape crisis center. The auditor contacted the local rape crisis center and confirmed no allegations had been received.

The Pre-Audit Questionnaire was submitted by the facility on August 15, 2019. Upon receiving notice, the Auditor began to review all the policies, data, organizational charts, training documentation, interagency agreements, and all other supportive documentation provided by the facility in the completed Pre-Audit Questionnaire. After review, the Auditor provided an Issues Log to the facility, as well as documentation that will be needed upon arrival at the facility and a more detailed schedule for the on-site audit. Prior to the on-site audit, the Auditor did not receive any correspondence from youth or staff at the facility as a result of the posted notices. In conversation with the Facility Administrator/PREA Coordinator, the Auditor was assured that any correspondence that the youth wanted to send the Auditor would be handled as “legal mail” with no oversight or intrusion from staff. Any staff who wanted to forward information to the Auditor could do so through the public mail system without reporting to the facility or agency leadership.

The on-site portion of the audit was scheduled for August 27-29, 2019. Upon arrival, the Auditor met in an entrance conference with the Facility Administrator, Assistant Facility Administrator, and the Team Leader with designated responsibilities to provide support during the audit. The auditor reviewed the schedule for the on-site audit, reviewed documents that are needed to complete the audit, discussed a plan for interviewing youth and staff, and obtained information and documentation that were identified in the Issue Log. Information that was requested and received included:

- the resident log for both the facility from August 27, 2019, the first day of the on-site audit; staff were asked to identify youth for targeted interviews based on the interview guidelines;
- resident population logs with staff assigned from randomly selected dates from each month for the period July 2018 to June 2019;
- documentation on how information is gathered from new applicants, from applicants for promotions, and from employees under review concerning any previous sexual-related misconduct;
- contact name and agency of (1) appropriate law enforcement agency who conducts criminal investigations on allegations of sexual abuse; (2) community agency that provides advocacy and/or counseling services for victims of sexual abuse; (3) agency that provides a SAFE or SANE for forensic medical examination of abuse victims;
- randomly selected personnel and training files;
- randomly selected resident files;

- documentation on allegations of sexual abuse or sexual harassment that had occurred since the last PREA Audit in October 2016 (none reported);
- the personnel file of any staff member who had allegations made against him/her for sexual abuse or sexual harassment (none reported);
- training confirmation on staff identified as investigators;
- log on youth who provide notice of prior victimization at intake along with any other supportive documentation;
- list of volunteers and contractors who interact with residents on a regular basis;
- grievance logs;
- documentation of unannounced rounds; and,
- documentation on regular reviews of the staffing plan.

The Auditor was provided with space in a conference room as a secure and confidential staging location where files and documents were delivered for review, interviews with targeted and randomly selected staff took place, and internet and phone access provided.

The site review was conducted by the Facility Administrator/PREA Coordinator and the Team Leader immediately after the entrance conference. The Auditor was able to view ALL areas of the facility:

- the intake area including law enforcement entry where youth are initially admitted;
- the facility's control center with monitors;
- educational classes;
- all hallways and restrooms that are accessible to staff and youth;
- residential units, including the isolation unit, referred to as the "Max Unit";
- medical area;
- visitation area;
- storage closets, including electrical & mechanical closets;
- staff break room;
- offices for the administrative staff that also contained monitors to observe and review cameras and video tapes of daily activities;
- a court room utilized for detention hearings and other meetings, as needed;
- the outdoor recreation area; and,
- an area of the building that is no longer in use for residential or programming purposes.

The Auditor was provided a floor plan with designated camera locations, and was able to confirm the designated locations during the site review. The Auditor was able to observe the notices of the audit appropriately placed in all common areas where youth and staff could review, as well as posters with information concerning 1-800 numbers to report sexual abuse or sexual harassment, located throughout the facility in common areas and spaces particularly utilized by youth, i.e. residential units, classrooms, hallways, intake area. The Auditor was also able to observe the shower and toilet facilities in the residential units where youth are able to shower or utilize the toilet facilities one at a time and in privacy without direct observation of staff or other youth, and outside the view of cameras. A grievance box is located in the residential unit where residents can obtain a grievance without requesting from staff, and submit the grievance by placing it in a slot at the top of the box themselves, again without interaction or requesting permission from staff. The grievance box is locked, and grievances are retrieved by the Assistant Facility Administrator on a daily basis, or by a Shift Supervisor or other designee, whenever the Assistant Facility Administrator is off duty.

During the course of the site review, there were only 11 youth in the facility. Most were attending academic classes, then took a break for lunch while the site review was being conducted. The Auditor

was able to observe the youth in the classroom receiving instruction, and did not want to be disruptive of this important time and activity in the schedule. As the site review entered the housing unit, the Auditor learned that there is no separate kitchen and cafeteria where meals are prepared and served. Rather, meals are prepared and delivered three times a day from the County Jail in covered thermal plates to keep food as fresh as possible. The Auditor was able to informally speak briefly with the residents and staff as they were trying to serve the meals and get back to the academic classrooms on schedule. Residents were friendly and responsive to both the Auditor and the staff conducting the site-review. Staff were focused on getting the meals served in a timely manner, and were appropriately and effectively addressing the residents. The atmosphere and environment were controlled, yet pleasant as residents and staff were interacting and preparing to eat their lunch meal together. The Auditor was able to observe that staff-to-resident ratios were well within expectations, with three personnel working with the 11 youth. Staffing consisted of two females and one male.

In addition to the formal site review, the Auditor was able to observe a variety of activities during the on-site audit. The Auditor specifically requested an opportunity to observe the facility's process when youth(s) are being admitted to the facility upon referral from law enforcement. The facility received five (5) male youth at one time, so the Auditor was able to observe several activities during this process:

- pat down searches of all the male youth were conducted by male personnel upon initial arrival;
- staff effectively conducted the initial admissions process and orientation in a private area that included explanation of the facility's zero tolerance policy for sexual abuse and sexual harassment, inquiry into any history of victimization or perpetrating sexual abuse, as well as assessing the youths' potential for sexual victimization or assaultive behavior;
- the process that was used to have youth remove all clothing, while staff appropriately inquired into and assessed the youths' physical and emotional condition, and professionally completed a visual body search by having the youth to open his mouth and to hold up his genitals for staff to check for anything hidden, all completed without touching the youth and all completed by male staff; and,
- a female staff member entered the intake area to support and transport youth to the housing area once the admissions process was complete, and at no time did she observe or attempt to observe the male youth while in the shower and toilet room.

The entire process was managed and conducted professionally and effectively, with staff using supportive and non-aggressive language and tone with the youth.

In addition, while conducting interviews on the housing unit with youth, the auditor was able to observe staff managing youth movement, gender appropriate supervision of youth, and compliance with staff:resident ratios of no less than one staff member for every 8 youth. The population fluctuated from a total of 11 upon arrival and the beginning of the on-site audit, then 8 youth admitted and 5 released on the first and second day of the audit, and at all times, the facility was never out of compliance with required ratios. It was noted, and will be discussed in greater detail within the review of Standard 115.315(d), the Auditor only occasionally heard staff of the opposite gender entering the housing units and announcing themselves entering the unit. This was identified as a potential issue and concern in the Auditor's conversations with the Facility Administrator/PREA Coordinator and the Agency Head prior to the on-site phase of the audit, so the Auditor paid particular attention to this while on-site.

After completing the site review, the Auditor was provided with private space for conducting interviews with staff. The Auditor first interviewed (1) the Agency Head who is referred to as the agency's Chief Juvenile Probation Officer, and (2) the Facility Administrator, who also serves as the agency/facility PREA Coordinator. The Auditor worked with the Facility Administrator/PREA Coordinator to identify the best times to interview the other required staff based on their work schedule, as well as to determine

appropriate times to interview randomly selected staff and residents so as not to interfere significantly with programming, staff schedules, and staff ratios. The Auditor provided the Facility Administrator/PREA Coordinator with a list of randomly selected personnel files and training files for auditing purposes, and a list of randomly selected staff that were selected for interviews. Upon receiving a list of the current population of the facility on the date the on-site phase of the audit began, the Auditor created a randomly selected list of residents for the purposes of reviewing their file and conducting an interview, including targeted resident interviews. Interviews were conducted, and as time allowed, the Auditor began to review personnel files, training records, resident files, grievance logs, and other requested records as listed above. The following processes were utilized to select specialized staff, randomly select security/direct care personnel and training files for review, select random staff for interview, select targeted residents for interviews, randomly select residents for interview, and randomly select resident files for review.

The facility staff consists of a total of 25 personnel:

1 Facility Administrator (designated as the PREA Coordinator);

1 Assistant Facility Administrator

4 Shift Supervisors

3 Team Leaders (assigned a variety of duties, including direct supervision of residents, administrative tasks such as managing volunteers; assisting with managing personnel records; assisting with managing documentation required under PREA Standards; assisting with documenting training; ordering supplies and materials)

16 Juvenile Corrections Officers (commonly referred to as JSO)/Direct Care

(NOTE: All 25 personnel are certified as Juvenile Corrections Officers through the Texas Juvenile Justice Department, so all are able to directly supervise residents as needed)

It is also noted that the Shift Supervisors and JSOs are divided into 4 teams with a Shift Supervisor and 4 JSOs assigned to each. These staff work 12-hour shifts, 7 AM to 7 PM, or 7 PM to 7 AM; and, there are 2 teams that work the 7 AM to 7PM shift, and 2 teams that work the 7 PM to 7 AM shift. This division provides coverage for seven days each week, with rotating days off. The Team Leaders work varying hours, typically more of a traditional work-day as they support the 2 administrators, and will adjust to assist with other activity and resident supervision requirements. With this arrangement, staff serve in multiple roles on a daily basis. The JSOs, Team Leaders, and Shift Supervisors can be called on at anytime to directly supervise residents; serve as the person conducting an intake, so completes the risk screening instrument and conducts orientation and education for new residents; serve as a first responder as security staff; and supervise residents in isolation. This directly impacted how the Auditor had to select staff for various interviews, and interview protocols for a variety of specialized staff were incorporated into interviews with randomly selected staff. Due to the small size of the facility and the limited number of facility and department staff, and confirmed by observations of the Auditor, staff in most positions serve in multiple capacities, based on the needs of the facility and the resident population.

Selection of Specialized Staff, Volunteers, Contractors. The Auditor reviewed the staffing list with the Agency Head/CJPO and the Facility Administrator/PREA Coordinator, and determined the following individuals should be interviewed:

Contract Administrator: Agency Head and Agency Head's Administrative Assistant

Intermediate or Higher-Level Staff (conduct announced rounds): Assistant Facility Administrator, Facility Administrator/PREA Coordinator, Agency Head/Chief Juvenile Probation officer

Medical Staff: Contracted Nurse (only one assigned)

Mental Health Staff: Deputy Director, a Licensed Professional Counselor (LPC), and supervises the

agency's LPC position that was recently filled by an individual who is still working on completion of certification; also interviewed Executive Director of the Midland Rape Crisis and Child Advocacy Center

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

Administrative (Human Resources) Staff: Assistant Facility Administrator, coordinates screening and hiring of new facility personnel, manages training and certification process

SANE/SAFE Staff: None, contacted community hospital and spoke to SANE employed at the hospital

Volunteers & Contractors: 2 randomly selected volunteers, Contract Nurse

Investigative Staff: Assistant Facility Administrator, Facility Administrator/PREA Coordinator; also interviewed the Section Sergeant of the Special Investigation Unit, Midland County Sheriff Department

Staff That Perform Screening for Risk of Victimization and Abusiveness: Covered with Randomly Selected Staff from JSOs, Team Leaders, and Shift Supervisors

Staff Who Supervise Residents in Isolation: Covered with Randomly Selected Staff from JSOs, Team Leaders, and Shift Supervisors, no specific staff assigned

Incident Review Team: Assistant Facility Administrator, Facility Administrator/PREA Coordinator

Designated Staff Member Charged with Monitoring Retaliation: Assistant Facility Administrator, Facility Administrator/PREA Coordinator

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

Intake Staff: Cover with Randomly Selected Staff from JSOs, Team Leaders, and Shift Supervisors, no specific staff assigned

Randomly Selected Staff for Interviews and Personnel/Training Files.

The Auditor received a listing of all agency personnel during the pre-on-site phase of the audit, with the Shift Supervisors and JCOs divided by shifts and teams. The Team Leaders are scheduled separately due to other assigned duties and responsibilities.

Personnel/Training Files: The Auditor randomly select files of 2 Shift Supervisors, one from a 7 AM to 7 PM shift and one from a 7 PM to 7 AM shift; and, files of 6 JCOs from each of the 4 teams, for a total of 8 records, or 35% of the total security staff.

Random Staff Interviews: The Auditor randomly selected 10 staff for interviews, selecting 2 Shift Supervisors, one from a 7 AM to 7 PM shift and one from a 7 PM to 7 AM shift; 2 Team Leaders who work with directly with residents and have other administrative duties as well, and work various hours based on the need of the facility; and 6 JCOs, with 3 each from a 7 AM to 7 PM shift and a 7 PM to 7 AM shift, and assigned to different teams, and included male and female staff. Initial selections had to be modified due to staff work schedules, one selected JCO being on vacation, and one leaving employment. 45% of the total security staff were interviewed.

The Auditor had planned and scheduled to complete all of these randomly selected interviews that encompassed several different interview protocols while on-site at the facility. However, due to time constraints and staff schedules, 7 interviews were conducted on-site and 3 were conducted by phone the week after the on-site phase of the audit.

All interviews with staff, both specialized staff and randomly selected staff, were conducted in the conference room or the court room where privacy was maintained at all times. There were minimal disruptions, and in most cases, staff were checking to see if the Auditor needed anything, and to update any pending activities that need to be completed. Staff appeared to be well prepared for the audit, and openly expressed that there are areas where they know they can continually improve. The Auditor appreciated the sense of collaboration to identify areas for improvement, with a goal to make improvements where needed, to ensure effective practices are in place that improve the safety of youth

and staff.

Though not employees of the facility, the Auditor also conducted an interview with the facility's nurse who works as a member of a medical team contracted by Midland County for the Adult Jail and Juvenile Detention Center. In addition to the on-site interviews that were conducted, post on-site phone interviews were conducted by the Auditor with two (2) volunteers who are regularly involved in activities at the facility; a certified SANE from the County's Midland Memorial Hospital; the Executive Director of the Midland Rape Crisis and Child Advocacy Center; and, the Section Sergeant of the Special Crimes Investigation Unit, Midland County Sheriff Department, who is responsible for criminal investigations at the facility.

Upon arrival for the on-site audit, the facility was housing eleven (11) residents, with 9 males and 2 females. Only one resident was identified for a targeted interview, specifically due to limited cognitive ability. The Facility Administrator/PREA Coordinator, working with the staff who conduct screenings and know the population well, could not identify any other youth who met the definition for a targeted interview as the on-site phase of the audit began. Based on this information, the Auditor planned to interview all 11 residents to best understand if standards are being met. As is typical in a juvenile detention setting, additional youth were admitted, including one female who identified herself as being lesbian, and several residents were released over the 3 days of the on-site audit as a result of detention hearings or other reasons, including the youth identified with limited cognitive ability. In order to complete the required number of resident interviews, the Auditor interviewed all 3 of the female residents, including a targeted interview with the female resident who identified as lesbian; 2 males who had a detention hearing scheduled and anticipated to be released on the second day of the on-site audit; and 5 other males randomly selected from the updated population roster after the detention hearings were completed. This selection process allowed the Auditor to interview youth who had been residing in the facility for various lengths of time as the roster is maintained from the earliest admission to the last admission. It is noted that the youth who was initially identified as having limited cognitive ability was released to a mental health facility on the first day of the on-site audit due to suicidal ideations. A total of 10 residents were interviewed.

Because the facility reported no allegations of sexual abuse or sexual harassment since the last PREA audit in 2016, and there were no reported incidents from the Office of the Inspector General, Texas Juvenile Justice Department, the Auditor also requested to review grievance logs for 2017, 2018, and year-to-date 2019, and found no indications or allegations of sexual abuse or sexual harassment. The Auditor also requested to review incident reports that are maintained separately from the resident files, including reports that are titled "Suicide Alert Referrals" and "Protective Isolation" reports. These reports are maintained in separate folders by year and month. The Auditor randomly reviewed reports from August 2018, January 2019, and May 2019, and found no indications or allegations of sexual abuse or sexual harassment.

An exit conference was conducted on the afternoon of the last day of the audit with the Facility Administrator/PREA Coordinator and the same Team Leader as participated in the entrance conference. The Auditor reviewed information that was unclear during the on-site audit, and agreement was made concerning additional documentation that is needed to complete the audit process, with an expectation that this documentation will be provided to the Auditor by email. The Auditor requested of the Facility Administrator/PREA Coordinator that notices remain posted for the period until the Auditor submits an audit report, whether an interim report or a final report, and it is received by the facility. The Facility Administrator acknowledged that the facility will comply with this request. As of the date of this report, the

Auditor has not received any correspondence in a privately managed business post office box from any youth or staff from the facility.

AUDIT FINDINGS

Facility Characteristics:

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

The Midland County Juvenile Detention Center (MCJDC), also known as the Barbara Culver Juvenile Justice Center, is operated and managed by the Midland County Juvenile Probation Department, under the leadership of the County's Chief Juvenile Probation Officer, and is located at 3800 North Lamesa Road, Midland, Texas, 79705. The facility is registered with the Texas Juvenile Justice Department at a rated capacity of twenty-eight (28) beds, with twenty-four (24) single-occupancy beds divided evenly between two residential units. The remaining four (4) beds are located in a separate unit referred to as the "Max" Unit where residents can be separated from the larger population.

Over the past 12 months, the MCJDC has admitted 394 youth. The majority of admissions are from Midland County, while the facility also serves a small number of residents referred by other counties in the west Texas region. On occasion, the facility will temporarily detain a youth who is under the jurisdiction of the Texas Juvenile Justice Department and who violates parole while in the community, has absconded, or is otherwise in need of placement in a secure setting pending further action by the state. The average daily population of the facility for the 12 months prior to the initiation of the current PREA audit has been thirteen (13) residents, with an average length of stay of nine (9) days. The age range of the population served is 10-17, in accordance with Texas law. For calendar year 2018, the last full year that statistics are available, the facility served 493 (75%) male residents & 168 (25%) female residents. By race, the facility served 56% Hispanic residents, 28% Black residents, 15% White residents, and, < 1% of other races.

The total number of staff for the facility is twenty-five (25). The facility is managed by a Facility Administrator (FA) with an Assistant Facility Administrator (AFA) to support all day-to-day operations and manage multiple administrative tasks. A total of sixteen (16) Juvenile Supervision Officers (JSO) are assigned by shifts to four (4) Shift Supervisors, with these teams providing direct supervision of residents and managing a multitude of tasks that include the admission process, providing orientation and general educational classes, serving meals, directly supervising and monitoring residents in all activities, etc. Shift Supervisors and Juvenile Supervision Officers work 12-hour shifts, from 7 AM to 7 PM or 7 PM to 7 AM daily. There are also three (3) Team Leaders who work a various hours based on needs of the facility, are assigned various administrative tasks to support the Administrators and Shift Supervisors, and are also trained as JSOs so they can be called on to work directly with the residents, as needed, to meet mandatory ratios, transport youth, or provide one-on-one supervision for a resident. All 25 staff complete required training to be certified as Juvenile Supervision Officers as required by the Texas Juvenile Justice Department.

The detention facility is located immediately adjacent to the Juvenile Probation Department, and is readily accessible to the Agency Head, other Department Administrators, and Probation Department personnel. The facility consists of two primary buildings, with a secure walkway between the buildings. One building is accessible to the Agency's offices by secure pass key, and consists of the educational classrooms, a computer lab, a courtroom that is utilized for detention hearings (other court hearings are held in another

county court house and youth are transported for the hearings), the intake area with secure sally port for law enforcement access, a waiting area for visitors, a non-contact visitation area, medical office and exam room, office space, multiple storage, janitorial, and mechanical rooms, restroom facilities, and the central control center (staff control the primary visitor entrance, sally port entrance for law enforcement personnel, movement through secure doors within the two buildings, and monitor cameras). There is also an area within this building that was historically used for residential purposes, but has been de-certified by the state. It is now used for storage purposes, and remains accessible to most, if not all, personnel.

Also located within this building is the Facility Administrator's (FA) and the Assistant Facility Administrator's (AFA) offices, along with office space for the Team Leaders who provide administrative and supervisory support as well as being able to directly supervise residents when needed, based on the facility's population and staffing requirements. Immediately adjacent to the FA and AFA offices is the "Max" unit with 4 single-occupancy rooms where residents are housed due to such situations as significant behavioral issues; a medical isolation for significant illness; a resident being identified as either extremely vulnerable to victimization or as a serious threat to the safety of other residents; or, a resident who is experiencing extreme emotional disturbance and closer monitoring, including one-on-one supervision, is required. This area has its own dayroom with activity space for the youth to participate in educational or recreational activities. The FA and AFA explain that having the unit immediately adjacent to their offices increases their ability to monitor the use of this space, and allows them to review progress and intervene whenever necessary. Also, within the FA's office, monitors are positioned for real-time view and historical review of all cameras in the facility, allowing the FA and AFA to monitor daily activities as well as easily review any incident that may occur.

The second building is the dedicated residential space, and is accessed from the main building by a secure, covered and fenced, outdoor walkway. The residential building consists of two units, with 12 single-occupancy rooms each, positioned along the perimeter of an open dayroom area for recreational activities, serving meals, and other leisure activities. Each individual room is equipped with a toilet and sink. Each 12-bed unit has a separate space where residents are able to shower and use toilet facilities one at a time, outside the view of staff and other youth, and outside the view of cameras. In one of the housing units, primarily used for female residents when there are females in the population, there is one room that was constructed as a "handicap room" with its own toilet facility, shower, and space to meet ADA requirements for a wheelchair-bound resident. Since there is rarely a time the facility is holding a resident that requires the use of the ADA room, this provides additional space for privacy for female residents to shower. Most of the time, male youth shower in the other housing unit. Based on a larger population, even if males shower in both housing units, this provides secure and safe separate shower and toileting facilities. If needed portable partitions are also used to provide further separation. A separate restroom is provided for staff use. Each unit also has its own laundry. In the middle of the two units is a secondary control room that is utilized during overnight hours. Staff continue to directly supervise, monitor, and view residents in their rooms during overnight hours.

The facility does not have a full kitchen and dining area. Meals are prepared off-site at the county jail and delivered to the facility. The meals are delivered through the facility's secure sally port, staff retrieve the meals in individual covered trays, and transport them to the residential unit. A small kitchen provides storage for milk, other beverages, snacks, utensils, etc. Youth eat meals in the dayroom area of the residential units.

Cameras have been strategically positioned throughout most vulnerable areas of the building. The Auditor was able to confirm the location of the cameras throughout the complex, and viewed activities

both from the control center and from the FA's office. All 4 single-occupancy rooms in the "Max" unit and one designated "suicide room" in one of the residential units is equipped with a camera. However, the control center does not have a view of the cameras in these rooms, only the monitors in the FA's office. In addition, the individual toilets are blocked from view by the cameras and are not displayed on monitors in the FA's office. Any time a resident is placed in these rooms, they are under the direct supervision of staff. The area described above as being de-certified for residential purposes has limited camera surveillance, with cameras at all secure entry doors to this area that are monitored by the control center. Staff have key access to this area that can provide access to a more remote area of the complex.

A variety of programming is provided to residents. Medical services on-site at the facility involve a medical screening that is provided daily by a Registered Nurse, and a Doctor is available on-site weekly, or as needed, for additional medical care. These services are provided by contract between the County and a private company that serves both the juvenile detention center and the County jail. Any medical care required beyond general screening, distributing prescribed or over-the-counter medications, or treating minor illnesses or injuries would be referred to the local County hospital, including requiring emergency care, forensic exam, or other more serious medical needs. Mental health services can be provided by an agency employee who is a Licensed Professional Counselor, and the agency contracts with two PhD level psychologist for assessment purposes, for evaluation of more acute care needs, as well as referral to a state or private mental health hospital facility. For other emergent or on-going mental health services, the facility can refer to the local mental health authority or the local County hospital. The facility can also access services specifically for residents who have a history of sexual abuse, or disclose any form of recent sexual abuse, through the Midland Rape Crisis and Child Advocacy Center.

The Midland ISD provides teachers, and classes are held in line with the ISD's schedule. A computer lab is available for instruction and use by the residents. A variety of local churches provide services and activities throughout the week that residents can voluntarily attend. Local social service and health agencies provide groups and educational classes on a regular basis, including activities provided by the Midland Rape Crisis and Child Advocacy Center. Families are able to visit with residents on weekends, and youth maintain additional contact through phone calls. Outdoor recreation space is provided, and residents are allowed daily access and use of outdoor space unless weather does not permit.

Overall, the facility was well-kept, and staff were observed interacting appropriately with residents at all times. Several residents expressed during interviews that they believe the facility is the safest place they have ever been, and they did not have any fear or concern that staff would be abusive toward themselves or other residents. Staff appeared to have a sense of comradery in their working relationships with each other, and expressed a commitment to safety for both residents and staff.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Standards Exceeded (1):

Training & Education

Resident Education: 115.333

Standards Met (30):

Prevention Planning

Residents with disabilities & residents who are limited English proficient: 115.316

Upgrades to facilities & technology: 115.318

Training & Education

Employee Training: 115.331

Screening for Risk of Sexual Victimization & Abusiveness

Obtaining information from residents: 115.341

Placement of residents in housing, bed, program, education, & work assignments: 115.342

Reporting

Resident reporting: 115.351

Exhaustion of administrative remedies: 115.352

Resident access to outside support services & legal representation: 115.353

Third party reporting: 115.354

Official Response Following a Resident Report

Staff & agency reporting duties: 115.361

Agency protection duties: 115.362

Reporting to other confinement facilities: 115.363

Staff first responder duties: 115.364

Coordinated response: 115.365

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

Agency protection against retaliation: 115.367

Post-allegation protective custody: 115.368

Investigations

Criminal & administrative agency investigations: 115.371

Evidentiary standard for administrative investigations: 115. 372

Reporting to residents: 115.373

Discipline

Disciplinary sanctions for staff: 115.376

Corrective action for contractors & volunteers: 115.377

Interventions & disciplinary actions for residents: 115.378

Medical & Mental Care

Medical & mental health screenings; history of sexual abuse: 115.381

Access to emergency medical & mental health services: 115.382

Ongoing medical & mental health care for sexual abuse victims & abusers: 115.383

Data Collection & Review

Sexual abuse incident reviews: 115.386

Data review for corrective action: 115.388

Data storage, publication, & destruction: 115.389

Auditing & Corrective Action

Frequency & scope of audits: 115.401

Standards Not Met (10):

PREVENTION PLANNING

Zero tolerance of sexual abuse & sexual harassment; PREA Coordinator: 115.311

Contracting with other entities for the confinement of residents: 115.312

Supervision & monitoring: 115.313

Limits to cross-gender viewing & searches: 115.315

Hiring & promotion decisions: 115.317

Summary of Corrective Actions Needed:

Facility needs to provide a definition for sexual abuse & sexual harassment in policy;

Agency/Facility needs to ensure contracts with other facilities utilized for the confinement of youth are required to meet PREA standards & are monitored;

Facility needs to enhance oversight & control of areas of building no longer in use;

Facility needs to enhance process & procedures for unannounced rounds, and for staff announcing themselves when entering opposite gender housing;

Facility needs to provide documentation reflecting a review of personnel for promotions & in performance evaluations, considering responses to 3 questions regarding any previous engagement in sexual abuse, conviction for engaging or attempting to engage in sexual activity, or if civilly or administratively found to have engaged in such behaviors.

TRAINING & EDUCATION

Volunteer & contractor training: 115.332
Specialized training: Investigations: 115.334
Specialized training: Medical & mental health care: 115.335

Summary of Corrective Actions Needed:

Facility needs to document in policy the training requirements for volunteers & contractors;
Facility needs to have designated investigators complete specialized training & provide documentation;
Facility needs to have designated mental health personnel complete specialize training & provide documentation.

DATA COLLECTION & REVIEW

Data collection: 115.387
Audit contents & findings: 115.403

Summary of Corrective Actions Needed:

Facility needs to collect incident-based and aggregated data from contracted facilities;
Facility needs to post the results of its last PREA Audit on its website, completed in October 2016, or otherwise provide the information publicly.

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• Exceeds Standard (Substantially exceeds requirement of standard)• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)• Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, page 6; Subsections A. Prevention, B. Detection, C. Response, pages 6-8; and, section entitled Sanctions for Participation in Sexual Abuse or Sexual Harassment, page 8. Youth Handbook. Various posters and information provided for youth to review located throughout the facility. Posters provided in visitation area for parents, guardians, attorneys, and other visitors. Handouts provided to parents, and available in the visitation area. Agency website, found at: https://www.co.midland.tx.us/163/Barbara-Culver-Juvenile-Center Midland County Juvenile Probation Department Organizational Chart.</p> <p>INTERVIEWS: Agency Director/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/CP) Agency Deputy Director Section Sergeant (SGT) from local LEA, Midland County Sheriff Department, Special Crimes Investigation Unit Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC)</p> <p>FINDINGS (by Subsection): Subsection (a-1): Policy in Chapter K, entitled Federal PREA Standard Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, page 6, addresses this provision. Policy clearly states that the facility has a zero tolerance for sexual abuse and sexual harassment in its facility and programs; information concerning the policy will be provided through posters and other informational documents to youth and their parents, as well as on the agency’s website. During the site review, the Auditor was able to see the posters and review the youth handbook that reinforced the facility’s zero-tolerance policy for youth. In addition, the Auditor reviewed the information provided for parents in written form, provided in the facility’s lobby and visitation area. A review of the facility’s website revealed that the zero-tolerance policy is readily and easily accessible to families and the community.</p> <p>During interviews with the CJPO, the agency’s policy on zero-tolerance was addressed. The CJPO made it clear that compliance with this policy was an expectation of all staff working in the facility, as well as for those who serve as probation officers and other support staff within the department. In addition, the interview with the Detention Facility Administrator, who also serves as the PREA Coordinator for the facility/agency, indicated that zero-tolerance is addressed regularly with staff and youth through on-going staff training and youth education.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (a-2):</p>

Policy in Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311; subsections A. Prevention, B. Detection, C. Response; and, subsection entitled Sanctions for Participation in Sexual Abuse or Sexual Harassment, pages 6-8, address this provision. Policy outlines how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy and procedures addressing this provision includes, but is not limited to, the following:

- 1) designation of an upper-level PREA Coordinator with time & authority to meet expectations of the position;
- 2) the agency will complete a resident screening for potential victimization or aggression at intake;
- 3) same gender staff will always conduct pat-down and visual strip searches;
- 4) same gender staff will always supervise youth during showers, toileting or changing clothes;
- 5) agency/facility leadership will conduct unannounced rounds of the facility;
- 6) a hotline number is available for residents to make an outcry regarding sexual abuse or sexual harassment;
- 7) a grievance system is available to residents to report concerns directly to facility administrative staff;
- 8) victims are immediately removed from the presence of an alleged perpetrator;
- 9) an allegation of sexual abuse or harassment is investigated promptly & thoroughly;
- 10) mental health services will be provided to any victim of abuse at no cost; and,
- 11) any employee, intern, or volunteer who is found to have committed sexual abuse against any resident is subject to termination as well as possible criminal prosecution; or if found to have committed sexual harassment, to administrative sanctions as well as possible criminal prosecution.

The agency's website provides public information concerning how the facility will continuously work to prevent and detect any allegation of sexual abuse and sexual harassment, and how it will respond to any such allegation, through the policies and procedures as described above, as well as through staff training; resident orientation and education; maintaining appropriate staff-to-resident ratios; conducting criminal and other background checks on all employees, volunteers, interns, and contractors; utilizing appropriate technology to enhance and supplement supervision throughout the facility; reporting any allegations to required law enforcement and regulatory agencies; and, providing access for residents to community-based advocacy and support services, such as the Midland Rape Crisis and Child Advocacy Center.

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

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

Subsection (a)-3:

In the pre on-site audit phase, the FA/PC provided a response in the On-Line Audit Tool that

the facility's policy included definitions of prohibited behaviors regarding sexual abuse and sexual harassment. This information was said to be contained in the policy provided, specifically in Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311. Upon review, no definitions were found concerning prohibited behaviors.

While reviewing the Youth Handbook, the Auditor found appropriate definitions of both sexual abuse and sexual harassment. This information would be appropriate to be included in the relevant policy, as determined by the facility.

During the interview with the FA/PC, this item was addressed. At that time, no other policy could be identified for the Auditor that specifically provided appropriate definitions of sexual abuse or sexual harassment. The Auditor noted that the information contained in the Youth Handbook was relevant and appropriate to be included in the facility's policy. The FA/PC indicated that steps would be taken to include appropriate definitions in policy. Since completion of the on-site portion of the audit, the facility has provided documentation that it has developed appropriate policy for approval by the Midland County Juvenile Board when it meets to annually review facility policy in January 2020.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Develop policy that includes appropriate definitions of sexual abuse and sexual harassment, and ensure approval of the policy by the Midland County Juvenile Board.

Ensure staff are trained and acknowledge understanding of the new policy.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The PREA Coordinator/Facility Administrator has provided documentation reflecting that the definitions for sexual abuse and sexual harassment have been incorporated into Chapter K, Federal PREA Standards Compliance, of the Department policies. The Midland County Juvenile Board (Board) was scheduled to approve the policy in January 2020, and a Board member requested additional details on a number of policies, so the approval was not obtained at that time. A subsequent Board meeting was held, and the Board approved all PREA related policies required for compliance with PREA Standards. The updated policy is incorporated into regular staff training. As previously documented, It is noted that the Student Handbook has contained these definitions.

The facility is in compliance with this provision of the standard after taking appropriate corrective action.

Subsection (a)-4:

Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, page 6; Subsection entitled Sanctions for Participation in Sexual Abuse or Sexual Harassment, page 8, addresses this provision. Policy is clear concerning any employee, intern, or volunteer who is found to have been sexually abusive against a will be subject to termination and possible criminal prosecution; or in the case of sexual harassment against any resident, the individual will subject to administrative sanctions and possible criminal prosecution.

The facility reported in a response provided in the On-Line Audit Tool that there had not been any reports of alleged sexual abuse or sexual harassment. This information was confirmed through communication with the Texas Juvenile Justice Department/Office of the Inspector General and the Midland Rape Crisis and Child Advocacy Center. Because there has been no allegations or actual incidents, the Auditor has no documentation to review to determine if such actions have been taken in the past.

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

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

Subsection (a)-5:

Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, page 6; Subsection C. Response, page 8, addresses this provision. Staff are required to act immediately upon receiving any allegation of sexual abuse or sexual harassment, separating the alleged victim and the alleged perpetrator, and will be done in a manner favorable to the alleged victim. It is expected that allegations will be investigated promptly, thoroughly, and objectively, and the victim will be offered appropriate mental health support services.

In interview and on-going interaction with the FA/PC, it was further clarified that any allegation of sexual abuse that could potentially result in criminal prosecution would be immediately referred to the Midland County Sheriff Department for criminal investigation. The Auditor also interviewed the Section Sergeant (SGT), Midland County Sheriff Department, Special Crimes Investigation Unit, concerning the role the agency would play in the event of a sexual abuse allegation. The Section SGT confirmed that his office would be contacted in the event of any sexual abuse allegation, and he and/or his staff would conduct a criminal investigation. The Auditor also interviewed the Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC). The Executive Director indicated that through an MOU with the facility, the MRCCAC would provide initial screening and support, and would work collaboratively with the facility and the Sheriff Department to address any allegation of sexual abuse.

Because no allegations have been made over the past several years, documentation is not available to review to determine if the facility followed the policy and procedure as outlined. Based on information provided during these interviews, both the representative from the MRCCAC and the Sheriff Department indicated that the FA/PC, or a designee, participates in bi-monthly county "Child Protection Team" meetings. The facility's representative is very consistent and actively involved in meetings, and has been an excellent partner in the county-wide efforts to address the needs of children and youth, esp. regarding issues of abuse.

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

Subsection (b):

Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, Subsection entitled Designation of PREA Coordinator, page 8, addresses this provision. The CJPO has designated the Facility Administrator of the juvenile detention center as the PREA Coordinator.

The Facility Administrator is an upper-level agency position that reports directly to the CJPO, with oversight by the agency's Deputy Director in the absence of the Agency Head. The Deputy Director is also a licensed mental health provider, and as such, will have interactions with residents and staff as needed, to address mental health needs as they may occur, and consult with the Facility Administrator, as needed. In review of the Midland County Juvenile Probation Department Organizational Chart, the position of the Facility Administrator is designated as the PREA "Manager" instead of the PREA "Coordinator". The Auditor noted this designation to the FA/PC, and a recommendation was made to change this designation in the Organizational Chart to provide clarity of the role and expectations of the position of "Coordinator" versus "Manager". The Auditor has been provided with documentation reflecting that the recommended change has been made.

Policy also requires that the agency director designate a PREA Coordinator who will have sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA requirements and standards. There is only one facility operated by the agency, a juvenile detention center, and that facility is the subject of this current PREA audit. In interview with the FA/PC, it was reported that the designation as PREA Coordinator has been in place since preparations for the facility's initial audit on PREA Standards in 2016. The individual in the position has remained the same since that time. Further, it was reported that a Team Leader has been designated to assist and support the FA/PC to ensure that all activities and documentation related to the PREA standards are effectively addressed and maintained. The FA/PC indicated there is sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA requirements and standards. By serving in this role, the FA/PC indicated that implementation of the standards has further enhanced the overall safety of the facility, and supports the agency's goal to provide a safe and healthy environment in the detention center for all residents. Further, it was noted that this position ensures training is provided to all agency personnel on PREA standards and agency expectations related to the standards. The position works with the CJPO and the agency's Deputy Director to ensure compliance with the standards. Interviews with both the CJPO and the Deputy Director supported this role and expectation.

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

Subsection (c):

Chapter K, entitled Federal PREA Standards Compliance, Section III, Prevention Planning Policy, Sexual Misconduct Zero Tolerance Policy, 115.311, Subsection entitled Designation of PREA Coordinator, page 8, addresses this provision. The agency operates only one juvenile detention center with a rated capacity of 28 beds. The Agency Head designates a PREA Coordinator for the agency and facility, and no PREA Managers are designated.

The facility reported in its response provided in the On-Line Audit Tool that the facility has designated a PREA Manager. However, during interviews with both the CJPO and the FA/PC, it was clarified that only a PREA Coordinator is designated by the Agency Head. Further, the PREA Coordinator reports there is sufficient time to manage all efforts required to be in compliance with PREA standards, and a PREA Manager is not required at this time. No position is designated as a PREA Manager as defined in the standards on the agency's organizational chart. The FA/PC reports that with the assistance of a designated Team Leader to provide administrative support, all requirements can be managed.

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled Federal PREA Standards Compliance, section titled Contracting with Other Entities for the Confinement of Residents, pages 9-10. Existing contract with a confinement facility, expired August 31, 2019.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Agency Head’s Administrative Assistant/Contract Manager</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K, entitled Federal PREA Standards Compliance, section titled Contracting with Other Entities for the Confinement of Residents, pages 9-10, addresses this provision. Policy requires that in contracts with other agencies or facilities that provide for the confinement of residents under Midland County supervision, the contracted agency is required to adopt and comply with PREA standards, providing appropriate documentation of how it will comply, and agree to be monitored for compliance with the PREA standards.</p> <p>The facility reported in its response provided in the On-Line Audit Tool that the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, during interview with the CJPO, it was learned that the agency does contract with other juvenile detention centers in the state of Texas in the event that additional beds are required, and contracts with Texas-based secure residential placements for treatment services. These facilities are operated by both local county juvenile probation departments and by private vendors. These facilities are all required to be registered with and to meet minimum standards promulgated by the Texas Juvenile Justice Department. In addition, each of these facilities must be authorized annually as being suitable for the housing of youth by the local county Juvenile Board.</p> <p>In interview with the Agency Head’s Administrative Assistant, who assists the CJPO in managing contract services, it was reported that the incumbent has only been in the position for a short time, and steps are being taken to better manage all contracts. Uncertainty was expressed as to the exact number of current contractors who provide such services. A contract was provided for the Auditor to review that expired August 31, 2019. The contract did not contain the language regarding the adoption and compliance with PREA standards, the contractors plan to comply with PREA standards, or agreement to be monitored for compliance with PREA standards, as required in policy. The CJPO and the Administrative Assistant indicated that the required language will be incorporated for all contract renewals for the current fiscal year (September 1, 2019 to August 31, 2020).</p> <p>The facility reported in its response provided in the On-Line Audit Tool that the agency has 12 contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012 or since the last PREA</p>

audit. In conversation with the FA/PC during the on-site phase of the audit, it was learned that these contracts are with Texas county juvenile probation departments who place youth at the Midland County Juvenile Detention Center, not to place youth elsewhere. Further, the facility reported that the 12 contracts that DID NOT require contractors to adopt and comply with PREA standards. As noted above, these contracts are with Texas county juvenile probation departments who place youth at the Midland County Juvenile Detention Center, not to place youth elsewhere.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Update and execute all contracts for detention services and secure residential treatment services in compliance with agency policy and PREA standards, specifically, requiring that the contracted entity (1) adopt and comply with PREA standards, (2) provide documentation of its plan to comply with the PREA standards, and (3) agree to be monitored for compliance with the PREA standards.

Provide a copy of these contracts for FY 2020 (September 1, 2019 to August 31, 2020) for review by the Auditor.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The agency has provided documentation in contracts for FY 2020 with multiple facilities that contain the requirements as specified under this standard. The Auditor was able to review these documents and ensure appropriate language is included to require the facilities to comply with PREA Standards, an agreement to be monitored for compliance, and documentation indicating that the facilities have been audited and are in compliance with the Standards.

Based on the actions taken by the agency, the facility is in compliance with this provision of the standard.

Subsection (b):

Chapter K, entitled Federal PREA Standards Compliance, section titled Contracting with Other Entities for the Confinement of Residents, pages 9-10, addresses this provision. Policy is in place to require that the contracted agencies as discussed in Subsection (a) be monitored for compliance with PREA standards.

In the On-Line Audit System, the facility responded “No” regarding the statement “All of the above [as discussed in Subsection (a)] contracts require the agency to monitor the contractor's compliance with PREA standards”. From conversation with the FA/PC during the on-site phase of the audit, it was clarified that the contracts do not have language as required by the standard, and no monitoring has taken place. In addition, the facility responded “0” to the statement regarding the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor’s compliance with PREA Standards.

The requirements of this standard were discussed at length with the CJPO and the FA/PC. There is apparent confusion concerning what is required with this standard, and from what was reported, the individual previously managing the contracts did not effectively address the expectations in policy or the standard. The CJPO and the Administrative Assistant responsible for managing the contracts indicated that the required language will be incorporated for all contract renewals for the current fiscal year (September 1, 2019 to August 31, 2020).

The facility is not in compliance with the provisions of the standard. Corrective action is in line with what is provided in Subsection (a) above.

CORRECTIVE ACTION NEEDED:

Update and execute all contracts for detention services and secure residential treatment services in compliance with agency policy and PREA standards, specifically, requiring that the contracted entity (1) adopt and comply with PREA standards, (2) provide documentation of its plan to comply with the PREA standards, and (3) agree to be monitored for compliance with the PREA standards.

Provide a copy of these contracts for FY 2020 (September 1, 2019 to August 31, 2020) for review by the Auditor.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The agency has provided documentation in contracts for FY 2020 with multiple facilities that contain the requirements as specified under this standard. The Auditor was able to review these documents and ensure appropriate language is included to require the facilities to comply with PREA Standards, an agreement to be monitored for compliance, and documentation indicating that the facilities have been audited and are in compliance with the Standards.

Based on the actions taken by the agency, the facility is in compliance with this provision of the standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled Federal PREA Standards Compliance, Supervision and Monitoring Policy, 115.313. Midland County Juvenile Probation Department Organizational Chart. Safe House Staffing Plan. Floorplan of facility with designated locations of all cameras. Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, 2/1/18 Revision obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov).</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA)</p> <p>OBSERVATIONS: While conducting the site review during the on-site phase of the audit. During other on-site activities while conducting audit, i.e. observing intakes, conducting interviews with residents and staff within each facility, observing supervision during night-time hours.</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K, entitled Federal PREA Standards Compliance, Section III, Supervision and Monitoring Policy, 115.311, page 10, addresses this provision. Policy requires that a staffing plan is developed that provides for adequate staffing, and, where applicable, video monitoring, to protect residents against sexual abuse; and, the facility will comply with the plan except during exigent circumstances, documenting any deviations.</p> <p>In addition to the policy, the documented staffing plan, referred to as the “Safe House Staffing Plan”, provides additional guidance and documentation on how the plan will be specifically implemented to fully meet staffing levels on a daily, and shift-by-shift basis; provides a daily schedule for programming, meals, and academic instruction; identifies blind-spots for the camera/video system; and, identifies specific requirements under PREA Standards, i.e. making unannounced rounds, making announcements upon entering opposite gender housing areas, etc. This plan provides a well-documented summary of various aspects for both staffing and video monitoring.</p> <p>Interview with the FA/PC indicates that the individual in this position is ultimately responsible for managing the staffing plan, with support and assistance from the AFA. The FA/PC reports that all 11 criteria are considered when developing and implementing the staffing plan. The staffing plan is reviewed and approved by the Agency Head on an annual basis. In addition, the Midland County Juvenile Board, with responsibility under Texas law to annually certify that</p>

the facility is suitable for detaining youth, approves policy on an annual basis.

Video monitoring is in place for all sections of the facility that are currently being utilized for housing and programming, except in restrooms and showers and in most of the single occupancy rooms. Cameras are installed in what is identified as a "suicide room" where youth are only placed if they display active suicidal behaviors and gestures, and in four (4) isolation rooms where youth are placed for a short term for serious misconduct, medical isolation, safety concerns, or upon personal request. The cameras are monitored from a central control room 24 hours a day, 7 days a week by an assigned staff member, WITH THE EXCEPTION OF the "suicide room" and the 4 isolation rooms that are only monitored by the FA/PC and the AFA to ensure privacy for the youth. During the site review, the Auditor was able to see where all cameras are positioned throughout the facility. In addition, a camera layout was provided, identifying the location of all cameras within the entire complex. A small number of minor blind spots were noted. The Auditor was able to view the camera system from the control center as well as from the FA/PC and AFA offices, and a demonstration was provided as to how the camera system operates. As reported, the "suicide room" and the 4 isolation rooms could not be viewed from the control center. It is important to note that the view of the cameras within these five rooms have been modified so that the visual of the sink/toilet in each room has been blocked, and the projected image to the monitors in the FA/PC and AFA offices does not allow view of the resident when toileting. The Auditor asked to specifically see this on the monitors, and confirmed that the technology is in place to prohibit viewing the youth while toileting.

One concern with the physical plant and the camera system was identified by the Auditor during the site review that creates significant blind spot(s) for the facility. There is an area of the facility that is no longer being utilized for housing or program purposes, is not equipped with active cameras for monitoring real-time activities, and provides a significant amount of remote and vulnerable space where staff could be in an isolated area with a resident. The facility has installed cameras to monitor main entry doors, and have taken step through training and specific directions about the use and access of this area of the facility. However, it was reported that most if not all staff have key access to this area at any time, creating a potentially vulnerable area for sexual abuse to occur.

Since the last PREA audit in 2016, the facility reports in the In the On-Line Audit System that the average daily population for the facility is 13. The facility staffing plan was predicated on this number.

The facility is not compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Develop alternatives for securing the area of the facility that is no longer in use for residential and programming activities, that could include such actions as additional signage at the point(s) of entry restricting access, minimizing the key access to a limited number of personnel, requiring staff to obtain a key through the control center to access this area, and/or additional cameras.

Review the alternatives with the Auditor to ensure the PREA Standard is met.

Complete necessary approvals, as needed, to make additional adjustments to policy and practices.

Conduct training with staff to ensure policy and practices are implemented, have staff sign that they acknowledge receipt and understanding of training.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The PREA Coordinator/Facility Administrator has provided documentation that the lock to the door to the area identified as no longer being used for any residential or program purposes (referred to as the west wing of Building B) has been changed that will allow access to only the PREA Coordinator/Facility Administrator, the Assistant Facility Administrator, and the Chief Juvenile Probation Officer. No other staff will have a key to enter this portion of the facility, and only if necessary, will a key be provided to any other employee for a specific purpose. No policy statement is necessary to make this operational change to the facility. Interaction with the PREA Coordinator/Facility Administrator indicates that the necessary lock has been ordered by the County's facility management personnel, and will be installed upon arrival. Due to the COVID-19 pandemic, obtaining the necessary lock has taken longer than desired. However, it is anticipated that the necessary hardware is anticipated to be available in the immediate future, and will be installed promptly, anticipated no later than April 30, 2020.

Subsection (b):

Chapter K, entitled Federal PREA Standards Compliance, Supervision and Monitoring Policy, 115.313.

addresses this provision. Policy requires that the facility shall maintain security staff ratios of a minimum of 1 staff person to every 8 residents during waking hours and 1 to every 16 during residents sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff, designated as Juvenile Correction Officers (JSO), Team Leaders, or Shift Supervisors, shall be included in these ratios.

In the On-Line Audit System, the facility reported that there have been no deviations from the plan. During interviews with the FA/PC and the AFA, this was reiterated, indicating that there are no deviations. The FA/PC further explained that the facility has developed a staffing pattern that provides for two 12-hour shifts (7 AM to 7 PM & 7 PM to 7 AM) for each 24-hour period, and they have 23 personnel who are certified as JSOs, including direct care (16), shift supervisors (4), and team leaders (3). Staff are divided into 4 teams with a Shift supervisor and 4 JSOs per team, and the 3 Team Leaders work varying shifts based on the population and needs of the facility, i.e. transportation, supervising youth in detention hearings, or administrative tasks. With a population average of 13, and a maximum population of 24, they are able to meet staffing requirements at all times.

Because there have been no reported deviations and at no time is the facility out of compliance with the required staff-to-youth ratios, no documentation is available to review for any such deviation. In order to further review compliance with this provision, the Auditor requested copies of randomly selected Daily Population Rosters for the facility, along with corresponding staff rosters. This documentation was made available to the Auditor without delay. The Auditor requested the population and staff rosters to review all shifts on various days of the week, and specifically included designated holidays and weekends, to ensure staffing compliance was met. Information was requested for the 12-month period prior to the initiation of the audit, and two days were selected for each month. Information for the following dates was requested and provided upon arrival for the on-site phase of the audit:

July 4 (Weds & holiday) & 19 (Thurs), 2018 January 1 (Tues & holiday) & 24 (Thurs), 2019 August 4 (Sat) & 26 (Sun), 2018 February 7 (Thurs) & 18 (Mon & holiday), 2019

September 3 (Mon & holiday) & 26 (Weds), 2018 March 12 (Tues) & 27 (Weds), 2019
October 5 (Fri) & 19 (Fri), 2018 April 5 (Fri) & 23 (Tues), 2019
November 11 (Sun) & 22 (Thurs & holiday), 2018 May 13 (Mon) & 31(Fri), 2019
December 4 (Tues) & 26 (Weds & holiday), 2018 June 9 (Sun) & 29 (Sat), 2019

Upon review of all the population and staffing rosters provided, the required staff-to-youth ratios of 1:8 were met on all days and all shifts during awake hours, and the ratio of 1:16 was met during all sleep hours. The population ranged from a low of 7 residents to a high of 24 on the days selected. There were never less than 3 staff on any shift, even when the population dropped to 7-10 youth. And, in all cases, male and female staff were on duty at the facility. All administrators interviewed, as well as randomly selected supervisors and direct care staff, indicated that maintaining the required ratios is a priority for all staff in the facility, including always having both male and female present. It was pointed out that the FA/PC and the AFA are also certified Juvenile Supervision Officers, and if any emergency occurs, they are both able to directly supervise youth and support as needed.

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

Subsection (c):

As noted in Subsection (b), agency policy Chapter K, entitled Federal PREA Standards Compliance, Supervision and Monitoring Policy, 115.313, addresses this provision and requires staff-to-youth ratios of 1:8 during waking hours and 1:16 during sleeping hours. In addition, a pre-adjudication facility is required to meet standards promulgated by the Texas Juvenile Justice Department, found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, the following standards apply to staff ratios in a pre-adjudication facility:

§343.430. Minimum Facility Supervision.

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

§343.432. Gender Supervision Requirement.

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

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

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

§343.434. Facility-Wide Ratio.

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

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

During the site review and while conducting a variety of interviews in various areas of the

facility, the Auditor was able to observe staff ratios throughout the day and during over-night hours. At all times, staff were in place to ensure required ratios were met, and in most cases, required ratios were exceeded.

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

Subsection (d):

Chapter K, entitled Federal PREA Standards Compliance, Supervision and Monitoring Policy, 115.313,

addresses this provision, and requires that an annual review of the staffing plan be conducted as soon as reasonable each calendar year by the Agency Head, the Facility Administrator/PREA Coordinator, and Assistant Facility Administrator, in order to assess, determine, and document whether any adjustments are needed.

In the interview with the FA/PC, it was reported that the staffing plan is reviewed regularly and often, at least monthly, to ensure compliance with required ratios, and to make adjustments as needed. The FA/PC provided documentation reflecting that the annual reviews of the Staffing Plan had occurred, and interviews with both the FA/PC and the CJPO indicate that issues are addressed as they may develop and/or as needed.

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

Subsection (e):

Agency policy regarding this standard is somewhat disjointed and inconsistent, and various sections of policy under Chapter K Federal PREA Standards Compliance, address this standard. In particular, the Auditor found:

Under the section "A: Prevention" policy states the Assistant Facility Administrator on-duty will make one unannounced round during the shift; and, the Director, Facility Administrator, and PREA Coordinator may conduct one unannounced round per month.

Under the section "B. Detection" policy states the Assistant Facility Administrator on-duty will make two unannounced rounds during the shift; and, the Director, Facility Administrator, and PREA Coordinator shall conduct one unannounced round per month.

Under policy for standard 115.313, policy states the facility "will conduct unannounced visits at least once weekly on every shift on any given day."

Policy contained in Chapter K, entitled Federal PREA Standards Compliance, and within section Supervision and Monitoring Policy, 115.313, addresses that staff will not be alerted to the unannounced unscheduled rounds occurring by other employees, contractors or volunteers.

Policy requiring documentation on the unannounced rounds is also disjointed and inconsistent. Policy contained in Chapter K Federal PREA Standards Compliance, and within section Supervision and Monitoring Policy, 115.313:

#4. States "The Director and/or Administrators will document the unannounced rounds on the supervisor unit check log to be maintained in the office of Facility Administrator...These forms will be turned in to Facility Administration at the beginning of each month when data collection occurs."

#5. States "The Director, Facility Administrator, or Administrators may conduct unannounced

visits in the absence of or in addition to an Assistant Facility Administrator. Unannounced visits shall be documented by use of the PREA Unannounced Rounds Form and a photo will be submitted with date and time stamped by closed circuit video camera.”

During the pre-on-site phase of the audit, the Auditor provided feedback to the FA/PC concerning this particular standard, and sought clarification on how the rounds were actually being conducted. During on-site interviews with the CJPO and the FA/PC, both indicated there had been significant inconsistencies with how the unannounced rounds had been conducted, and documentation on the rounds was minimal. The Auditor requested to review the documentation for the unannounced rounds during the on-site phase of the audit, and received a folder with five (5) documented reports on unannounced rounds that were completed since the facility’s PREA audit in 2016.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Revise and update policy concerning expectations for unannounced rounds, including who will conduct the rounds, when they are to be completed, and how they will be documented.

Ensure approval of the policy by the Midland County Juvenile Board.

Ensure designated personnel who will conduct the unannounced rounds are trained and acknowledge understanding of the new policy and procedures to properly document.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The PREA Coordinator/Facility Administrator has provided an updated policy and procedure to enhance and streamline who, how, and when unannounced rounds will be conducted, and has modified the reporting documentation to capture relevant data concerning each round completed, including specific areas of the facility that were observed, where staff are located to provide appropriate supervision, and any youth that are spoken to. Designated personnel who will be responsible for conducting the rounds are trained on expectations and the documentation that is to be utilized for each round. This policy was scheduled to be reviewed and approved by the Midland County Juvenile Board during a meeting in January 2020, however, a request was made by the Board to provide more specific information concerning all policies that were being modified. This policy was approved in a subsequent Board meeting. As contained in the original policy, staff, volunteers, and interns have been informed and trained concerning a prohibition on notifying other staff that a round is being conducted. The facility is in compliance with the provision of this standard after taking the appropriate corrective actions.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: PREA On-Line Audit System Tool, Pre-Audit Responses. Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, pages 12-13. Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov). Facility staffing plan, along with random review of daily population and staff rosters</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Random Staff (10) Random Residents (9) Targeted Resident (1) Medical Staff/Contract Nurse</p> <p>OBSERVATIONS: While conducting the site review during the on-site phase of the audit. Observed multiple intakes of male youth in the facility.</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, page 12, addresses this provision. Policy states that no Juvenile Supervision Officer or Juvenile Probation Officer shall conduct a cross-gender pat search, cross-gender visual strip search, or cross-gender visual body cavity search of a resident or probationer except in exigent circumstances. In addition, the facility must meet standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, §343.260 titled Resident Searches, requires the following: (a) The facility shall have written policies and procedures regulating the search of juveniles being admitted into the facility and residents already within the facility's population. (b) Residents shall be subjected only to the following searches: (1) a pat-down search, conducted by same-gender staff, as necessary for facility safety and security; (2) an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication; (3) a strip search based on the reasonable belief that the resident is in possession of contraband or reasonable belief that the resident presents a threat to the facility's safety and security; (A) a strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident;</p>

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

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

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

Random and targeted residents interviewed consistently indicated that whenever they have been searched for any reason, and whatever type of search was conducted, it was always completed by a staff member of the same gender. This was true for residents who had been recently admitted, who had been in residence at the facility for an extended time, and for those residents who have had multiple admissions over the past several months or even years.

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

While conducting the on-site phase of the audit, the Auditor was able to observe the intake process of five (5) male youth from the time the law enforcement brought the youth to the facility until they were transported to the housing unit. Throughout the process, only male staff conducted a pat-down search, a strip search where the youth removed all clothing and the staff member completed a screening for contraband, and monitored the youth while taking a shower. The staff were observed interacting appropriately with the youth, and asking appropriate questions about their well-being throughout the process. One female staff was observed in the general intake area, focused only on ensuring paperwork was appropriately completed, and coordinating getting the youth transferred to the housing area. Staff displayed supportive language and body posture throughout the process.

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

Subsection (b):

In the PREA On-line Audit System tool (OAS), the facility responded “no” to the statement of not permitting cross-gender pat-down searches of residents, absent exigent circumstances. From speaking with the FA/PC during the pre-on-site phase of the audit, this was clarified, and it is understood that the answer should have been “Yes”, the facility does not permit cross-gender pat-down searches. Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, page 12, addresses this provision. Policy states that no Juvenile Supervision Officer or Juvenile Probation Officer shall conduct a cross-gender pat search, cross-gender visual strip search, or cross-gender visual body cavity search of a resident or probationer except in exigent circumstances.

In addition, the facility must meet standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-

Adjudication Detention and Post-Adjudication Correctional Facilities. Specifically, §343.260 titled Resident Searches, requires, in part, the following:

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

(b) Residents shall be subjected only to the following searches: (1) a pat-down search, conducted by same-gender staff, as necessary for facility safety and security.

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

Random and targeted residents interviewed consistently indicated that pat-down searches are always completed by a staff member of the same gender. This was true for residents who had been recently admitted, who had been in residence at the facility for an extended time, and for those residents who have had multiple admissions to the facility over the past several months or even years. In addition, residents indicated that they are not searched very often after their admission to the facility, and pat-down searches are generally only conducted if they have a visit with anyone from outside the facility or if they leave the facility to go to court, the doctor, or any other reason.

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

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

Subsection (c):

Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, #3, page 13, addresses this provision, requiring that all cross-gender searches be documented, including the employee and the reason. As discussed in subsections (a) and (b) of this standard, cross-gender searches of any kind are prohibited, and standards promulgated by the Texas Juvenile Justice Department, and found in Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically, §343.260 titled Resident Searches, requires that searches only be conducted by same-gender personnel.

In the PREA On-line Audit System tool (OAS), the facility indicated that policy requires the documentation and justification of all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. However, these searches are not

allowed by policy and by standards, and no documentation is maintained to reflect otherwise. This is further supported by the staffing plan that requires both male and female staff to be on duty within the complex. Interviews with the staff at different levels of the organization, and particularly those who provide direct supervision, and with random residents, clearly confirm that there are no exceptions to this policy.

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

Subsection (d):

Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, #1 & #2, page 12, addresses this provision. Policy requires that no employee, intern or volunteer will supervise, directly or by the use of camera, a resident of the opposite sex when showering, performing bodily functions, or changing clothes, other than what may be incidental to a routine room check. Further, policy requires that upon entering any area where residents of the opposite sex may be performing any of these functions, staff, interns, and volunteers shall immediately announce their presence.

During interviews with random staff, it was clear that the policy for same-gender observation while residents are showering, toileting, or changing clothes is strictly followed by all staff. The housing complex is made up of only two separate “pods” with each having its own showers and toilet facilities. One room in one of the pods is ADA compliant, and includes a private shower. Staff were able to clearly describe and show the Auditor how male and female youth are showered in different showers in the housing areas of the facility. In most cases, due to the usual smaller number of female residents, they are allowed to shower in the ADA room with female staff supervising. Male residents are generally showered in the other housing area so that they are kept totally separate from female residents. The only time this process is not utilized is when the population is significantly higher than average (13 for the year immediately prior to the audit), and time constraints require the use of showers in both housing units. In those situations, portable partitions can be used to create further separation of the one ADA room. Toileting can be managed in this same manner within the housing units, and other toilet facilities can provide privacy as well. Whenever a resident is showering or toileting, only same-gender personnel are allowed to supervise. Residents change clothing in their assigned rooms only or after showering, and residents are only supervised by same-gender personnel during these times.

During interviews with random staff, inconsistencies were described with how they announce themselves whenever entering the housing area due to housing both male and female residents. It was noted that the two housing units are only a few steps apart, and generally female residents are always housed in one unit with males primarily in the other unit. However, based on population and the classification plan, some males are housed in the same pod as females. Staff reported that some staff regularly and consistently announce “Male in” or “Female in” whenever entering the housing units, but others do not. Staff did report that when conducting room checks of youth of the opposite gender, they will announce themselves, i.e. “male/female coming” and provide privacy to residents in their rooms when they respond that they are using the toilet or not fully dressed. It is understood by staff that there is a policy and the expectation to announce oneself pertains to ALL staff, however, inconsistencies in practice are noted.

During interviews with random residents (9) and a targeted interview, all consistently reported that same gender staff always monitor them during showers and when using toilet facilities. All residents indicated that they do not recall a time when they observed or had concern with a staff member of the opposite gender viewing them during these times, or when changing clothes. Two of the 10 residents indicated that they do recall opposite gender staff letting them know that they are going to check on them in their room. At the same time, no resident reported any concern with being observed changing clothes or being naked in front of opposite gender staff...several residents reported it would "never" happen. Concerning staff announcing themselves when entering the housing unit, all 10 residents indicated that they have no recollection of staff ever making such an announcement when entering the housing unit.

Finally, while conducting interviews and observing general activity during the on-site phase of the audit, the Auditor observed same gender staff supervising and monitoring in the housing areas during showers and while youth were toileting. Female staff were monitoring female residents in their single-occupancy rooms, and male staff were monitoring male residents, all consistent with policy. However, throughout all observations on the housing units, the Auditor did not hear staff making announcements as they entered the housing areas.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Retrain all staff on requirement for announcing when entering housing unit of opposite gender residents. Determine when the announcement needs to be made considering the close proximity of the housing "pods".

Consider other methods for staff to alert residents that an opposite gender staff is entering the housing area, i.e. bell or buzzer, with an announcement by the staff.

Provide education to residents during orientation and periodically during their stay to expect an announcement in whatever manner developed.

Provide documentation to the Auditor regarding what action is taken to ensure staff understand the responsibility to announce, and that it has become a consistent practice.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The FA/PC has developed a plan to retrain all staff on expectations for announcing themselves when entering a housing unit with opposite gender youth, and to conduct on-going training with personnel to reinforce this expectation. As described above, the housing units are in very close proximity, and at times, male youth are housed in the same general area as female youth, based on the total population of the facility. Even though this situation may create some inconsistencies, it is understood by the FA/PC and the AFA that this expectation must be established to ensure the sexual safety of all residents at all times. Just as the staff announce him/herself when approaching the individual rooms where an opposite gender youth resides, it is understood that the same consistency is required whenever entering the housing units. Training and reinforcement has been provided and will continue to be provided through training over the next 12 months. In addition, while conducting unannounced rounds, those administrative staff conducting such rounds will observe and monitor for compliance to this expectation. Feedback can be provided immediately to staff to reinforce this expectation. Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (e):

Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, #4, page 13, addresses this provision. Policy requires that no resident may be searched or physically examined for the sole purpose of determining the resident's genital status. If the resident's genital status is in question it may be determined by the following: a. conversations with the resident; b. reviewing medical records; c. as a by-product of a broader medical examination conducted in private by a medical practitioner; or, d. as a by-product of a visual strip search necessary for the safety and security of the facility.

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

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

The facility is in compliance with this standard.

Subsection (f):

In the PREA On-line Audit System tool (OAS), the facility indicated that 100% percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs of the facility. Chapter K, Federal PREA standards Compliance, Limits to Cross Gender Viewing and Searches, 115.315, #6, page 13, addresses this provision. Policy requires that all Juvenile Supervision Officers and Juvenile Probation Officers shall be trained in how to conduct cross-gender pat searches and searches of transgender and intersex residents and probationers. In addition, Texas Administrative Code, Chapter 343, Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, §343.260 titled Resident Searches, includes, in part, and requires the following:

(c) Staff members conducting searches shall:

- (1) not touch residents any more than is necessary to conduct a comprehensive search;
- (2) make every effort to prevent embarrassment or humiliation of resident;
- (3) refrain from excessively forceful touching, prodding, or probing that may cause pain or injury;
- (4) refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks; and
- (5) conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Staff members' communications during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff, and facility safety.

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

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

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

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: PREA On-Line Audit System Tool, Pre-Audit Responses. Chapter K, Federal PREA standards Compliance, Residents with Disabilities and Residents Who are Limited English Proficient, 115.316, page 14. Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, obtained from the website of the Texas Juvenile Justice Department (http://www.tjjd.texas.gov).</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Random Staff (10) Random Residents (9) Targeted Resident (1)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K, Federal PREA standards Compliance, Residents with Disabilities and Residents Who are Limited English Proficient, 115.316, #1, page 14, addresses this provision. Facility policy states that the facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>During interview with the CJPO, the Auditor was informed that the agency utilizes available resources in Midland County to address the needs of any resident with the described disabilities. Due to the agency's association with the Juvenile Court, the agency is able to access resources to address the needs of residents and/or family members who may be disabled, whether it be for legal purposes or other intervention, assessment, or educational purposes. The agency is an active participant with other community agencies to meet the needs of the juvenile population, along with their families, so as needed, resources can be accessed when needed. It is also noted that the agency employs mental health professionals, including the Deputy Director who is a licensed clinician, who are available to address the needs of any residents with special needs.</p> <p>No residents were identified as having the described disabilities while conducting the on-site phase of the audit, so no resident was interviewed for this specific purpose. During interviews with the randomly selected residents (9) and the targeted resident (1), they all reported that the staff made sure that they understood the information provided concerning their sexual safety.</p> <p>The facility is in compliance with this provision of the standard.</p>

Subsection (b):

Chapter K, Federal PREA standards Compliance, Residents with Disabilities and Residents Who are Limited English Proficient, 115.316, #2, page 14, addresses this provision. Policy requires that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

During interview with the CJPO, it was reported that the most dominant group that the agency serves who has limited English proficiency is the Hispanic community. The agency employs a significant number of Spanish-speaking staff, and they are assigned to all shifts in the facility, as well as having Spanish-speaking probation officers. On occasion, the agency and facility have served a resident with another dialect from within the community, but they have been able to locate an interpreter to assist. In addition, all handouts, the youth handbook, and other information is provided in both English and Spanish versions, including posters that are clearly visible throughout the facility.

In interview with the FA/PC, it was also reported there are a sufficient number of personnel employed by the facility to provide information in Spanish to any resident who is not English proficient, including the FA/PC, and that written materials, handouts, youth handbook, pamphlets, posters, etc., are available in both English and Spanish versions. In addition, the FA/PC reported the facility has access to a "language line" that provides interpretive services for 240 different languages, through a 800# that is easily accessible. Though rarely used, it is an available resource when needed.

No residents were identified as being limited English proficient while conducting the on-site phase of the audit, so no resident was interviewed for this specific purpose. During interviews with the randomly selected residents (9), three (3) were identified as being Spanish-speaking, and all reported the staff made sure they understood the information provided concerning their sexual safety.

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

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

Subsection (c):

Chapter K, Federal PREA standards Compliance, Residents with Disabilities and Residents Who are Limited English Proficient, 115.316, page 14, addresses this provision. Policy requires that the facility not rely on resident interpreters or other types of resident assistants.

Interview with the FA/PC indicates that the facility does not use residents as interpreters for limited English-speaking residents. It is reported that there are sufficient personnel at site on every shift to meet the specific needs of any Spanish-speaking youth. In addition, the FA/PC reported the facility has access to a "language line" that provides interpretive services for

multiple languages. Though rarely, if ever, used, it is an available resource if needed. If there is a youth who speaks another language, the CJPO reported that other resources are available and accessible in the community. Because there has not been an incident where residents have had to serve as an interpreter, readers, or other types of resident assistants, no documentation is available for review.

Interviews with randomly selected staff is consistent with that provided by the CJPO and the FA/PC. Staff indicated that there is never a need for residents to serve as interpreters, particularly for the population of Spanish-speaking residents. Staff are aware of other available resources, if needed, and indicated they would seek the assistance of a Shift Supervisor, the AFA, and/or the FA/PC to ensure interpretation services were provided as promptly as possible.

No residents were identified as being limited English proficient while conducting the on-site phase of the audit, so no resident was interviewed for this specific purpose. During interviews with the randomly selected residents (9), three (3) were identified as being Spanish-speaking, and all reported the staff made sure they understood the information provided concerning their sexual safety. Other randomly selected residents did not indicate they had any issue understanding the information and materials presented.

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, page 15-16. Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.310. (https://texreg.sos.state.tx.us) Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, Subchapter G: Certification, Rule §344.862. (https://texreg.sos.state.tx.us) Personnel Files of Randomly Selected Staff (8)</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #2, page 15, addresses this provision. Policy provides that the facility shall not hire or promote personnel and/or contractors who would have contact with residents who had previously engaged in sexual abuse in any type of secure facility setting, adult or juvenile; or had been convicted of engaging or attempting to engage sexual activity in a community setting; or had been civilly or administratively found to have engaged in such behaviors.</p> <p>The Auditor interviewed the AFA as the designee of the FA/PC to interview perspective employees and make hiring recommendations for the facility. The AFA reported that the facility considers the three factors described in the above referenced policy for any applicant, and for any position, as well as for promotions. Documentation has been developed to solicit an applicant’s responses to these specific statements prior to employment as a part of the application process. It was acknowledged that these factors are again considered for promotions, but having those being considered for promotion to again provide responses to these statements has not been in practice.</p> <p>The Auditor reviewed the personnel files of eight (8) randomly selected personnel that make up one-third of the total direct care personnel of the facility, including Juvenile Supervision Officers (6) and Shift Supervisors (2). Of the files monitored: *5 of the 8 employees were hired after the facility was originally PREA certified, and 4 of the 5 files contained the applicant’s responses to the questions regarding past conduct, all responding “no” to any previous conduct; the 3 employees hired prior to the initial PREA certification did not contain responses to these questions. *Of the 2 Shift Supervisors files, neither contained responses to the questions regarding past conduct at the time of promotion (1 was hired and promoted prior to the initial PREA</p>

certification and 1 in 2019).

During interview and follow-up conversations during the on-site phase of the audit, the FA/PC identified that there are only three outside agencies who have regular contact with residents:

1. Midland ISD provides teachers for academic instruction following the district's annual school calendar. Staff involved in providing instruction are screened and hired by Midland ISD.
2. Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) provides drug and alcohol education classes on a monthly basis. Staff involved in conducting the training are screened and hired by PBRCADA.
3. The Life Center provides monthly classes on sexually transmitted diseases and HIV. Staff involved in conducting the training are screened and hired by The Life Center.

The FA/PC indicated that the facility does not conduct background checks or obtain specific information related to the questions regarding past conduct on the individuals from these agencies since they are screened and hired by the community agencies themselves. The Midland ISD is required by law to provide educational services within the facility. It is also noted that there is no MOU or other agreement between the facility and the agencies.

The Auditor believes that the facility does not hire or contract with individuals who have been sexually abusive in any manner as described in the standard. However, the facility has not effectively documented these factors in a consistent manner by requiring appropriate acknowledgement of these factors by those employees who are promoted or by those representing agencies who provide services to residents. Steps to improve this acknowledgement will further improve the overall sexual safety of residents.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Ensure all applicants for initial hire complete responses to the questions regarding past conduct.

Develop documentation like that developed for new applicants in order to solicit responses to the three specific statements in policy for any staff member applying and being considered for promotions, and maintain such documentation in the personnel file.

RESPONSE TO CORRECTIVE ACTION NEEDED:

During the on-site audit, there were inconsistencies noted for the completion of this documentation at the time of initial hire. However, the AFA has developed a process to ensure such documentation is provided in all cases. Since the on-site audit, there has been one promotion, and the facility provided appropriate documentation reflecting that the employee has responded appropriately to all three questions prior to the promotion taking effect. Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (b):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #3, page 15, addresses this provision. Policy requires that the facility consider any incidents of sexual harassment when hiring or promoting personnel, or contracting with any service provider who may have contact with the residents.

The Auditor interviewed the AFA as the designee of the FA/PC to interview perspective

employees and make hiring recommendations for the facility. The AFA reported that the facility considers any historical involvement in incidents of sexual harassment when considering candidates for initial hiring or promotion, and if there has been such behavior, it would nullify candidacy for the position. However, there is no documentation indicating how the facility screens for such behaviors.

The facility is not in compliance with this provision of the standard. In addition to the CORRECTIVE ACTION NEEDED documented in Subsection (a) above:

CORRECTIVE ACTION NEEDED:

Develop documentation on how the facility will screen for any history of involvement in sexual harassment with potential employees, with staff being considered for promotion, or with contractors.

Provide a copy of documentation developed to the Auditor for review.

RESPONSE TO CORRECTIVE ACTION NEEDED:

During the on-site audit, there were inconsistencies noted for the completion of this documentation at the time of initial hire. However, the AFA has developed a process to ensure such documentation is provided in all cases. Since the on-site audit, there has been one promotion, and the facility provided appropriate documentation reflecting that the employee has responded appropriately to all three questions prior to the promotion taking effect. Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (c):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #4, page 15, addresses this provision. Policy requires that prior to hiring new employees who may have contact with residents, the staff services coordinator (designated as the AFA) will perform a criminal background records check, a child abuse registry check, and will make the best efforts to contact prior institutional employers for information on any substantiated allegations of sexual abuse or any resignation during a pending investigation of such behavior.

The Auditor interviewed the AFA as the designee of the FA/PC to serve as the staff services coordinator. The AFA reported that the facility completes criminal background checks, child abuse registry checks, and makes efforts to contact prior institutional employers.

The Auditor reviewed the personnel files of eight (8) randomly selected personnel that make up one-third of the total direct care personnel of the facility, including Juvenile Supervision Officers (6) and Shift Supervisors (2). Of the files monitored:

All 8 files contained criminal record checks completed prior to employment;

All 8 files contained child abuse registry checks;

o 5 of the 8 were hired after or immediately prior to the time the facility was originally PREA certified in 2016, and all 5 had child abuse registry checks completed prior to employment (one employee was hired, resigned, and rehired between Sept 2016 and June 2019...a child abuse registry check was completed prior to employment in both cases);

o 3 were hired prior to the PREA certification in 2016 (in 1997, 2001, & 2015), and the checks were completed subsequently.

One applicant had previously worked for the Midland County Sheriff Department, and contact was made with that agency to review employment.

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

Subsection (d):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #5, page 16, addresses this provision. Policy requires that criminal background records check, (FAST) system using the DPS [Texas Department of Public Safety] and FBI databases and child abuse registries will be conducted prior to enlisting the services of any contractor who may have contact with residents.

Interview and on-going interactions with the FA/PC during the on-site phase of the audit indicate that the facility does not “contract” with any specific entity to provide services to residents in the facility. If they did so, then the background checks for both criminal activity and child abuse history would be completed. As noted in Subsection (a) above, there are three agencies identified who provide academic and educational services to the facility, and as reported by the FA/PC, no background checks are completed as each is agency is required to do the same.

In the PREA On-line Audit System tool (OAS), the facility indicated that in the past 12 months, there has been no background checks completed on staff covered in the contract who might have contact with residents. There were no files or records to confirm the nature of such checks, for criminal or child abuse histories.

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

RECOMMENDED ACTION: When considering how the facility will develop **CORRECTIVE ACTIONS** under Subsection (a) above, it is recommended that the facility consider incorporating documentation that confirms that any outside agencies providing services to residents have completed appropriate background checks in line with this provision of the standard and facility policy. This can be accomplished through an MOU or similar documentation if a contract is not required between the facility and the outside agency.

Subsection (e):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #10, #11 & #12, page 16, addresses this provision. Policy requires that background checks using the FAST system will be conducted every 2 years on employees, contractors and interns; the DFPS Child Registry check will be conducted every January for all employees, contractors, interns and volunteers; and, the DPS Criminal Background Check will be conducted every 2 years on all volunteers.

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

months.

A review of personnel files of randomly selected personnel (8) indicates that all background checks as required by policy are completed, well within the five-year requirement of the standard. It is also noted that juvenile probation departments are required, under Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, to meet the following requirements for certified Juvenile Corrections Officers who work in a Pre-Adjudication facility:

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

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

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

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

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

By participating in the system, the agency/facility is notified any time an employee is involved in a criminal offense, and can make a determination as to whether it impacts certification.

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

Subsection (f):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #7, page 16, addresses this provision: All applicants and employees who may have contact with residents directly shall be asked by the staff services coordinator about previous misconduct described Subsection (a) of this standard 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.

As noted under Subsection (a), the facility has developed appropriate documentation for new applicants from outside the facility who are being considered for a position. This practice has been in place since the last PREA audit certification in 2016. However, during the interview with the AFA, it was noted that this has not been the practice when considering employees for promotion, or in written self-evaluations conducted as a part of a current employees' reviews. A review of personnel files (8) indicates that no such documentation was completed upon promotion or upon the review of an employee's performance.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

In addition to the corrective action identified in Subsections (a) and (b) above, develop documentation like that developed for new applicants in order to solicit responses to the three specific statements in standard 115.317(a) and as documented in facility policy for all

employees when conducting any review of an employee, including any self-evaluation. This documentation should be included in the personnel file.

RESPONSE TO CORRECTIVE ACTION NEEDED:

During the on-site audit, there were inconsistencies noted for the completion of this documentation at the time of initial hire. However, the AFA has developed a process to ensure such documentation is provided in all cases. Since the on-site audit, there has been one promotion, and the facility provided appropriate documentation reflecting that the employee has responded appropriately to all three questions prior to the promotion taking effect. Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (g):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #7 & #8, page 16, addresses this provision: The facility requires that all employees, contractors, interns and volunteers immediately (within 24-hours) disclose, in written and verbal form, to their immediate supervisor, or his/her designee in the supervisors' absence, any misconduct [as described in standard 115.317 and this policy]; further, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

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

Subsection (h):

Chapter K, Federal PREA standards Compliance, Hiring and Promotion Decisions 115.317, #9, page 16, addresses this provision. Policy provides that unless prohibited by law, the facility administrator shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Interview with the CJPO indicates that the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. In addition, due to standards and requirements of the Texas Juvenile Justice Department (TJJD), the agency must report such incidents to the TJJD due to the officers' certification requirements. TJJD maintains this information, and can provide information if an employee was to apply for a position with another juvenile facility in the state of Texas.

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

In relation to the provisions of Standard 115.317, the Auditor believes it is important to note the requirements of juvenile probation officers and particularly juvenile corrections officers who work in pre-adjudication facilities in the state of Texas. All officers must follow a code of ethics

as found in Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.310.

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

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

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

(1) Juvenile justice professionals must:

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

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

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

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

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

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

(2) Juvenile justice professionals must not:

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

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

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

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

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

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

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, Federal PREA Standards Compliance, Upgrades to Facilities and Technologies 115.318, page 17. Facility Floor Plan</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>OBSERVATIONS: While conducting the site review during the on-site phase of the audit.</p> <p>FINDINGS (by Subsection): Subsection (a): In the PREA On-line Audit System tool (OAS), the facility responded that the agency or the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Even though there has been no expansion or modification, it is noted that policy contained in Chapter K, Federal PREA Standards Compliance, Upgrades to Facilities and Technologies 115.318, page 17, addresses this by providing that if steps are taken to design or acquire a new facility, or plan any substantial expansion or modification of existing facilities, considerations will be given to the impact such action will have on the facility's ability to protect residents from sexual abuse.</p> <p>Interviews with the CJPO and the FA/PC confirmed that there have been no new facilities built, and no substantial expansion or modification since the last PREA audit, completed October 2016. The CJPO did indicate that if or when they begin to plan for any new complex or any modifications, the agency will consider any factors that would potentially impact the agency's and facility's ability to protect residents from sexual abuse.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K, Federal PREA Standards Compliance, Upgrades to Facilities and Technologies 115.318, page 17, addresses this provision. The facility shall consider how technology may enhance its ability to protect residents from sexual abuse, and such considerations shall be documented through planning meeting minutes, statements of work, design specifications, and contracting documents.</p> <p>During the interviews with both the CJPO and the FA/PC, it was reported that due to an electrical storm, the facility has had to repair or replace multiple systems in the facility, including electronic door locks, cameras, speakers, and the video monitoring system since the last PREA audit in October 2016. Documentation is provided indicating that the FA/PC</p>

reviewed what was needed with the County's IT Department who maintains documentation on what repairs and replacements were made to the camera system as well as the electronic door locks.

While conducting the site review during the on-site phase of the audit, the Auditor was able to see all cameras within the complex, and the FA/PC noted where in the facility the cameras were upgraded. In addition, the Auditor was able to observe monitors in the central control station that are managed by personnel 24 hours a day, 7 days a week, as well as monitors maintained in the offices of the FA/PC and the AFA. The Auditor was able to view monitors in both locations, and there were minor issues with the system being able to readily view any specific area selected. The FA/PC reported that work is currently underway to further evaluate the monitoring system, and adjustments are expected to be made as needed. The FA/PC is involved in this process and will manage any work that is necessary.

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

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, Federal PREA standards Compliance, SECTION IV: Responsive Planning, Reporting and Investigating ANE/PREA and Evidence Protocol, 115.321. Written Plan for Coordinated Response to Allegations of Sexual Abuse. PREA – Immediate Response Procedures (separate document from policy, one-page guide for staff)</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA) Agency Deputy Director Randomly selected staff (10) Representative from Local LEA, Section Sergeant (SGT), Midland County Sheriff Department, Investigation Unit SANE, Midland Memorial Hospital Executive Director, Midland Rape Crisis & Child Advocacy Center (MRCCAC) Facility Medical Staff/Nurse</p> <p>OBSERVATIONS: While conducting the site review during the on-site phase of the audit.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K, Federal PREA standards Compliance, SECTION IV: Responsive Planning, Reporting and Investigating ANE/PREA and Evidence Protocol, 115.321, #2, addresses this provision. Policy states that an internal investigation of allegations of juvenile sexual abuse, physical abuse, neglect, or exploitation, shall occur when there is a report (either verbal or written) of such by a juvenile, parent, staff member or other interested party.</p> <p>Through interview with the FA/PC, it is clear that the facility will immediately initiate an administrative investigation upon receiving any allegation of possible sexual abuse or sexual harassment. The FA/PC is the designated internal investigator for the facility, with the support of the AFA. Once the investigation is initiated, and it is clear that the allegation involves sexual abuse requiring criminal investigation, the administrative investigation will cease in order to eliminate any conflict with the designated law enforcement agency (LEA) and that could impact potential prosecution. An administrative investigation will be initiated on allegations of resident-on-resident or staff-on-resident sexual harassment that does not involve the potential for criminal conduct. Criminal investigations are referred to and conducted by the Midland County Sheriff Department.</p> <p>Interviews with 10 randomly selected staff indicated that staff are knowledgeable of protocol for how to collect and manage physical evidence in the event that they are the first responder</p>

in a sexual abuse or sexual harassment allegation. Also, staff could identify that an internal administrative investigation would be conducted by the FA/PC and/or the AFA for sexual harassment allegations, and a criminal investigation would be conducted by the local LEA. Most staff identified the LEA as the Midland County Sheriff Department (MCSO), with only a couple of staff indicating that they were not sure if it is the Midland Police Department or the County Sheriff Department. Staff then corrected themselves indicating that since the facility is county-operated, it would be the County Sheriff Department. Staff also expressed an understanding of the facilities protocol for evidence protection and collection, the importance of following the protocol in the event of a criminal investigation, and their role once the LEA arrives at the facility to conduct the investigation.

The Auditor noted while conducting the site review during the on-site phase of the audit, there is a copy of a document titled "PREA – Immediate Response Procedures" posted in staff work areas that provides a one-page brief description of specific guidelines for immediate actions needed as well as follow-up steps to ensure completion of all required activities. Staff indicated this would be helpful in the event of receiving an allegation.

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

Subsection (b):

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

The Auditor contacted the Section Sergeant (SGT), Special Crimes Investigation Unit, MCSO by phone and was able to discuss the process that would be utilized in the event of a sexual assault investigation. The SGT indicated that his office would be the first contacted for any sexual assault allegation at the facility, with an expectation that the call would be made immediately upon receiving any report. A member of the Special Crimes Unit, either the SGT or another officer, would immediately respond to the facility and ensure the safety and well-being of the alleged victim, and would coordinate transport of the youth to the Midland Memorial Hospital for forensic evaluation. Further, the Unit would coordinate gathering of evidence, interview appropriate staff and/or youth as witnesses, and the entire investigation until completion. The SGT indicated the staff in the Unit are required to receive specialized training on conducting sexual abuse investigations, esp. in the case of children and youth, following nationally recognized protocols. In addition, the SGT reported that his office works collaboratively with SANE nurses located at Midland Memorial Hospital and counselors at the Midland Rape Crisis and Child Advocacy Center (MRCCAC).

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

Subsection (c):

Chapter K, Federal PREA standards Compliance, SECTION IV: Responsive Planning, Reporting and Investigating ANE/PREA and Evidence Protocol, 115.321, subsection titled Procedures Following a Confirmed Sexual Assault, page 22, addresses this provision. Policy requires that the facility offer all residents who may experience sexual abuse access to forensic medical examinations with no financial cost; examinations are to be performed by a

SAFE or SANE, where possible; and, if SAFEs or SANEs are not available, the examination is performed by other qualified medical practitioners. If necessary, the facility shall document its efforts to provide SAFEs or SANEs.

In the PREA On-line Audit System tool (OAS), the facility reported that it offers all residents who experience sexual abuse access to forensic medical examinations both onsite (115.321(c)-2) and at an offsite facility (115.321(c)-3). The response to subsection (c)-2 indicating such exams take place on-site was made by mistake. After interviews with (1) the FA/PC and clarifying that the MCSO conducts all criminal investigations and (2) the Medical Staff/Nurse at the facility, and after conversation with the Section SGT, Special Crimes Investigation Unit, MCSO (documented in Subsection (b) above), it was clarified that forensic medical examinations are conducted only off-site at the Midland Memorial Hospital, the designated County hospital. These exams are conducted at no cost to the resident.

The Auditor contacted the Midland Memorial Hospital, office of the Director of Nursing, and the Executive Director of the MRCCAC who recommended that the Auditor speak directly to a SANE at the Hospital. The Auditor was able to speak to one of the SANEs at the Hospital, and learned that there are four (4) SANEs associated with the Hospital who are either on-site or on-call 24 hours a day/7 days a week, and all are within 30 minutes of the Hospital. Further, it was reported that the SANEs are responsible for all referrals of sexual abuse in Midland County, including the Midland County Juvenile Detention facility. In addition, it was reported that at least one SANE participates in county Child Protection Team meetings in collaboration with several community agencies, including staff from the Juvenile Detention facility; the SANE reported that the facility staff are well-informed. Policy requires that the facility document its efforts to provide SAFEs or SANEs, but no documentation is necessary from the facility as they are readily available through the Hospital.

In the PREA On-line Audit System tool (OAS), the facility reported that there no medical forensic exams, no exam by a SAFE/SANE, and no exam performed by a qualified medical practitioner during the past 12 months. This has not been necessary as there has not been any allegation of sexual abuse at the facility during this time.

As noted above, the Auditor also spoke with the Executive Director (ED) of the MRCCAC. This individual confirmed that it provides advocacy, counseling, and intervention services for sexual assault victims throughout Midland County, including the Midland County Juvenile Detention facility. The ED participates in the Child Protection Team meetings, held every two weeks, and also commented that the facility staff, esp. the FA/CP and the AFA, participate consistently and take an active role in the discussions. Further, the ED reported that these staff, in her opinion, have made significant progress since the initial PREA certification in 2016.

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

Subsection (d):

Chapter K, Federal PREA standards Compliance, SECTION IV: Responsive Planning, Reporting and Investigating ANE/PREA and Evidence Protocol, 115.321, subsection titled Procedures Following a Confirmed Sexual Assault, #3, page 22, addresses this provision. Policy provides that the facility shall attempt to make available to the victim a victim advocate from a rape crisis center, or if not available, a qualified staff member from a community-based

organization or a qualified agency staff member. Once services are in place, the resident would have unhindered access to the advocate, and should expect a high level of confidentiality.

During interview with the FA/PC, information was provided concerning the facility/agency having an MOU in place with the MRCCAC to provide victim advocacy services. The Auditor obtained a copy of the MOU, and confirmed that this relationship has been in place for several years, and esp. since the initial PREA certification in 2016. The facility just renewed the MOU effective August 2019. As noted in Subsection (c) above, the Auditor spoke with the Executive Director (ED) of the MRCCAC, confirmed that it provides advocacy, counseling, and intervention services for sexual assault victims throughout Midland County, and confirmed the MOU with the facility.

Even though it would not be necessary in most cases due to the MOU with the MRCCAC to provide victim advocate services, the facility has other resources if the need was to arise in an emergent circumstance. The agency's Deputy Director is a Licensed Professional Counselor (LPC). In interview with the Deputy Director, it was reported that the agency also employs a second LPC who is not yet fully certified, but will be in the near future. Either of these individuals could serve as the resident's advocate in the event resources were not readily available through the MRCCAC.

No resident has made a sexual abuse allegation, so no targeted resident was interviewed. The CJPO and FA/PC report that no sexual abuse allegation has been made for the past several years. This will be addressed in more detail under the next Standard, 115.322.

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

Subsection (e):

Chapter K, Federal PREA standards Compliance, SECTION IV: Responsive Planning, Reporting and Investigating ANE/PREA and Evidence Protocol, 115.321, subsection titled Procedures Following a Confirmed Sexual Assault, #4, page 22, addresses this provision. Policy provides that, if requested by the victim, an advocate will be made available to accompany and support the victim through the forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information, and referrals.

As described in Subsections (c) & (d), the agency/facility has an MOU in place with the MRCCAC to provide victim advocacy services for any resident who is the victim of sexual abuse. From an interview with the Executive Director of the MRCCAC, a representative from this agency would be available to accompany and support the resident through the forensic medical exam and investigative interviews, and provide supports throughout the process, including referral for other on-going services. The MRCCAC works collaboratively with the Midland Memorial Hospital SANEs and the Midland County Sheriff Department to ensure the needs of all sexual assault victims in the county are effectively addressed. The FA/PC reports that as PREA Coordinator, she would ensure that the resident is well aware of available services, would coordinate services with the MRCCAC, and ensure support and intervention services are in place.

As previously reported, no resident has reported sexual abuse, so no targeted youth was interviewed.

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

Subsection (f):

As reflected in the On-Line Audit System tool, because the agency itself is not responsible for investigating allegations of sexual abuse, this provision is not applicable.

Subsection (g):

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

Subsection (h):

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled "Federal PREA Standards Compliance", Section "Referring Allegations for Investigation, 115.322, page 22. Facility's Policy and Notices on the Agency's website. Facility's Grievance Log. Randomly selected Incident Reports.</p> <p>INTERVIEWS: Agency Director/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Random Staff, both Direct Care and Shift Supervisors (10) Representative from Local LEA, Section Sergeant (SGT) Midland County Sheriff Department, Investigation Unit</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Policy in Chapter K, entitled "Federal PREA Standards Compliance", Section "Referring Allegations for Investigation, 115.322, #3, addresses this provision. Policy provides that all allegations or outcries of sexual abuse made by a resident shall be investigated administratively and referred to a local law enforcement agency if the behavior constitutes criminal conduct.</p> <p>From interviews with the CJPO and the FA/PC, the facility reports that administrative personnel conduct administrative investigations and any criminal investigation is referred to the local law enforcement agency (LEA), specifically the Midland County Sheriff Department. Further, both reported that policy requires that any allegation of sexual abuse or sexual harassment be reported immediately. Upon receipt of an allegation of sexual abuse, the LEA is contacted immediately for criminal investigation, and at the same time, an administrative investigation is initiated that ensures no interference with the criminal investigation. If it is clear that no criminal charges are involved, an administrative investigation would be initiated immediately. The facility is also required to report incidents to the Texas Juvenile Justice Department (TJJD) within 4 hours.</p> <p>Random staff interviewed indicated that they understand the requirement to report any allegation of abuse or harassment, and that the FA/PC and/or CJPO is to be notified immediately, as well as notification to the local LEA if the allegation involves sexual abuse.</p> <p>The facility has received no allegations of sexual abuse or sexual harassment for the past several years, and specifically since the last PREA audit in October 2016. This information is confirmed by the Office of the Inspector General, Texas Juvenile Justice Department. The auditor received email confirmation and supporting documentation from this office.</p>

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

Subsection (b)

Policy in Chapter K, entitled "Federal PREA Standards Compliance", Section "Referring Allegations for Investigation, 115.322, #4 & #3, addresses this provision. Policy addresses expectations for the local LEA criminal investigation as well as the internal administrative investigation.

Interviews with the CJPO and FA/PC support this policy. Midland County Sheriff Department receives referrals for all criminal investigations. All randomly selected staff (8) interviewed were well versed on this policy, and more specifically, expectations for reporting. Even though no reports have been made or received, it is understood that any report that may be made through the 1-800# hotline directly to the Texas Juvenile Justice Department would be referred to the CJPO and FA/PC.

The facility's policy is on the agency's website, along with notifications on how to report any allegation of abuse, neglect, or exploitation. Because no allegations have been received, and therefore no documentation available to review, the auditor also reviewed the facility's grievance logs for calendar years 2017, 2018, & year-to-date 2019, to determine if any subtle or other indirect information concerning possible abuse or harassment could have been overlooked. No additional information was found. The auditor also randomly reviewed incident reports from calendar years 2017, 2018, and year-to-date 2019, and found no indications of unreported allegations of sexual abuse or sexual harassment.

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

Subsection (c)

Policy in Chapter K, entitled "Federal PREA Standards Compliance", Section "Referring Allegations for Investigation, 115.322, #4 & #3, addresses this provision. Policy addresses expectations for the local LEA criminal investigation as well as the internal administrative investigation. In addition, information is provided on the agency's website that includes contact information to (1) the PREA Coordinator; (2) an agency "hotline" that goes directly to the CJPO; (3) a confidential email to the Midland County Juvenile Justice Center; (4) phone number to the Midland County Sheriff Department; (5) the TJJD Hotline; (6) the TJJD email; and (7) the Consulate of Mexico in Austin, TX. The website also provides information on the policy and interaction of the facility with the Midland County Sheriff Department. A separate Notice is also provided on the website on how to specifically report any allegations of abuse, neglect, or exploitation to the TJJD, and the process that will be utilized to investigate such allegations.

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

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

Subsection (d)

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

Subsection (e)

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25. Employee training files of ten (10) Randomly Selected Staff Training Curriculum Staff Training Rosters Training Certificates</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Facility Assistant Administrator (AFA) Randomly Selected Staff (10) Contracted Nurse (1)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25, #1a, addresses this provision, providing all staff who have contact with residents receive training in all of the specified under Standard 115.331, (a) 1-11. Interview with the AFA, the designee of the FA/PC, is responsible for all staff training, and provided information concerning how training is conducted and documented for all staff, and how this information is provided in each employee's training file.</p> <p>The Auditor interviewed ten (10) randomly selected direct care staff, selected from all shifts and from four (4) different teams, and included both male and female staff. These staff include direct care staff referred to as Juvenile Corrections Officers (6 of 16), Team Leaders (2 of 4), and Shift Supervisors (2 of 4). All reported that they had been trained on the specific items contained in Subsection (a) 1-11 of the Standard, and indicated that they understand the expectations of the facility and agency regarding the different aspects of this training. The Auditor asked various staff to describe their recollection of the training on specific topics, and each case, the employee was able to appropriately describe the training and what he/she learned. A review of all ten (10) randomly selected employees' training files found appropriate documentation of the training with staff signing that they had received the training.</p> <p>The facility is in compliance of this provision of the standard.</p> <p>Subsection (b): Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25, #2, addresses this provision, requiring that training be tailored to meet the need and attributes of both male and female residents.</p> <p>The Midland facility is a small juvenile detention facility, with a maximum capacity of 28, and</p>

an average population of 13 residents who remained in the facility for an average of only nine (9) days over the previous year. From the interview with both the FA/PC and the AFA, staff are not assigned specifically to work only with male for female residents due to the size and fluctuation of the population. For example, on the morning of the first day of the on-site phase of the audit, there were 11 residents with 9 males and 2 females; then, on the morning of the next day, there were 18 residents with 15 males and 3 females; and at the end of the second day, there were 14 residents with 11 males and 3 females. In addition, as also described by the FA/PC and AFA, staffing is generally assigned daily with one Shift Supervisor and four (4) Juvenile Supervision Officers to manage the population, with support from Team Leaders as needed. With this in mind, staff are not assigned and reassigned to work with one population or the other, and must be able to work and support each other with either population as needed.

Interviews with random staff (10) indicates that they have received training on how to work with both a male and female population, and the various aspects of working with both, especially related to the aspects of providing a sexually safe environment for both populations. Training documentation supports in the employees training records support that training has been conducted to address this need.

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

Subsection (c):

Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25, #3, addresses this provision. The facility was initially certified under PREA Standards in October 2016. Policy indicates that the facility will provide or arrange for PREA training reviews and updates on an annual basis, ensuring staff are current on policies and procedures.

In interviews with the FA/PC and the AFA, both indicated that the facility provides annual training for all staff. During Interviews with random staff (10), all indicated that they have received regular and on-going training related to PREA standards and various aspects of creating and maintaining a sexually safe environment.

Review of the training files of the 10 randomly selected staff indicates:

5 of the 10 training files reviewed were for staff hired after the initial PREA certification in October 2016; this training has consisted of 1.5 to 2.0 hours of training on facility policy and procedures, and was completed within the first 30 days of employment.

Other general PREA-related training for staff was documented for all staff in calendar year 2018 and 2019, with 4 hours of training generally provided; however, there was only one staff's file that had any training documented in in 2017 (Midland County Sexual Harassment Training) other than for those hired in that year.

Other training documented by a variety of staff included such topics as "Cultural Equity" and "Gender & Sexuality: A Changing Perspective", two modules developed and provided by TJJJ; "Overview of Federal Law & Policies: What Must Do to be in Compliance (with PREA Standards)", a TJJJ e-learning course; "PREA: Investigating Sexual Abuse in a Confinement Setting", online course from the National Institute of Corrections; "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting", online course from the National Institute of Corrections.

Staff (10) indicate that training has been provided on a regular basis during random staff interviews. Documentation in the training files indicate that the training has been provided annually in 2018 and 2019, and a variety of topics have been covered, especially utilizing available on-line courses through the TJJJD training resources. Much of the training focus appears to have been on policy and procedures related to PREA Standards compliance, and this training was completed prior to the initial PREA certification in 2016, has been repeated on several occasions during 2018 and 2019. From speaking with the AFA who has primary responsibility for ensuring required training is completed, steps have been taken to enhance training further, as well as the documentation that is needed to ensure staff sign acknowledgement upon completion.

The facility is in compliance with this provision of the standard due to the work that has been completed during 2018-2019. Though not necessary for compliance, it is recommended that the facility:

- Provide staff with a listing of available e-learning courses available from TJJJD and other resources on sexual abuse and sexual harassment topics that can be completed at their convenience as refresher courses;
- Several staff expressed a real interest in related training topics, and were knowledgeable of areas directly related to PREA Standards as well as understanding sexual differences in the juvenile population; it is recommended that the AFA consider allowing these staff to conduct training, as appropriate and as their skills and time allow, to further reinforce buy-in from staff;
- Review and present other training topics that will continue to enhance the staff's knowledge on providing an environment that is free of sexual abuse and sexual harassment in addition to basic policy and procedure training.

Subsection (d):

Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25, #3, addresses this provision. Policy requires that employees, interns, and volunteers who attend training provide either their signature or electronic verification of completion and understanding of any training provided.

Interview with the AFA, the designee of the FA/PC, is responsible for all staff training, and provided information concerning how training is conducted and documented for all staff, and how this information is provided in each employee's training file.

A review of training documentation in randomly selected staff files (10) indicated that staff are required to sign that they attend and understand training by personal signature, or through electronic verification for on-line courses.

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25. Volunteer List for 2019 (managed in an Excel spread sheet) On-Line Audit System, Midland County responses</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Team Leader, designee of FA/PC to coordinate volunteer training and oversight Volunteers (2)</p> <p>FINDINGS (by Subsection): Subsection (a): In the On-Line Audit System, the facility indicates that policy found in Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, addresses this provision. Upon review of this policy, there is no language that specifies the training that volunteers and contractors will receive from the facility. Policy does require that the training will be documented by signature or electronic verification to reflect the volunteer's attendance and understanding of the subject matter, however, nothing is stated specifically concerning contractors. In order to address this standard appropriately, discussion is provided separately for volunteers and contractors.</p> <p>Volunteers. Interviews with the FA/PC and the Team Leader, the designee of the FA/PC, who is responsible for coordinating volunteer training and oversight, provided information concerning how training is conducted and documented for volunteers and contractors, and reviewed how they track required application, background checks, child registry checks, current ID's, completion of a required on-line class, and a required PREA Orientation completed by facility personnel. Both of these individuals acknowledged that tracking of current and active volunteers, including their training requirements, had not been managed effectively by a previous employee who had this responsibility, and steps are currently being taken to rectify the lack of oversight and documentation of training requirements. Further, it was reported that all volunteers have been contacted and informed that they will no longer be able to provide volunteer services until the training requirements are met.</p> <p>In the On-Line Audit System, the facility indicated that 20 volunteers and contractors, who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Upon reviewing the current Volunteer List for 2019 document, the Auditor found that there are 7 of 29 volunteers on the list who have completed what the facility has established as required training for all volunteers as of August 29, 2019, the last day of the on-site phase of the audit. The Auditor was informed that volunteers will not be allowed entry and contact with residents until they complete the two required training courses. Notices have been sent to all volunteers with information on how to access the on-line course, and PREA orientation classes have been</p>

scheduled at the facility. Final approval for all volunteers is made by the AFA.

The Auditor conducted separate interviews with two volunteers by phone. Both volunteers reported that they have received two types of training, one being on on-line course that provided a certificate of completion, and both indicated that they have provided a copy to the facility. The second type of training is classroom at the facility with facility staff. They both indicated that they were trained on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. They also described training regarding other related topics, including not being alone with a resident, having no physical contact with a resident, juvenile rights, and suicide prevention. One volunteer indicated the training took place in 2018 with refresher training scheduled in September 2019; the other indicated the training took place in January 2019.

Contractors. The FA/PC reported that there are only two agencies that provide regular services to residents of the facility, and both are community agencies that provide monthly educational groups. One provides classes on drug and alcohol education and another on STDs and HIV education. Based on information provided during the audit, the Auditor understands that there is no contract or MOU between the facility and either of these agencies, and neither agency is required to attend or complete training on the facility's policy and procedures regarding sexual abuse and sexual harassment. A third agency, the Midland ISD, provides teachers for daily academic instruction, Monday through Friday. All teachers are required to complete the PREA orientation that addresses the zero-tolerance policy and reporting requirements concerning sexual abuse and sexual harassment, as well as providing an overview of the standards.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Develop policy that documents the required training for all volunteers and contractors, or other community agencies who may provide services to residents without contract or MOU, ensuring that the policy includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents; provide copy of the policy to the Auditor.

Complete training requirements for all volunteers who are currently on the Volunteer List for 2019, as planned, before allowing any of them to have contact with residents; provide copy of the verifications that training was completed with the volunteers to the Auditor.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The facility has developed policy addressing this specific standard, found in Chapter K, entitled "Federal PREA Standards Compliance", Section Volunteer, Intern, and Contractor 115.332.

The policy requires that training be provided on sexual abuse and sexual harassment prevention, detection, and response, including the facility's zero-tolerance policy, reporting requirements, and the potential role in an internal investigation; and, requires documentation of the training, including acknowledgement of understanding by signature or electronic verification. A copy of the policy was provided to the Auditor for review and comment. In addition, training has been completed for identified volunteers who had not received appropriate training. Documentation was provided to the Auditor indicating that training was completed on 3 days in Sept 2019, 2 days in Oct 2019, and 2 days in Dec 2019. Volunteers signed indicating that they received and understood the training provided.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (b):

In the On-Line Audit System, the facility indicates that policy found in Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, addresses this provision. Upon review of this policy, there is no language that specifies the training that volunteers and contractors will receive from the facility. There is no requirement in policy that all volunteers and contractors who have contact with residents will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Even though policy and procedure does not currently address the specifics of training for volunteers or contractors, interviews with two volunteers by phone as described under Subsection (a) above indicates that they both received training on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report.

The facility is not in compliance with this provision of the standards.

CORRECTIVE ACTION NEEDED:

Corrective action will be the same as provided above in Subsection (a) of this standard.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The facility has developed policy addressing this specific standard, found in Chapter K, entitled "Federal PREA Standards Compliance", Section Volunteer, Intern, and Contractor 115.332.

The policy requires that training be provided on sexual abuse and sexual harassment prevention, detection, and response, including the facility's zero-tolerance policy, reporting requirements, and the potential role in an internal investigation; and, requires documentation of the training, including acknowledgement of understanding by signature or electronic verification. A copy of the policy was provided to the Auditor for review and comment. In addition, training has been completed for identified volunteers who had not received appropriate training. Documentation was provided to the Auditor indicating that training was completed on 3 days in Sept 2019, 2 days in Oct 2019, and 2 days in Dec 2019. Volunteers signed indicating that they received and understood the training provided.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (c):

Chapter K, entitled "Federal PREA Standards Compliance", Section V Training and Education, Employee Training, 115.331, page 24-25, addresses this policy, requiring that training will be documented by signature or electronic verification to reflect the volunteer's attendance and understanding of the subject matter. However, the policy does not address that contractors will also be required to provide such documentation.

Interviews with two volunteers by phone confirmed that they have provided a certificate of completion, and both indicated that they have provided a copy to the facility. The Auditor reviewed this documentation. The second type of training is classroom at the facility with

facility staff. They both indicated that they were trained on the facility's zero-tolerance policy as well as their duty to report any allegation of sexual abuse or sexual harassment, and to whom to make the report. This training is documented by signature of participants.

However, as has been noted in Subsection (a) and (b), no documentation is maintained on contractors or those agencies who provided services without contract or MOU. Interview with the FA/PC indicates that such documentation is not currently required.

The facility is not in compliance with this provision of the standards.

In addition to the CORRECTIVE ACTIONS shown in Subsection (a) and (b) above:

Provide appropriate documentation for contractors or any community agency providing services without MOU or contract, that documents by signature or electronic verification that the contractor has completed and understands the subject matter.

RESPONSE TO CORRECTIVE ACTION NEEDED:

The facility has developed policy addressing this specific standard, found in Chapter K, entitled "Federal PREA Standards Compliance", Section Volunteer, Intern, and Contractor 115.332.

The policy requires that training be provided on sexual abuse and sexual harassment prevention, detection, and response, including the facility's zero-tolerance policy, reporting requirements, and the potential role in an internal investigation; and, requires documentation of the training, including acknowledgement of understanding by signature or electronic verification. A copy of the policy was provided to the Auditor for review and comment. In addition, training has been completed for identified volunteers who had not received appropriate training. Documentation was provided to the Auditor indicating that training was completed on 3 days in Sept 2019, 2 days in Oct 2019, and 2 days in Dec 2019. Volunteers signed indicating that they received and understood the training provided.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #1 & #2, page 25. Resident records/files (20); NOTE: The residents had their most recent admission in 2019, and several residents had multiple admissions from 2017 to the most recent admission in 2019. Training documents used to educate residents. Video used to educate residents. Youth Handbook.</p> <p>INTERVIEWS: Random staff (10), Juvenile Supervision Officers, Team Leaders, and Shift Supervisors. NOTE: The decision concerning a youth being admitted to the detention facility, based on probable cause and the agency's detention criteria, is made prior to the law enforcement agency (LEA) transporting the youth to the facility. The LEA will contact the agency's designated Intake Officer by phone, review the case, and, if appropriate, the approval for intake/admission is provided. Once the LEA officer arrives with the youth, the facility personnel conduct the admissions process. Due to this procedure, any of the facility staff can conduct the admissions process. Based on this process, all random staff interviewed were questioned on the intake/admissions process. Random Residents (9) Target Residents (1); NOTE: Since only one resident met the criteria for a targeted interview, four random youth were interviewed instead. Agency Director/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>OBSERVATIONS: Observations during site review of the facility Observation of intake process of three (3) youth</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #1 & #2, page 25, addresses this provision. It is required by policy that all residents upon admission to the facility receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. It is noted that the facility did not respond to provision 115.333(a)-2, concerning "the number of residents admitted over the previous 12 months who received this information at intake" when completing the Pre-Audit portion of the OAS. The Facility Administrator provided information during the on-site portion of the audit that all 394 youth, as reported under provision 155.333(b)-1, received this information at the time of intake.</p> <p>The auditor reviewed the records of 20 residents. Rather than randomly selecting a smaller</p>

number of files to review, the Auditor reviewed the files of all 11 residents who were in the facility's population on the first day of the on-site audit, added the files of the 8 residents who were admitted during the first and second day of the on-site audit, and added one additional file for a resident who was released in July 2019. This more extensive file review was completed due to the facility reporting no incidents of reported sexual abuse or sexual harassment, and the Auditor chose to review these additional files (in addition to reviewing grievances and incident reports) to determine if there were any subtle indications of potential unidentified incidents. Of these 20 youth records, 11 youth had multiple admissions back to 2018 and 2017, after the facility received its original PREA certification in October 2016. Records clearly reflect that information is consistently provided upon every admission, with the youth signing that they received the information on zero-tolerance and how to report. This information is provided in a clear and concise written format as well as discussed verbally with the youth during the admissions process, with staff asking the youth if he/she understands the information or has any questions.

During interviews with randomly selected staff, each one interviewed consistently reported that they review this information with the resident, and provide an opportunity to ask questions, as needed. Residents interviewed consistently reported that they have received this information upon all admissions to the facility at the time of intake, and that they clearly understand the expectations of zero-tolerance and were able to provide multiple options on how to report any sexual abuse or sexual harassment. In addition, the auditor was able to observe the intake process of 3 youth during the on-site portion of the audit, and observed staff providing the information, providing the youth an opportunity to ask questions, and the youth signing that they received and understood the information. Documentation in the youth records indicates that this information is provided at the time of initial intake processing, generally within the first 1-2 hours of arrival at the facility, and prior to the youth being placed in the assigned residential unit.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #1 & #2, page 25, addresses this provision. Resident records consistently reflect that comprehensive information on zero-tolerance and how to report is provided well within 10 days of admission. Both staff interviews and resident interviews indicate that this is accomplished within a few hours of admission, and is repeated every time a youth is admitted, regardless of how recent a previous admission may have occurred. Staff report that residents are shown a video presentation developed and provided by the Texas Juvenile Justice Department (TJJD) that provides the comprehensive information in an age-appropriate manner. Further, staff report that the video is shown within the first 24 hours of admission, and depending on the time of day the admission occurs, is usually completed within the first few hours of admission. A review of 20 youth records indicate that the video, along with additional discussion to address any questions, is consistently provided, with the youth signing documentation that they have seen the video and understand the material covered. Resident files consistently contain documentation that the residents received the more comprehensive information upon each admission, from 2017 to 2019. Residents interviewed consistently reported that they had received additional education beyond the initial intake process, and described the video presentation as helpful and easy to understand. Further, they reported

that the staff provide an opportunity for questions and discussion, explain how a resident can make reports of any sexual abuse or sexual harassment in multiple ways, how the situation will be addressed if anything was to occur, and were responsive in providing information in a clear manner.

It is particularly noted that the 10 residents interviewed clearly indicated that they fully understand that there is zero-tolerance for any sexual abuse or sexual harassment in the facility, and that they are encouraged to report any potential threat or fear if such was to occur. Several of the youth stated that they feel very safe in the facility, and described it as one of the safest places he/she had ever been. The one targeted youth interviewed who identifies as lesbian reported that she had been at the facility on several occasions, and described the facility as her safe place.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #1 & #2, page 25, addresses this provision. Review of resident records (20) indicates that all residents receive training within 10 days of admission, with the vast majority receiving an initial orientation as well as the more comprehensive education within the first 24 hours of admission. Staff interviews consistently reflect that there is an expectation as well as understanding and appreciation of their responsibility to ensure residents are well-informed, and that they are responsible for providing a safe environment. (NOTE: Information is provided previously in the discussion of this standard under "INTERVIEWS" above that all staff serve as "intake staff" at the facility, and are trained to conduct the initial intake process, including the provision of information on the facility's policy and procedures regarding sexual abuse and sexual harassment.) Resident interviews (10) also consistently indicate that the training is completed, even when there are multiple admissions in a short period of time. Residents with multiple admissions indicated that they have asked to be excused from watching the video, but they are required to do so no matter how long it has been since the previous admission, or how many times admitted. Residents indicated that there is information also available to them in the student handbook, with multiple copies available in their living area.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #5, page 25, addresses this provision. Documentation contained in youth records indicates that all youth have received an orientation, and indicated that they understand the materials provided. In addition, documentation with youth signature in all youth files indicates that a comprehensive education has been provided. Interview with the CJPO indicated that the vast majority of youth served by the agency are either English or Spanish speaking, reflective of the general population in the county. Written materials are provided in both English and Spanish. The Chief indicated personal recollection of the facility having a youth with a different language on one occasion, and the agency found an interpreter in the city to ensure this youth received required information as well as support through the legal process. Further, he reported that there are sufficient resources within the county to provide interpretive services, if

needed, including sign-language for a deaf youth. The FA/PC also reported that it is rare that a youth is admitted that does not speak English or Spanish. There is a good balance of personnel who are proficient in both languages, and this has not been a concern for the facility. If a youth is deaf, additional written resources are available in both English and Spanish, and if necessary, someone proficient in sign language would be made available. For a youth who has limited reading skills or are visually impaired, the comprehensive education is provided by the video, and staff report that they provide additional one-on-one support and instruction on education materials, as needed. Even though the need for special services for someone who is disabled services is rare, the CJPO and the FA/PC report resources are available to ensure appropriate education can be provided to the youth. Staff interviews further support resources will be made available if needed, including a "language line" where interpretive services can be accessed by phone. The Auditor was provided information concerning this resource that can provide over 240 different languages by calling a 1-800# to access interpretive services.

Interviews with youth did not indicate that they had any concern with understanding the materials presented, and described that the information is provided verbally during the intake and orientation process, in writing, and through the video presentation. All youth recalled this information being provided, and expressed full understanding. The auditor was able to observe the intake/admissions process of 3 youth during the on-site portion of the audit. Staff were observed and heard providing information on both zero-tolerance and reporting guidelines with the youth, asking if the youth understood the information provided, and asking the youth to sign documentation that they do understand the information provided. All youth responded affirmatively to this information and expressed no concern with understanding.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #6, page 25, addresses this provision. Policy requires that documentation be maintained that confirms that residents receive information at intake as well as comprehensive education. A review of 20 resident files clearly and consistently provided documentation that 100% of these youth received initial information during the intake/admission process, and further, more comprehensive education within 24 hours of admission. In addition, youth who have been admitted on multiple occasions, including calendar years 2017 and 2018, documentation reflects in 100% of the 20 files reviewed that the resident consistently received information upon all admissions. Interview with the FA/PC, as well as random staff interviews, supports that providing the information and obtaining the youths' signature is a requirement for all admissions to the facility. During observations by the auditor of the intake/admission process during the on-site portion of the audit, staff consistently provided information and had youth review and sign appropriate documentation that they understood the information provided.

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Education 115.333, #7, page 25, addresses this provision. During the site review of the facility, the

auditor observed a variety of posters and notices throughout the facility, in residential areas, in classrooms, in hallways, in the intake area, and in the visitation area for parents and other visitors. This information reinforces the zero-tolerance policy, and provides information on how youth or parents can speak to staff, contact community agencies, or use a 1-800# to report sexual abuse or sexual harassment. In addition, a Student Handbook is provided to the youth with additional information. Copies of the Handbook are provided on each residential unit, and are available for youth to review. During interviews with random staff, it was reported that staff make the Handbook readily available to the residents whenever they want or need one, including youth can obtain one without having to ask staff for one. During the site review, the auditor found copies of the Student Handbook in the residential units where residents can simply take one to read and review without having to request a copy from staff. Staff also noted that posters and notices are provided throughout the facility on zero-tolerance and options for reporting abuse or harassment, different from information provided to access needed services. Interviews with youth indicated that they are well aware of the notices posted throughout the facility. However, not all youth are as aware of the availability of the Student Handbooks on the residential areas. It is recommended that staff provide additional information concerning the availability of the Student Handbook during orientation, and reinforce the location and purpose of the Handbook for youth on a consistent basis, especially given the transient nature of the detention population with short periods of residency pending court actions.

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

Based on the effectiveness of the initial orientation and more intensive training provided to residents, the consistency of the documentation provided, and the responses of residents concerning the education they receive and their perception of the facility as being one of the safest places they have resided, the Auditor believes that the facility has substantially exceeded the requirements of this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLOICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section Specialized Training: Investigations 115.334, page 27. Staff training files of any employee assigned to conduct internal investigations on allegations of sexual abuse or sexual harassment.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section Specialized Training: Investigations 115.334, page 27, addresses this provision. By policy, the facility will ensure those employees assigned to conduct internal investigations into allegations of sexual abuse and sexual harassment will receive appropriate training.</p> <p>From interviews with both the CJPO and the FA/PC, it is the Auditor's understanding that the agency/facility would initiate an administrative investigation into an allegation of sexual abuse, but once it is determined that criminal activity is involved, that investigation would be referred to the local law enforcement agency. The agency/facility would also initiate an administrative investigation into an allegation of sexual harassment, and would continue the investigation until its conclusion.</p> <p>During interview with the FA/PC, it was reported that the two primary staff responsible for investigations within the facility are the FA/PC and the AFA. The FA/PC reports participation in an on-line course available through the National Institute of Corrections, but there is no documentation indicating that the course was completed. In interview with the AFA, he indicated that he had not participated in any specific training on how to conduct specialized investigations that may involve sexual abuse or sexual harassment, other than training on general PREA standards and expectations and issues concerning abuse, neglect, and exploitation. The Auditor did not locate any documentation of specialized training for either the FA/PC or the AFA.</p> <p>The facility is not in compliance with the provision of the standard.</p> <p>CORRECTION ACTION NEEDED: The FA/PC and the AFA need to participate in specialized training to ensure effective investigative procedures are utilized when needed. Provide the Auditor documentation that the training has been completed.</p> <p>RESPONSE TO CORRECTIVE ACTION NEEDED:</p>

Documentation reflecting the completion of required specialized training on investigative procedures was provided to the Auditor.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section Specialized Training: Investigations 115.334, page 27, addresses this provision. Policy is in place to describe that the training must include the specific elements as required in the standard, including interviewing techniques, use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

As noted under Subsection (a) above, the investigators for the agency/facility have not attended such training and/or there is no documentation to confirm that the appropriate training has taken place, and need to do so in order to be compliant with this standard.

CORRECTION ACTION NEEDED:

The FA/PC and the AFA need to participate in specialized training that includes the elements described in the standard and in the facility's policy to ensure effective investigative procedures are utilized when needed.

Provide the Auditor documentation that the training has been completed.

RESPONSE TO CORRECTIVE ACTION NEEDED:

Documentation reflecting the completion of required specialized training on investigative procedures was provided to the Auditor.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section Specialized Training: Investigations 115.334, page 27, addresses this provision, requiring that documentation be maintained to reflect training has been completed. As noted in Subsections (a) & (b) above, the training has not been completed, and no documentation is available to reflect training components or completion.

In the On-line Audit System, the facility responded that one individual has completed the training with appropriate documentation to confirm. As noted in Subsection (a), the FA/PC reports participation in an on-line course available through the National Institute of Corrections, but there is no documentation indicating that the course was completed. The Auditor did not locate and documentation has not been provided indicating that this training has been completed by either of the identified investigators.

The facility is not in compliance with this provision of the standard.

CORRECTION ACTION NEEDED:

The FA/PC and the AFA need to participate in specialized training that includes the elements described in the standard and in the facility's policy to ensure effective investigative procedures are utilized when needed.

Provide the Auditor documentation that the training has been completed.

RESPONSE TO CORRECTIVE ACTION NEEDED:

Documentation reflecting the completion of required specialized training on investigative procedures was provided to the Auditor.

Based on the actions taken by the facility, it is in compliance with this provision of the standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLOICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Specialized Training: Medical and Mental Health Care 115.335. Training certificates of medical and mental health care employees.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Contract Nurse Agency Deputy Director</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Specialized Training: Medical and Mental Health Care 115.335, #1 & #2, page 27-28, addresses this provision. Policy requires that these individuals who regularly work in the facility shall receive training as either an employee (under Standard 115.331) or as a contractor (under Standard 115.332). In addition, such employees or contractors will receive specialized training how to (1) detect and assess signs of sexual abuse and sexual harassment; (2) preserve physical evidence; (3) respond effectively and professionally to victims; and, (4) report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>In interview with the FA/PC, it was learned that the facility's nurse is provided under a contract services agreement with a private company, and the same company provides medical services at the county jail. The assigned nurse is at the facility on a daily basis for approximately four (4) hours to see residents as needed. A doctor is available as needed, and generally is at the facility once a week. This individual receives PREA training annually as required by a contractor, and also receives specialized training as required by the standard and policy. The contracted nurse indicated that she has participated in the required training, and documentation was provided indicating that the nurse has completed the required training.</p> <p>The agency has a Licensed Professional Counselor (LPC) on staff who is available to respond to crisis situations in the facility, or is otherwise needed, and would be available to provide services to any youth who alleges victimization of sexual abuse or sexual harassment. This individual does not work in the facility on a regular basis, and is not under the supervision of the FA/PC. From interview with the agency's Deputy Director who supervises the LPC, it is understood by the Auditor that this individual was only recently hired, and is still involved in training as a new employee. The Auditor did not locate documentation, and has not received documentation, that confirms this employee has received PREA training as required under Standard 115.331, or any specialized training as required under this standard.</p> <p>Interviews with both the FA/PC and the Deputy Director indicates that the facility is able to</p>

access more significant mental health resources through the local mental health authority or the county hospital. The Deputy Director also indicated that the agency contracts with two PhD level psychologist for any forensic examination or other services.

The facility is not in compliance with the provisions of this standard.

CORRECTIVE ACTION NEEDED:

Ensure the agency's LPC has completed required training as an employee under Standard 115.331 and the specialized training as described in this standard.

Provide training documentation to the Auditor reflecting that the agency's LPC has completed required training.

RESPONSE TO CORRECTIVE ACTION NEEDED:

It is noted that the facility provided required documentation for the agency's LPC during the on-site phase of the audit. The Auditor did not locate this documentation in records obtained during the on-site phase, and did not include it in the interim report. This documentation was located and the facility responded by providing the documentation of training.

Based on this additional information, the facility is in compliance with this provision of the standard.

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Specialized Training: Medical and Mental Health Care 115.335, #1 & #2, page 27-28, addresses this provision, indicating that no medical care practitioner will conduct forensic examinations without first receiving appropriate training and providing documentation of such training.

The FA/PC and the agency's Deputy Director reported that no forensic medical examination is completed by facility personnel or the contracted nurse at the facility. This was also supported during the interview with the contract nurse.

This provision is not applicable to the facility. However, it is noted that there was no "N/A" button in the On-Line Audit System to indicate that this provision is not applicable. The Auditor selected the "Yes" button under Provision Findings so that it would not appear that the facility is not in compliance with this provision.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Specialized Training: Medical and Mental Health Care 115.335, #4, page 27-28, addresses this provision, requiring that documentation of training for medical and mental health care practitioners be maintained.

As noted under Subsection (a) above, documentation is provided for the contracted nurse who regularly works within the facility. However, no documentation was located or has been provided for the agency's LPC who provides services as required. The same corrective action is needed to meet the requirements of this standard.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Ensure the agency's LPC has completed required training as an employee under Standard 115.331 and the specialized training as described in this standard.

Provide training documentation to the Auditor reflecting that the agency's LPC has completed required training.

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Specialized Training: Medical and Mental Health Care 115.335, #1 & #2, page 27-28, addresses this provision. Policy requires that these individuals who regularly work in the facility shall receive training as either an employee (under Standard 115.331) or as a contractor (under Standard 115.332).

As described in Subsection (a) above, the facility requires medical and mental health staff to receive training as mandated for all employees under Standard 115.331. Interviews with the FA/PC and the agency's Deputy Director indicate that this is the expectation whether these professionals are employees or contractors. Interview with the contracted nurse indicates that this training was completed, and is supported with documentation. However, training for the newly hired LPC has not been made available for the Auditor to review, and as a new employee, it is understood that this training may have not been completed at the time of the on-site phase of the audit. Corrective action is needed to ensure compliance with this provision of the standard, the same as provided under Subsection (a) and (c) above.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

Ensure the agency's LPC has completed required training as an employee under Standard 115.331 and the specialized training as described in this standard.

Provide training documentation to the Auditor reflecting that the agency's LPC has completed required training.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341. Review of the “Behavioral/Risk Level Screening” tool utilized by the facility Documentation in resident files (20) Documentation in resident medical files (10)</p> <p>INTERVIEWS: Randomly selected staff (10) (NOTE: It has been previously noted that due to the way the facility manages the intake process, all staff are responsible for the admissions process, and are required to complete the risk screening assignment whenever working.) Randomly selected residents (9) Targeted residents (1) Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA)</p> <p>OBSERVATIONS: Observed the intake process for three (3) youth</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341, #1, pages 28-29, addresses this provision. Policy requires that the facility conduct an assessment within 72 hours of admission to define the youth’s risk for potential sexual victimization or potential abusiveness toward other residents, with periodic reassessment.</p> <p>Interviews with randomly selected staff (10) who complete the assessment indicate that the assessment is completed on all youth admitted, and is completed within the first few hours of receiving the youth from a law enforcement agency (LEA) or from another county. As previously discussed, the intake decision that involves working with the LEA to establish probable cause and a legal basis to detain the youth is made by either an on-site Intake Officer of the agency during normal business hours, or by an Intake Officer who is on call. Once this decision is made, the LEA transports the youth to the facility, and facility staff complete the admissions process. Staff report that the assessment is completed as a part of the intake process, so is completed within the first few hours of admission, and well within the 72 hours.</p> <p>The randomly selected youth (9) and targeted youth (1) all reported that they recall being asked about whether they had been sexually abused or if they were afraid of being abused at the facility. None of the youth expressed any fear of being abused, and none of the youth interviewed expressed that they had been sexually abused. There were no specific youth</p>

identified as having reported prior victimization during the admissions process.

A review of resident files (20) indicated that the youth were all screened for a history of victimization and abusiveness. Documentation is maintained in 100% of the resident files indicating that each youth was screened during the last admission process to the facility, as well as during previous admissions in 2017, 2018, and earlier in 2019.

While conducting the on-site phase of the audit, the Auditor was able to observe the admissions process for three (3) youth referred by the local LEA. The Auditor was able to watch and listen as staff conducted the admissions process, and completed the screening for victimization or abusiveness. The process was completed in an office away from other youth, and the staff involved interacted professionally and in a supportive manner throughout.

The facility provided a response of "0" in the On-Line Audit System as to the number of residents admitted during the past 12 months, whose length of stay in the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents. In reviewing this with the FA/PC, it was determined that this was a misrepresentation and oversight. The FA/PC indicated that all 394 youth who were admitted were screened as required by the policy and the standard.

Also, the facility reports that the average length of stay in the facility is 9 days, and rarely are youth detained for extended periods of time. Policy requires that the resident be reassessed periodically, and due to the average length of stay, this is rarely, if ever, needed or required. The youth with the longest length of stay at the time of the on-site audit, and interviewed by the Auditor, was sixteen (16) days. If a youth was to remain for an extended time, the FA/PC indicated that the reassessment would be conducted based on information that is gained during the resident's stay. Specifically, policy reflects that information will be gathered through staff/counselor's conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff working the unit. This information will be placed in the resident's file and relayed to the Shift Supervisor. If warranted, the supervisor will notify the FA/PC or AFA to determine if further action is necessary.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341, #1 & #2, pages 28-29, addresses this provision. Policy requires the use of an objective screening instrument.

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

decision.

Interviews with the randomly selected staff (10) indicates that they have been trained in the use of the tool, and feel comfortable with completing the screening on residents. They report that if there is a question or concern with a specific youth that may be unclear, the Shift Supervisor will review and assist in making a determination. From the Auditor's observations of the admissions process completed on three (3) youth during the on-site audit, the staff involved obtained the information from the youth and from reviewing the case record, and completed the screening tool appropriately.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341, #1, page 28, addresses this provision. The policy requires that all 11 criteria listed in the standard be included in the screening instrument utilized by the facility.

The Auditor reviewed the "Behavioral/Risk Level Screening" tool utilized by the facility, and found that the tool provides an objective review of the 11 criteria provided in the standard. Interviews with the randomly selected staff (10) indicates that they understand the factors that need to be considered when completing the screening tool, have been trained in the use of the tool, and feel comfortable with completing the screening on residents. They report that if there is a question or concern with a specific youth that may be unclear, the Shift Supervisor will review and assist in making a determination. Policy requires that the staff completing the intake will review the information with the Shift Supervisor to determine if the information indicates a heightened need for supervision, additional safety precautions, or separation from certain other residents.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341, #1, page 29, addresses this provision. Policy requires that information be determined through conversations with the resident, medical/mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's detention file.

Interviews with the randomly selected staff (10) who also complete the behavioral/risk screening tool indicates that they understand the requirement to consider all information that is available to make a determination. Shift Supervisors are available to review and work with the staff to make the best assessment. The FA/PC and/or the AFA will also review the resident information and the screening, especially on those youth who do not have a history with the facility. Interview with the contracted nurse indicates that a medical screening is completed within 24 hours of admission, and often the same day. The Auditor was able to review resident medical files (10), and confirmed a screening was completed within 24 hours of admission.

The nurse further indicated that information is provided to the staff of any specific concerns or issues that may impact the resident's safety. This information is further considered along with the information previously provided and obtained.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section VI – Screening for Risk of Sexual Victimization and Abusiveness, Obtaining Information from Residents 115.341, page 29, addresses this provision. Policy states that at no time will sensitive information, possibly detrimental to the resident, be entered into the agency's electronic case management system. Information learned from an assessment will be limited to those who discovered the information, facility administrators, others responsible for housing assignments, the PREA Coordinator, and behavioral health staff. Other staff will only receive information directly related to facility safety and security, and only information regarding potential risk is disseminated, omitting factors as to why the risk exists.

Interview with the FA/PC indicates only information that is needed or required to maintain the safety and security of the facility would be disseminated to all facility staff, and discretion used to ensure as much confidentiality as possible for the safety of the individual resident. Serving as the PREA Coordinator, the Facility Administrator will have access to appropriate information, and as such, works with staff to ensure resident confidentiality as much as possible, and at the same time, address facility safety for all residents and staff. Interviews with random staff also indicates that they understand the need to deal with confidential information concerning specific residents, and at the same time, work with the Shift Supervisor and FA/PC and/or AFA to ensure safety for all residents and staff.

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342. Review of the "Behavioral/Risk Level Screening" tool utilized by the facility Documentation in resident files (20) Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities.</p> <p>INTERVIEWS: Randomly selected staff (10), work assignments include completing the risk assessment and supervising youth in "isolation" (There is a small area with four (4) individual rooms that the facility designates as the "Max unit" where residents may be placed for a period of time; no staff are specifically designated to work only that unit, and any staff member can be assigned to supervise residents in the unit at any time, including Juvenile Supervision Officers, Team Leaders, and Shift Supervisors. In addition, because this unit is located immediately adjacent to the Facility Administrator/PREA Coordinator and Assistant Facility Administrator offices, they too will monitor or supervise youth in this unit.) Randomly selected residents (9) Targeted residents (1) Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA) Contracted Nurse Agency Deputy Director who provides mental health services/emergent counseling services if needed.</p> <p>OBSERVATIONS: Observations while conducting the site review during the on-site phase of the audit</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #1, page 29, addresses this provision. Policy requires that the facility utilize information gathered from the risk screening required in standard 115.341 be used to make housing and program assignments to keep residents safe and free from sexual abuse.</p> <p>Interview with the FA/PC indicates that staff utilize the information provided in the screening to make decisions about where residents will be placed in the facility and if there are any special precautions. It is important to note that the facility consists of two (2) general housing units with 12 single-occupancy rooms in each unit, for a total of 24 beds. In addition, there are four (4) rooms that are in a separate area of the facility referred to as the "Max" unit with four (4)</p>

single-occupancy rooms that are used for residents requiring medical isolation, or who are displaying significant aggressive or disruptive behaviors, or significant mental health needs. In addition, if an allegation was to be made, this space would be utilized to separate a victim from an alleged perpetrator. Upon admission, unless in extreme cases when a resident may need to be isolated or separated from other residents, the resident is placed in one of the two 12-bed general housing units, with the "Max" area available if needed. One of the 12-bed units generally houses female residents, with the second unit used for males, based on the total population at any given time. As has been discussed previously, there is regular fluctuation of the total population, and specifically in the population of both males and females. Information gathered from the risk screening is utilized to place residents into the most appropriate housing unit given these factors, as well as making any adjustments for participation in programming that the facility provides.

Interviews with random staff (10) who complete the risk assessment indicate that they consider all the information gained from the screening to make the most appropriate decision possible, especially concerning the housing assignment, and given the current population and available space. Shift Supervisors assist and provide direction as needed. It is noted that room assignments can be modified as needed and as the population fluctuates, especially if particular needs of individual resident(s) are identified.

The Auditor reviewed the "Behavioral/Risk Level Screening" tool utilized by the facility and found that after reviewing information collected, the staff documents the "housing unit disposition" and documents the date and time the decision is made. The staff member also signs and dates the date so that, if needed, supervisors and administrators can follow-up and review decisions made, as needed. The Auditor also reviewed resident files (20) and found in 100% of the files, this documentation is completed, and a determination is made prior to the youth being placed in one of the housing units. In all cases, the resident was placed in one of the general housing units.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #2, page 29-30, addresses this provision. Policy provides that residents are only isolated as a last resort to keep them safe, and if isolated, the facility will not deny them daily exercise or required education programming, will provide daily medical or mental health care, and will allow participation in other programming to the extent possible.

Interview with the FA/PC indicates that, as discussed previously, the facility has not had an allegation of sexual abuse over the past several years, and specifically since the last PREA audit in October 2016. Given this fact, and as reported in the On-Line Audit System for this audit, no youth has been isolated due to being at risk of sexual victimization, so therefore no such resident was denied exercise or educational programming.

The Auditor requested the FA/PC identify any current resident(s) who were placed in "isolation" for any reason during the on-site phase of the audit. It was identified that two female residents had been placed on "room restriction" in their own room, but no resident had

been placed in isolation in the “Max” area of the facility. The Auditor spoke with these two residents when conducting interviews with randomly selected residents. Interviews with all nine (9) of the randomly selected youth and one targeted resident (1) indicated that none of these youth had been placed in the “Max” area that is considered isolation. Several residents indicated that they had been placed on a room restriction for misbehavior, but this lasted for only a few hours at most. No resident described any feeling or thoughts of being mistreated in this process, and reported that he/she was able to return to regular programming upon completion of the room restriction.

Interviews with randomly selected staff (10) indicated that they had supervised youth placed in the “Max” area previously, but never due to risk of sexual victimization. Situations were described primarily of residents who were involved in an altercation with another resident and presented a threat of harm, or were involved in repeated and on-going disruptive behaviors; or, a resident who presented extreme aggressive or violent behavior over an extended time and required separation from other residents; or, medical isolation due to a significant illness. In all these cases, staff reported that the resident was still allowed to participate in recreational activities within the dayroom of the “Max” unit that has a television, board games, reading materials; were afforded time for large muscle exercise, including going outdoors in the recreation area that includes a basketball court; and, educational activities with materials provided by the facility’s teachers. Interviews with the FA/PC as well as the randomly selected staff indicated that every effort is made to remove the resident from the “Max” area as soon as possible, with most youth remaining there for no more than 24-48 hours. It is also reported that no resident is denied access to medical or mental health care.

The Auditor was able to view the “Max” area while conducting the site review during the on-site phase of the audit. No youth were assigned to the area at that time. The Auditor identified that a television is provided in a dayroom area, along with board games and reading materials, and the area is equipped with a table and chairs for residents to use outside the assigned room. The area was well lit with natural light, and there is direct access to the outdoor recreation space. As reported, the Auditor confirmed the “Max” area is immediately adjacent to the offices of the FA/PC and AFA, and both report that if a youth is assigned to the “Max” area, they review the reason for placement in the area, particularly to determine if the placement there was warranted; redirect staff to move the youth back to the general housing area and programming as quickly as possible; and, interact regularly with the resident(s) who are placed there.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #3, page 30, addresses this provision. Policy prohibits residents who identify as lesbian, gay, bisexual, transgender, or intersex being assigned solely on the basis of this identification, or using this identification as an indicator of likelihood of being sexually abusive.

Interview with the FA/PC indicates that staff conducting the risk assessment are not allowed to place residents in a particular housing unit or bed, or any other program assignment, based

on their sexual identity. Due to the small population served by the facility, the FD/PC is able to review resident's records at any time, especially those who are admitted for the first time. The FA/PC indicates that adjustments would be initiated, and staff would be counseled and redirected if it was learned that they were making any such decision. The Auditor also reviewed the "Behavioral/Risk Level Screening" tool utilized by the facility, and there is nothing in this documentation that would direct or guide the staff completing the risk assessment to make any such determination or decision.

The Auditor did conduct one interview with a female resident who identifies as being lesbian. The resident indicated that no decision has been made to place her in a different location or separate from other residents, and there has never been any treatment different from other residents. The resident indicates that she has been admitted on multiple occasions over the past 1-2 years, and in each case, believes she has been treated appropriately. In fact, she referred to the facility as the location where she feels the safest. A review of this resident's file indicates that she has been admitted on four (4) occasions in 2018-2019. Documentation is in the file indicating that the risk assessment was completed upon each admission, with no indication that her sexual identity played any part in her housing or program assignment.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #4, page 30, addresses this provision. Policy provides that the facility will consider the assignment of any resident who is transgender or intersex on a case-by-case basis, and will make a placement decision based on that individual's health and safety, and whether the placement would present management or security problems.

From interview with the FA/PC, the facility has not served a transgender or intersex youth while serving in this capacity for the past six (6) years, and particularly since the PREA Standards have been in effect in the facility since October 2016. The agency operates only one facility for juvenile offenders, and as described under Subsection (a) above, the facility only has two 12-bed single-occupancy housing units for both male and female residents, and a small "Max" area with four (4) single-occupancy rooms to separate residents who present a threat to the health or safety of other residents. If a resident who is transgender or intersex was to be admitted, the facility would act on a case-by-case basis to ensure the health and safety of the individual resident, and consider how the placement of the resident would present management issues. Up to the time of this audit, this has not presented an issue for the facility, and it is anticipated that the facility staff would be able to appropriately serve and manage a resident as required.

Because there was no resident who identifies as transgender or intersex, and no records to review to provide insight into how the facility best serves this population, no targeted interview or record review was completed. The Auditor did interview a total of ten (10) youth, with nine randomly selected and one targeted interview with a resident who identifies as lesbian. All youth consistently indicated that they feel safe within the facility, and do not have any fear of being victimized by staff or other residents.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #5, page 30, addresses this provision, requiring a reassessment at least twice a year.

As has been previously addressed, the facility is a 28-bed juvenile pre-adjudication facility, or more commonly referred to as a juvenile detention center, with an average daily population of 13 and an average length of stay of 9 days. The facility's population changes constantly as youth are arrested and admitted to the facility, the case is processed, court action is taken, and the case is adjudicated and disposed. The FA/PC reports, as well as policy provides, that an assessment would be conducted at least twice a year if a resident was to remain in the facility for that length of time.

Because there was no resident who identifies as transgender or intersex, and no records to review to provide insight into how the facility has reassessed any individual in the population, no targeted interview or record review was completed.

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #6, page 30, addresses this provision, requiring that a transgender or intersex resident's own views with respect to his/her own safety will be given serious consideration.

From interview with the FA/PC, the facility has not served a transgender or intersex resident while serving in that capacity for the past six (6) years, and particularly since the PREA Standards have been in effect in the facility since October 2016. The agency operates only one facility for juvenile offenders, and as described under Subsection (a) above, the facility only has two 12-bed single-occupancy housing units for both male and female residents, and a small "Max" area with four (4) single-occupancy rooms to separate residents who present a threat to the health or safety of other residents. If a resident who is transgender or intersex was to be admitted, the facility would consider a transgender or intersex resident's views, with respect to his/her own safety in making housing, bed, and program assignments. Up to the time of this audit, this has not presented an issue for the facility, and from interviews with the FA/PC, and randomly selected staff who provide direct supervision of residents, considered "security staff", and complete the risk screening, it is anticipated that the facility staff would be able to appropriately serve and manage a transgender or intersex resident as required.

Because there was no resident who identifies as transgender or intersex, and no records to review to provide insight into how the facility best serves this population, no targeted interview or record review was completed. The Auditor did interview a total of ten (10) youth, with nine randomly selected and one targeted interview with a resident who identifies as lesbian. All youth consistently indicated that they feel safe within the facility, and do not have any fear of being victimized by staff or other residents. It is expected that the FA/PC as well as all staff, would take necessary steps and precautions to ensure the safety of any resident, and

particularly a transgender or intersex resident as required, and take the resident's input into consideration when making any decision.

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

Subsection (g):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #7, page 30, addresses this provision, requiring that transgender and intersex residents be allowed to shower separately from other residents.

Interviews with the FA/PC as well as randomly selected staff (10) who also complete the risk screening, all youth are allowed to shower one-at-a-time, in privacy, and outside of the view of any camera. Interviews with randomly selected residents and one targeted interview with a resident who identifies as lesbian verifies that all residents shower separately, one at a time. Both staff and residents consistently explained how this is done using showers located in each of the two housing units, with one shower in a room that is designated as a handicapped room that is seldomly, if ever, used to house a resident. This arrangement allows sufficient time and space for residents to shower separately on a daily basis, especially considering the average daily population of the facility. Even if the population was to rise close to maximum capacity, staff and residents alike indicate that showers are always done one at a time in multiple showers.

While conducting the site review of the facility during the on-site phase of the audit, the Auditor was able to view the housing units and specifically the available showers. The layout of the units provides for the ability to have residents shower one at a time in the three different locations identified and discussed.

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

Subsection (h):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #8, page 30, addresses this provision, requiring the facility to document the basis for isolating a resident for safety purposes, and why no alternative can be arranged.

As documented in the On-Line Audit System, the facility reports no incidents of isolating a resident at risk of sexual victimization in the 12 months prior to the audit. As noted previously, there has been no report of sexual assault or sexual harassment at the facility for several years, supported by reports from the Office of the Inspector General, Texas Juvenile Justice Department. Therefore, there are no case files to review. Policy is in place that does require that the facility will document the basis for isolating a resident for safety purposes, and why no other arrangements could be provided, in the event such was to occur.

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

Subsection (i):

Chapter K entitled "Federal PREA Standards Compliance", Placement of Residents in Housing, Bed, Program, Education, and Work Assignments 115.342, #9, page 30, addresses this provision, requiring that a review is conducted every 30 days on a resident placed in isolation, with a determination for the continuing need for separation from other residents.

As provided in Subsection (a) above, interviews with randomly selected staff (10) indicated that they had supervised youth placed in the "Max" area previously, but never due to risk of sexual victimization. Situations were described primarily of residents who were involved in an altercation with another resident and presented a threat of harm, or were involved in repeated and on-going disruptive behaviors; or, a resident who presented extreme aggressive or violent behavior over an extended time and required separation from other residents; or, medical isolation due to a significant illness. In all these cases, staff reported that the resident was still allowed to participate in recreational activities within the dayroom of the "Max" unit that has a television, board games, reading materials; were afforded time for large muscle exercise, including going outdoors in the recreation area that includes a basketball court; and, educational activities with materials provided by the facility's teachers. Interviews with the FA/PC as well as the randomly selected staff indicated that every effort is made to remove the resident from the "Max" area as soon as possible, with most youth remaining there for no more than 24-28 hours.

From interview with the FA/PC as well as with the AFA, every effort is made to remove residents from the "Max" or isolation area as soon as possible, and have residents engaged in regular programming with other residents. The facility places value on having the youth engaged in services and programming rather than isolated, unless exigent circumstances require such action, based on the health and safety of residents and staff.

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

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

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

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

The FA/PC is required under these standards to review the placement within 24 hours, and to determine if continuation is required or if other less restrictive alternatives are available. In

addition, the FA/PC is required to develop a plan to meet the needs of the resident.

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351. Juvenile, Parent, Community Grievance Report (document used by facility to document any grievance)</p> <p>INTERVIEWS: Randomly selected staff (10) Randomly selected residents (9) Targeted residents (1) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>OBSERVATIONS: Observations while conducting the site review during the on-site phase of the audit</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351, #1, page 31, addresses this provision, requiring that the facility provide multiple methods for residents to privately report sexual abuse or sexual harassment, including retaliation for doing so, and any neglect that could have contributed.</p> <p>Facility policy specifically provides options such as the resident grievance process, and internal hotline, and talking confidentially and directly to any agency employee or contract service provider. The FA/PC also indicates that all of these resources are available to residents whenever requested, as well as a 1-800# that connects directly to the Texas Juvenile Justice Department abuse hotline. It was also reported that a private location is provided for the resident to make an outcry on the hotline.</p> <p>During interviews with random staff, several options were identified including the 1-800 hotline, filing a grievance, disclosing to a staff member in private, talking to a supervisor, and talking to a volunteer. One staff member stated a resident could talk to anyone in the facility, especially since everyone is aware of the zero-tolerance policy. During interviews with randomly selected residents (9) and a targeted resident, they indicated the same resources, including the 1-800#, file a grievance, talk to staff (one said I could call a staff member to my room for privacy), talk to a teacher, write it down and give to staff, and one youth stated "someone I trust...like staff here".</p> <p>While conducting the site review during the on-site phase of the audit, the Auditor observed posters and notifications throughout the facility, especially where youth would be involved in activities, providing information for the TJJD hotline and other available resources in the community.</p>

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351, #2, page 31, addresses this provision. The facility provides contact information for several outside public and private agencies that residents can contact to make reports of sexual abuse or sexual harassment, including the Texas Juvenile Justice Department (TJJD), the Midland County Sheriff Department, the Midland Police department, and the Midland Rape Crisis and Child Advocacy Center (MRCCAC). In addition, information is provided on the appropriate consular office for any youth held for civil immigration purposes. Residents can make anonymous reports to any of these agencies.

Interview with the FA/PC confirms that the facility provides contact information to residents for the agencies identified. If the resident was to contact the TJJD 1-800# hotline, a TJJD representative will contact either the Agency Head or the FA/PC to inform them of any reported allegation immediately. The same would be true if a resident was to contact one of the local law enforcement agencies or the MRCCAC. If contacted, these agencies would also contact the Agency Head or FA/PC immediately. The FA/PC is involved with these local agencies as co-members of the county's Child Protection Team that meets on a regular basis, and shares information regarding sexual abuse cases throughout the county, and how they can work together to address this issue. From interviews with representatives from the Sheriff Department and the MRCCAC, the Auditor understands that the facility representatives actively participate in the meetings and reflect a strong commitment to addressing issues related to sexual abuse in the facility and the community at large. There were no youth being detained for only civil immigration purposes. The FA/PC indicates that detaining a youth for this purpose would rarely occur, if at all, as other facilities are used for this purpose in the state. The facility has information for the consular office available, if needed.

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

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351, #4, page 31, addresses this provision. Policy requires the employees accept reports made verbally, in writing, anonymously, and from third parties, and that they promptly document any verbal reports; and, the employee must immediately notify their supervisor of the report and submit any relevant documentation of the report.

Further, the FA/PC documented in the On-Line Audit System in response to this specific

standard that upon receipt of a verbal report, the control center will be notified, and the staff member will provide a written report as soon as time permits. From interview with the FA/PC, it is reported that any staff member receiving a verbal report involving an allegation of sexual abuse or sexual harassment is expected to report the allegation immediately, as required by policy, and would make a report to the control center and to the Shift Supervisor immediately. Written documentation with all details would be provided as soon as possible. Interviews with randomly selected staff indicates that staff understand their collective responsibility to report any verbal allegation they receive immediately, without hesitation. All staff interviewed stated that they would report an allegation of sexual abuse or sexual harassment immediately after completing their conversation with the resident. As has been previously addressed and discussed, there has been no allegation of sexual abuse or sexual harassment, from since before the last PREA audit in October 2016. There were no files or records to review to confirm timing of any reports or further actions taken. Staff are well trained on their expectations in accordance with policy should an allegation be made.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351, #3, page 31, addresses this provision, requiring the facility to provide residents with the necessary tools to make a written report regarding sexual abuse or sexual harassment, retaliation, or any staff neglect.

From conversation with the FA/PC, the primary method for residents to submit a written report is the grievance form. Grievances are made readily available to residents, and they can complete and submit a completed grievance without having to give it to a staff member to submit. Staff will provide a pen or pencil to complete the grievance. A grievance box is provided in the housing unit where residents can insert the completed grievance form into an opening in the box where staff or other residents can not access. The grievances are collected by the Assistant Facility Administrator for review and response. A grievance log is maintained with all grievances filed on an annual calendar-year basis.

The Auditor was able to review the grievance logs for those filed year-to-date in 2019, and for all of calendar year 2018. A total of 15 grievances have been filed up to the date of the on-site audit in 2019, and 14 grievances were filed in 2018. All of the grievances were related to complaints that were not related to any allegation of sexual abuse or sexual harassment. The Auditor found no subtle information in the grievances that would indicate that there was an incident of sexual abuse or sexual harassment that was overlooked or went unreported.

Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no residents to interview who had made such an allegation, or files or records to review to confirm any grievance submitted or further actions taken. From interviews with residents, all know that they can complete a written report and submit it to staff for review. Some residents were more familiar with the grievance box itself than others, and this was particularly true with residents who were in the facility for the first time. At the same time, all indicated that they understand they can write a grievance and give it to staff member. It is recommended that staff better educate residents on the grievance process during the admissions process, ensure residents know the location of the

grievance box, and how this can be used to report any concern or issue, particularly any allegation of sexual abuse, sexual harassment, retaliation, or any other issue.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section VII Reporting, Resident Reporting 115.351, #5, page 31-32, addresses this provision. Policy provides for not only employees to privately report and sexual abuse or harassment of residents, but also provides that interns and volunteers can directly report to (1) an internal agency hotline that is managed directly by the Agency Head; (2) an agency administrator or the FA/PC in person; (3) direct email to an agency administrator or the FA/PC; (4) the Texas Juvenile Justice Department, using the 1-800# hotline; or, (5) the Midland County Sheriff Department. Staff, interns, and volunteers are informed of how they can make a report during the required PREA training.

Interviews with randomly selected staff (10) indicates that 100% of those interviewed are aware of their ability to make a private report, and most indicated that they would report to either the FA/PC or use the 1-800# hotline. All indicated with no hesitancy that they would make a report if they personally witnessed or became aware of any allegation of sexual abuse or sexual harassment. From interviews with the volunteers (2), they also indicated that they had received training specifically on this issue, and understand ways that they can report any allegation.

Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no files or records to review to confirm how an initial report was made or further actions taken. However, from interviews with both staff and volunteers, all are trained and are well informed on their responsibility to report and how the report can be made, including making the report privately.

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW:</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352. Resident Handbook. Juvenile, Parent, Community Grievance Report (document used by facility to document any grievance). Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities (https://texreg.sos.state.tx.us).</p> <p>INTERVIEWS:</p> <p>Randomly selected staff (10) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #1, pages 32-33, addresses this provision. The facility does have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>As facility certified in Texas as a pre-adjudication detention center, the facility is required to meet standards promulgated by the Texas Juvenile Justice Department, and contained in Texas Administrative Code, Title 37 Public Safety and Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically §343.376 Resident Grievance Process. This standard, in part, requires at a minimum that the facility provides:</p> <p>(a) Written policies, procedures, and actual practices that demonstrate there is a formal grievance process to address residents' complaints about their treatment and facility services.</p> <p>(b) The formalized grievance process shall include the following policy, procedural, and practice elements:</p> <p>(1) Staff members shall not deny a resident the opportunity to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility.</p> <p>(2) Residents shall have full access to the grievance process, including forms and methods of submission.</p> <p>The facility is required under these standards to have a grievance process in place, with additional standards providing additional requirements and guidance for an effective grievance system. Residents are able to file a grievance regarding their treatment at the facility, including any allegation of sexual abuse.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b):</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative</p>

Remedies 115.352, #1 & #2, page 32, addresses this provision, establishing that there is no time limit on when a resident may submit a grievance and make an outcry regarding an allegation of sexual abuse. In addition, residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

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

The Resident Handbook provides information on how to utilize and access the grievance process for any complaint or report of any concern. This information is found on page 6 of the Handbook. This information is reviewed with the residents as well. Interviews with residents indicates that they are knowledgeable of the grievance system, and know how to file a grievance if they believe there is a need to do so.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #4, page 32, addresses this provision. Under this policy, residents are ensured that when filing a grievance that alleges sexual abuse, it does not have to be filed with the staff who is the subject of the allegation, and the grievance will not be referred to that individual.

The Resident Handbook provides information on how to utilize and access the grievance process for any complaint or report of any concern. This information is found on page 6 of the Handbook. Information is provided that encourages residents to resolve general complaints with staff, but it is also clear that a grievance can and should be filed if this will not resolve the complaint. This information is reviewed with the residents as well as part of the on-going education that takes place at the facility. Interviews with residents indicates that they are knowledgeable of the grievance system, know how to file a grievance if they believe there is a need to do so, and indicated that this would be one process they could use to file an allegation of abuse if needed.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #4, page 32, addresses this provision, and policy outlines the timeframes as provided in the standard will be met.

As noted under Subsection (a) above, as facility certified in Texas as a pre-adjudication detention center, the facility is required to meet standards promulgated by the Texas Juvenile Justice Department, and contained in Texas Administrative Code, Title 37 Public Safety and

Corrections, Part 11 Texas Juvenile Justice Department, Chapter 343: Secure Juvenile Pre-Adjudication Detention and Post-Adjudication Correctional Facilities, specifically §343.376 Resident Grievance Process. Requirements for addressing a grievance filed in pre-adjudication facility require, in part, that the formalized grievance process shall include...A written response and resolution shall be provided to the resident no later than 10 calendar days after the date the grievance is received by pre-adjudication staff, and documentation of the resident's acknowledgment of the resolution shall be maintained. And, further, in §343.378 Grievance Appeals, a written resolution to all grievance appeals shall be provided to the resident no later than 10 calendar days after the date the appeal is received by pre-adjudication staff.

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

The facility provided responses in the On-Line Audit System indicating that no grievances have been filed in the previous 12 months alleging sexual abuse. Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no related grievances to review to confirm how the grievance was addressed, and there were no residents to be identified as having filed such a grievance.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #6 & #7, page 33, addresses this provision, and policy outlines compliance with all provisions of this standard, permitting third parties to assist a resident to file a grievance or request for administrative remedy, or filing such on behalf of a resident. If the third party is someone other than a parent or legal guardian, the facility acknowledges that it may require agreement from the alleged victim, and may require the alleged victim to personally pursue any subsequent steps. If a resident were to decline to have the request processed, the agency would document that decision. Further, policy provides that a parent or legal guardian is allowed to file a grievance and subsequent appeals regarding allegations of sexual abuse, on behalf of a resident, and such actions would not require the resident's agreement. From interview and conversation with the FA/PC, as well as the Agency Head, in any such cases, the facility would investigate the allegations fully, following the same investigative procedures as any other allegation of sexual abuse.

The facility provided responses in the On-Line Audit System indicating that the number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, as "0". Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no related grievances to review to confirm how such a grievance was addressed.

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #8, page 33, addresses this provision. Policy requires that if a grievance indicates a resident is potentially subject to a substantial risk of imminent sexual abuse, the facility will take immediate corrective action, provide an initial response within 48 hours, and make a final decision within 5 calendar days. The facility will determine if the resident is in substantial risk of imminent sexual abuse, take appropriate action, and document all aspects of the emergency grievance.

The facility provided responses in the On-Line Audit System indicating that there were "0" emergency grievances filed alleging substantial risk of imminent sexual abuse in the past 12 months. Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no related emergency grievances to review to confirm how such a grievance was addressed.

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

Subsection (g):

Chapter K entitled "Federal PREA Standards Compliance", Exhaustion of Administrative Remedies 115.352, #9, page 33, addresses this provision, allowing the facility to only discipline a resident for filing a grievance when it can demonstrate grievance was filed in bad faith.

The facility provided responses in the On-Line Audit System indicating that In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was "0". Because no allegation of sexual abuse or sexual harassment has been made from since before the last PREA audit in October 2016, there were no disciplinary actions taken against a resident for filing a grievance, and therefore no documentation to review.

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section Resident Access to Outside Support 115.353, page 33-34. Posted information on residential units as well as other locations. Resident Handbook. Memorandum of Understanding (MOU) with Midland Rape Crisis and Child Advocacy Center (MRCCAC) Posting of Visitation Guidelines in the main entrance area of the facility.</p> <p>INTERVIEWS: Random and targeted youth, total of 10. Because no reports of sexual abuse have been made, no identified resident as a victim was interviewed. Random staff (10) Facility Administrator/PREA Coordinator (FA/PC) Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC)</p> <p>OBSERVATIONS: During site review of facility, as well as whenever moving throughout the facility, observed informational posters containing contact information to report allegations of sexual abuse as well as information on counseling resources, particularly in living units, classrooms, and other common areas for youth, as well as in main entrance lobby where parents and volunteers enter the facility. Visitation area for parents during site review of the facility. Observation of detention hearings.</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section Resident Access to Outside Support 115.353, #1, page 33-34, addresses this provision. The facility will provide access to outside victim advocates for support, through phone numbers and mailing addresses, including local, state, or national organizations.</p> <p>The FA/PC reported that the facility has an effective working relationship with the Midland Rape Crisis and Child Advocacy Center (MRCCAC) who provides advocacy and support services for youth throughout the county, and specifically for the residents of the facility. The facility has an MOU with MRCCAC to provide services, as needed. This agency would be involved with any resident who makes an outcry of alleged abuse, and would work with the facility and the local law enforcement agency in such situations. Staff at the MRCCAC are also available to residents who may be in need of other support services.</p> <p>All residents (10) interviewed reported that they know that they can access support systems if</p>

they have in fact experienced sexual abuse, both to report the abuse through a 1-800# hotline, as well as obtain counseling and support services through the MRCCAC. No youth reported that he/she had ever made a report of sexual abuse while at the facility. Staff interviewed also indicated that the 1-800# is available, and youth can access support through the facility's relationship with the MRCCAC for immediate assistance. Staff can assist residents for additional support, if needed, through the mental health authority for Midland County, called PermianCare. Counselors/therapist from either of these agencies are available to the facility to provide advocacy, emotional support, and counseling services. This information is also contained in the Resident Handbook.

The auditor viewed the posters providing the 1-800# hotline, in both English and Spanish, as well as information on available resources for support services, throughout the facility while conducting the on-site phase of the audit. Posters were prominently displayed in all areas where residents are involved in activities and programming, such as classrooms, housing unit, and intake area, as well as in the lobby and visitors' entrance where parents/guardians, volunteers, and other visitors can access the information.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Access to Outside Support 115.353, #1 & #2, page 33-34, addresses this provision. Policy requires that the facility inform residents, prior to giving them access to outside support services, (1) the extent to which such communications will be monitored, and allows communication to be in as confidential a manner as possible; (2) the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply.

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

Interviews with residents (10) consistently indicated that they are aware of how they can access outside agencies for support services as well as to report allegations of sexual abuse or sexual harassment. Specifically, residents report that they can request from staff to call either such agency, then they are readily provided access to a phone for this purpose. They understand that staff will observe them while making a call, but the call will be made in a private location outside the residential area and away from other youth. From what residents described, this is typically done on a phone in the housing area that is located in an office between the two housing units, or in a classroom in the academic area of the facility.

Staff interviewed also reported that residents have access to the 1-800# hotline to make any report of alleged sexual abuse or sexual harassment if they do not want to use other available options or resources. If the resident were to request to make such a call, they would inform a resident of their responsibility to report any outcry or allegation of sexual abuse or harassment, and then take the resident to a private phone to make any call. Staff did indicate that there is no direct call line for youth to utilize to make such a call, and expressed that it

would be helpful for youth to have a phone to provide direct access. Information provided by the FA/PC also indicates that a direct call line is not available to youth, and such a phone would be helpful.

Current policy and practices meet the requirements of the standard. Based on interviews with the randomly selected staff and the FA/PC, as well as on-going conversation with the FA/PC during the on-site phase of the audit, it is recommended that the facility consider providing a separate, private phone that can only provide access for residents to call the 1-800# hotline to report sexual abuse or sexual harassment, and be able to contact available resources to talk with a counselor or victim advocate. Current technology is available to make this resource available, and will enhance the residents' ability to access resources, if needed.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Access to Outside Support 115.353, #3, page 34, addresses this provision. Policy reflects that the facility will maintain, or attempt to enter into, memoranda of understanding or other agreements with community service providers who can provide residents with confidential emotional support services, and maintain copies of agreements or documentation showing attempts to enter into such agreements.

An MOU has been in place with the MRCCAC for several years, and specifically since the facility was PREA certified in 2016. The FA/PC is responsible for ensuring the MOU is in place. Upon initial review of the MOU at the time the on-site portion of the audit began, the auditor found that the MOU had expired. The Facility Administrator was informed, and immediate action was taken to update the MOU, with a fully executed MOU in place before the end of the on-site audit, effective August 2019. The FA/PC reported that even though this action was needed, there had been no impact on the availability and response of the MRCCAC if called upon. This was confirmed in an interview with the Executive Director of the MRCCAC, who described an excellent working relationship with the facility. Further, this interviewee indicated that the Facility Administrator, or designee, consistently and actively participates in bi-monthly meetings of the Child Protection Team for the county.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section Resident Access to Outside Support 115.353, #4, page 34, addresses this provision, stating that residents will have reasonable and confidential access to legal representation and reasonable access to parents or legal guardians.

Interview with the FA/PC indicates that the residents have access to their legal guardian at any time upon request, and particularly at detention hearings that are held at the facility. Confidential locations are provided for the resident and attorney on site, as well as during any phone calls. Staff and residents both report that during detention hearings, private space is provided in classrooms that are immediately adjacent to the courtroom, with no more than one resident with his/her attorney in the room at a time; or if needed, in the secure lobby, just

outside the courtroom. In most cases, families are also in attendance at these hearings.

Residents interviewed included randomly selected (9) and one targeted interview of resident who identifies as lesbian. No youth was identified as having reported a sexual abuse incident. All residents report that they can ask to contact their attorney as needed, and can do so in private, with several specifically reporting that they had met privately with their attorney, usually in an unoccupied classroom, in the courtroom when not in session, or other private space. Phone calls are completed in unoccupied classrooms, offices, or other space that is available. One youth specifically noted that he had been allowed to have a private phone conversation with his attorney, with staff supervising from across the room where he could not be heard. During observations of detention hearings during the on-site portion of the audit, residents and attorneys were provided with an unoccupied classroom while staff supervised from outside the room.

It is noted that the facility did not provide a response to 115.353(d)-2 addressing the facility providing residents with reasonable access to parents or legal guardians. The FA/PC provided information to the auditor during the on-site portion of the audit, as supported in policy, that the facility provides reasonable access to parents or legal guardians. The FA/PC reported that visitation with parent or legal guardian is provided every Sunday afternoon, and parents or legal guardians call to arrange a specific time due to the limited space. Observation of the visitation area during the site review confirms that residents have reasonable space and privacy for interacting with parents/guardians. It is noted that the visitation is a no-contact visit, with the parent and resident using a phone to interact, with a window between them. Interviews with residents also consistently indicated that they have the opportunity for regular visitation with their family/guardian, and are able to call their family during the week. Phone calls are scheduled on Wednesday and Saturday afternoons and early evenings. During interviews with staff, information provided by residents was confirmed. The facility will allow additional visits and phone calls on a case-by-case basis, and based on the specific situation of the parent or resident.

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

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section Third-Party Reporting 115.354. Juvenile, Parent, Community Grievance Report. Informational posters in visitation area. Midland County Juvenile Probation website (https://www.co.midland.tx.us)</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC)</p> <p>OBSERVATIONS: During site review of facility, observed informational posters containing contact information to report allegations of sexual abuse as well as information on counseling resources, in main entrance lobby where parents and volunteers enter the facility.</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section Third-Party Reporting 115.354, page 34, addresses this provision, and provides that the facility will establish a method to receive third-party reports of sexual abuse or sexual harassment, including but not limited to, signage, brochures, and posting information on the agency's website.</p> <p>While conducting the site review during the on-site phase of the audit, the Auditor observed informational posters containing information on resources where parents, visitors, volunteers, or other third parties can report sexual abuse or sexual harassment that they observe or that are reported to them, or where they can obtain additional information and resources. The Auditor and FA/PC discussed how this information could be reported, and then reported to the FA/PC or Agency Head for follow-up. The Auditor reviewed brochures that were available in the lobby area for parents that provide the same information.</p> <p>The Auditor accessed the agency's website to determine if information for making third-party reports was available. Contact information was easily found that can assist any third party to report abuse, neglect, or exploitation by contacting any of the following:</p> <ol style="list-style-type: none"> (1) The PREA Coordinator (2) Agency Internal Hotline, with direct phone line to the Agency Head (3) Midland County Juvenile Justice Center Confidential Email (4) Midland County Sheriff Department (5) Texas Juvenile Justice Department Hotline, with both phone number and email (6) Consulate of Mexico, Austin, TX <p>The posting concludes with the statement: "No child should suffer in silence. You may be the voice they need."</p> <p>Also available on the website is an electronic copy of the form "Juvenile, Parent, and</p>

Community Grievance Report” that can be completed and submitted to the agency in person, by mail, by fax, or by email, with information provided for the agency’s address, fax number, and email address. This form contains the statement: “You will be contacted no later than 10 working days from the date this grievance report is received to inform you of what steps or actions have been taken in regard to your grievance or concern.”

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

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW:</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Section VIII Official Response Following a Resident Report, Staff and Agency Duty to Report 115.361. Midland County Juvenile Probation website (https://www.co.midland.tx.us)</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 345: Juvenile Justice Professional Code of Ethics for Certified Officers, Subchapter C: Code of Ethics, Rule §345.300 & §345.310. (https://texreg.sos.state.tx.us)</p> <p>Texas Administrative Code, Title 37: Public Safety and Corrections, Part 11: Texas Juvenile Justice Department, Chapter 344: Employment, Certification, & Training, Subchapter G: Certification, Rule §344.862. (https://texreg.sos.state.tx.us)</p> <p>Texas Family Code, Subtitle E. Protection of the Child, Chapter 261 Investigation of Report of Child Abuse or Neglect, Subchapter A General Provisions; and, Subchapter B Report Of Abuse Or Neglect; Immunities, Sec. 261.101 Persons Required to Report; (https://statutes.capitol.texas.gov/Docs/SDocs/FAMILYCODE.pdf)</p> <p>INTERVIEWS:</p> <p>Facility Administrator/PREA Coordinator (FA/PC)</p> <p>Randomly selected staff (10)</p> <p>Contracted Medical Health provider/Nurse</p> <p>Deputy Director</p> <p>Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a):</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #1, page 35, addresses this provision. Specifically, policy requires that not only employees, but also volunteers and interns, to immediately report any knowledge, suspicion, or information they may receive concerning an incident of sexual abuse or sexual harassment that occurred not only in the facility, but anywhere it may have occurred; in addition, any retaliation that may have occurred for making a report and any employee that may have been neglectful or violated assigned duties that could have contributed to the actual incident or retaliation.</p> <p>During interview with the FA/PC, it was reported that all staff are trained on their duty to report any knowledge, suspicion, or direct information that they may have regarding any incident to possible sexual abuse or sexual harassment. This training is also provided to volunteers and interns. Interviews with the randomly selected staff (10) reinforces that training has been provided on several occasions that includes the reinforcement of this requirement, and staff understand their responsibility in this situation. All staff interviewed indicated that they have a responsibility and duty to report immediately if they become aware, or suspect, or hear of any potential sexual abuse or sexual harassment. This is not only required under PREA</p>

Standards, but also under the staff's responsibilities under Texas law.

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

(1) Juvenile justice professionals must:

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

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

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

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

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

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

(2) Juvenile justice professionals must not:

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

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

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

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #2, page 35, addresses this provision, and specifically requires all staff to comply with any applicable mandatory child abuse reporting laws.

During interview with the FA/PC, it was reported that all staff are trained on their duty to report any knowledge, suspicion, or direct information that they may have regarding any incident to possible sexual abuse or sexual harassment. Interviews with the randomly selected staff (10) reinforces that training has been provided on several occasions that includes the reinforcement of this requirement, and staff understand their responsibility to report under Texas law and the Code of Ethics for juvenile justice professionals. All staff interviewed indicated that they have a responsibility and duty to report immediately under PREA Standards as well as under Texas law.

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

(1) Juvenile justice professionals must:

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

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

(2) Juvenile justice professionals must not:

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

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

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

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

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

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #3, page 35, addresses this provision. Apart from reporting to the facility's FA/PC, the Assistant Facility Administrator, and a Shift Supervisor, as well as the Agency Head/Chief Juvenile Probation Officer and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Interviews with the randomly selected staff (10), made up of direct care/security staff referred to as Juvenile Corrections Officers, Team Leaders, and Shift Supervisors, indicates that these staff understand their duty to report and the necessity of keeping information confidential, and provide information only as allowed by policy. As noted in Subsections (a) and (b) above, as certified Juvenile Supervision Officers required under the Texas Administrative Code to adhere to code of ethics principles, the following is directly related to the requirements for confidentiality:

(1) Juvenile justice professionals must:

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

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #4 & #5, page 35, addresses this provision, requiring that medical and mental health practitioners report sexual abuse to designated supervisors and facility/agency officials, as well as to the appropriate State or local services agency where required by mandatory reporting laws according to their respective licensing bodies. These practitioners are required to inform residents of their duty to report and the limitations of confidentiality.

The only medical or mental health providers related directly with the facility and sees residents on a regular basis is a contracted medical health provider that serves as the facility's nurse. This service is provided through a contract with Midland County, and services are provided at the County's adult jail facility where the supervisor and other personnel office, and the nurse assigned to the facility provides services for four hours each day, Monday-Friday, and two hours each day on Saturday-Sunday, a total of 24 hours weekly. A doctor is available on a weekly basis as needed. Interview with the facility's contracted nurse indicates that she understands and follows policy to report any knowledge of sexual abuse or sexual harassment to the FA/PC, the Assistant Facility Administrator, the Doctor who provides services for residents at the facility, and her supervisor. At that point, she understands that all other mandatory and other required contacts under Texas law and local protocols are made by these individuals. Further, she reports that if there is an actual sexual abuse case that is investigated, she would work with the law enforcement agency involved, representatives from the Midland Rape Crisis and Child Advocacy Center, and medical professionals at the Midland Memorial Hospital to address any follow-up needs.

Mental health services for residents of the facility are primarily provided by a representative from the local mental health authority on a referral basis, or counseling services are available through the Midland Rape Crisis and Child Advocacy Center. The Juvenile Probation Department does employ an agency position that requires certification as Licensed Professional Counselor (LPC). This individual is available to provide emergent services, if needed, and the agency's Deputy Director, also an LPC, supervises the position. The Auditor interviewed the Deputy Director as the agency's LPC was just recently hired, and as reported by the Deputy Director, has not fully completed the requirements for licensure. As an employee of the Juvenile Probation Department, the Deputy Director reports that both she and the LPC would be required to meet mandatory reporting laws in accordance with their

licensing requirements, as well as requirements as an employee of the Department under PREA Standards and Texas Juvenile Justice Standards.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #6, #7, & #8, page 35-36, address this provision, requiring that upon the receipt of an allegation of sexual abuse, an employee, intern or volunteer promptly report the allegation to the FA/PC and/or the Agency Head/Chief Juvenile Probation Officer (CJPO). The FA/PC or designee will ensure contact is made with the alleged victim's parents or legal guardians, unless official documentation identifies the parents or legal guardians should not be notified; the appropriate child welfare system representative, if the alleged victim is under their guardianship; and/or, the resident's legal representative of record within 14 days of receiving the allegation, if a juvenile court retains jurisdiction over the alleged victim.

In interview with the FA/PC (it is noted that this is the Facility Administrator/Superintendent who also serves as the PREA Coordinator), the expectation and requirement to contact all of those listed in policy was confirmed. The FA/PC indicates that either she or the Assistant Facility Administrator would contact the resident's family, and either she or the CJPO will make the necessary contacts with the representative of the Department of Family and Protective Services and the attorney. It is also expected that the FA/PC or the CJPO will notify the Juvenile Court and the Chair of the Midland County Juvenile Board of the allegation, as well as the steps that are being taken to appropriately respond.

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Section Staff and Agency Duty to Report 115.361, #9, page 36, addresses this provision, and requires that all allegations of sexual abuse and sexual harassment, including any third-party and anonymous reports, will be reported to the Facility Administrator who also serves as the PREA Coordinator and the primary facility investigator.

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

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Duties 115.362.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Randomly selected staff (10) Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Duties 115.362, #1, page 36, addresses this provision, and requires that upon learning that a resident is potentially subject to substantial risk of imminent sexual abuse, the facility staff will ensure that protective measures are put in place to protect the well-being of the resident. Such measures may include, but are not limited to, re-assignment to a different housing unit, protective assignment, isolation of the threatening resident, or employee re-assignment.</p> <p>Interview with the CJPO and the FA/PC indicates that the agency as a whole, and specifically the staff working within the facility, will take necessary action to protect the resident and ensure his/her safety and well-being. Staff have been trained and are expected to take immediate action if there was ever any indication that a resident is in imminent risk of any form of sexual abuse, or any indication of any other potential abusive situation. During interview with the FA/PC, the Auditor inquired about what impact the application of the PREA Standards has had on the daily operation of the facility. The FA/PC responded that it has further enhanced the overall safety of the facility, and has created more sensitivity for staff to pay attention, watch, and observe; and, to be mindful of potential abusive situations.</p> <p>Interviews with randomly selected staff (10) also indicates that staff understand and are able to articulate steps that need to be taken if a resident is in imminent risk. Staff were able to articulate that they would work with other staff and the Supervisor to create immediate separation between the two residents; reassign residents to different rooms and locations; use isolation in the "Max" area of the facility for either the potential victim or possible perpetrator, whichever proved to be more appropriate and effective to best provide for the safety of the possible victim. Staff expressed that they would need to evaluate this on a case-by-case basis to ensure the safety and protection of the victim, as well as protect other residents. The Auditor asked specifically about how staff would address one of their peers if a staff member was the potential perpetrator, and all staff interviewed indicated that they would do what was necessary to protect the resident, asking the staff member to leave, or not allowing the resident out of their sight, and contacting the Shift Supervisor for assistance.</p> <p>The facility provided responses in the On-Line Audit System indicating that in the past 12 months, there were "0" incidents when the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse. Because there have been no</p>

reported incidents, there were no files or documentation to review, or residents to interview to provide any further detail.

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

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Reporting to Other Confinement Facilities 115.363.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Reporting to Other Confinement Facilities 115.363, #1, page 36, addresses this provision. Policy requires that upon receiving an allegation that a resident or program participant was sexually abused while confined at another facility, the CJPO or FA/PC, or a designee, will notify leadership of the facility/agency where the alleged abuse occurred, the law enforcement agency with jurisdiction, and any other appropriate investigating agency.</p> <p>During interviews with both the CJPO and the FA/PC, both indicated that they would not hesitate to report any allegation of sexual abuse or sexual harassment that was reported while the youth is in custody at the facility, or involved in any program of another agency. They would make necessary contacts to the appropriate agency representative where the allegation was reported to have occurred, as well as the appropriate law enforcement agency, and depending on the location of the other program/facility, the appropriate investigating agency, i.e. Texas Juvenile Justice Department, Child Welfare/Child Abuse Hotline, or any other authority if the facility is located outside the state of Texas.</p> <p>The facility provided responses in the On-Line Audit System indicating that in the past 12 months, the agency or facility has received no allegations that a resident was abused while confined at another facility. Because there have been no reported incidents, there were no files or documentation to review, or residents to interview to provide any further detail.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Reporting to Other Confinement Facilities 115.363, #2, page 36, addresses this provision. Policy requires that upon receiving any allegation, the notifications required in standard 115.363, Subsection (a) will be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>As reported above in Subsection (a), during interviews with both the CJPO and the FA/PC, both indicated that they would not hesitate to report any allegation of sexual abuse or sexual harassment that was reported while the youth is in custody at the facility, or involved in any</p>

program of another agency. These reports to the appropriate agency representatives as well as any investigative agencies would be made as soon as possible, and no later than the 72 hours required by this standard.

The facility reported in On-Line Audit System indicating that in the past 12 months, the agency or facility has received no allegations that a resident was abused while confined at another facility. Because there have been no reported incidents, there were no files or documentation to review to determine if this timeline was met. From interviews and on-going conversations with the CJPO and the FA/PC during the course of the audit, both have repeatedly indicated a commitment to providing the most safe and healthy environment possible for the youth they serve in any agency program and in the facility.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Reporting to Other Confinement Facilities 115.363, #3, page 36, addresses this provision. Policy requires that upon receiving any allegation, making notifications as required in standard 115.363, Subsection (a), and providing the notification as soon as possible but no later than 72 hours after receiving the allegation as required in standard 115.363, Subsection (b), the facility will document that it has provided such notification.

As reported above in Subsection (a) and (b) above, interviews with both the CJPO and the FA/PC indicated that they would follow the requirements of this standard and agency/facility policy. In the On-Line Audit System, the facility responded "No" concerning that it has provided such notification within 72 hours of receiving the allegation. This response was provided as an oversight, indicating that no notifications have been required to be made. Thus far, during employment with the agency and facility, neither the CJPO nor the FA/PC have had to make such a report to another agency. Further, the facility reported in On-Line Audit System that the agency/facility has received no allegations that a resident was abused while confined at another facility. Because there have been no reported incidents, there were no files or documentation to review.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Reporting to Other Confinement Facilities 115.363, #4, page 36-37, addresses this provision. Policy requires that the CJPO that receives allegations of sexual abuse made by residents of another facility but alleged to have occurred at the Midland County facility are fully investigated in accordance with this policy and in accordance with PREA standards.

During interviews with both the CJPO and the FA/PC, both indicated that they would follow the requirements of PREA Standards, as well as related facility policies that are in-line with PREA Standards, to investigate any allegations of sexual abuse or sexual harassment that were alleged to have occurred while a youth was residing in the Midland County Juvenile Detention Center facility or participating in any program or service provided by Midland County Juvenile Probation, and are made at another facility. Both indicated that such allegations would be

addressed and handled no differently than if the allegation was made while the youth was in the custody of the Detention Center or a part of any program or service the agency operates.

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

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

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Staff First Responder Duties 115.364.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Randomly selected staff (10)</p> <p>OBSERVATIONS Observations while conducting the site review during the on-site phase of the audit.</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Staff First Responder Duties 115.364, #1- #4, page 37, addresses this provision. Facility policy contains all the elements and requirements that are required by this standard for the first responder to the scene in the event of an alleged sexual abuse incident, to include separating the alleged victim and abuser; preserving and protecting any crime scene until evidence is collected; and if the allegation is made within a time period that still allows for the collection of collection of physical evidence, restricting the alleged victim and alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>Interview with the FA/PC clarified the staffing that the facility has in place and their respective roles. Due to the small size of the facility, the small population (maximum of 28, average 13 over during the 12 months prior to this audit), and the numbers of personnel assigned (25 total), staff have multiple roles within the day-to-day operation of the facility. The total compliment of staff is 25 that includes:</p> <ul style="list-style-type: none"> 1 Facility Administrator that serves as the PREA Coordinator (FA/PC) 1 Assistant Facility Administrator (AFA) 4 Shift Supervisors 3 Team Leaders 16 Juvenile Corrections Officers/Direct Care (JSO) <p>The only other personnel on site with any consistency are teachers from the Midland ISD, Monday-Friday, to teach academic courses in space provided for classroom instruction; and, the contracted Nurse who is on-site 4 hours daily Monday-Friday, and 2 hours daily on Saturday-Sunday, or a total of 24 hours/week.</p> <p>All 25 personnel are certified as Juvenile Corrections Officers, and could be in the role of supervising residents at different times throughout the work week, depending on the population, programs and services that are scheduled, and other activities that regularly occur. In addition to targeted interviews with the FA/PC and the AFA, the Auditor randomly selected 10 staff consisting of the other positions listed above, selecting both male and</p>

female, and staff working on each of four teams. As previously discussed earlier in this audit report, the 16 JSOs are divided into 4 teams, each with a Supervisor. Each team works a 12-hour shift, from either 7 AM to 7 PM, and 7 PM to 7 AM, with varying days off. Given this reality for the day-to-day operation, any of the 25 personnel could be a first responder, so as such, all 25 have been trained on first-responder responsibilities.

During interviews with the FA/PC, the AFA, and the randomly selected personnel (10), all were able to provide the responsibilities of the first responder as documented in policy and as provided in this standard. There was little, if any, hesitation in responses provided, and all were well versed in these expectations.

As the Auditor was involved in the site review during the on-site phase of the audit, information was found posted in various staff workstations, titled "PREA—Immediate Response Procedures" that provides a summary of responsibilities and a reminder of steps that need to be taken as a first responder, as well as initial follow-up steps. This should prove beneficial for staff in the event of an allegation.

The facility reported in the On-Line Audit System indicating that in the past 12 months, the number of allegations that a resident was sexually abused as "0". Because there have been no reported incidents, there were no files or documentation to review to determine how the agency responded to such allegations, or interview any youth who had alleged sexual abuse while at the facility either currently or in the past 12 months.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Staff First Responder Duties 115.364, #5, page 37, addresses this provision. Policy provides that if the first responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

As discussed in Subsection (a) above, the facility has a total of 25 personnel, and all are certified as Juvenile Supervision Officers, which would be considered "security staff". The only other staff regularly in the facility are non-employees, including teachers with the Midland ISD and the contract Nurse. Other personnel who could periodically interact with residents in the facility are a resident's assigned Juvenile Probation Officer or other supervisory or administrative staff in the Juvenile Probation Department who may be following up with an individual resident. All Department staff have been instructed on PREA Standards, expectations, and requirements of the facility under these standards. In interview with the FA/PC, this training directs staff to notify facility personnel for appropriate follow-up.

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

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Coordinated response 115.365. Facility's Written Plan for a Coordinated Response to Allegations of Sexual Abuse</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Coordinated response 115.365, page 37, addresses this provision, and requires that the facility will develop a written institutional plan that will coordinate actions in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>During interview with the FA/PC, a copy of the facility's Written Plan was provided and reviewed. The plan provides responsibilities and detailed action steps for the various participants in the coordinated response, including the facility staff member(s) who is the first responder, the on-duty Shift Supervisor, medical and mental health providers who are available at the facility, the investigator with the Midland County Sheriff Department, facility leadership, the Sexual Abuse Review Board, and the PREA Coordinator. The Auditor reviewed the Written Plan for a Coordinated Response to Allegations of Sexual Abuse document, and it provides expectations and guidance for all parties involved.</p> <p>The facility is in compliance with this provision of the standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Preservation of Ability to Protect Residents from Contact with Abusers 115.366.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection): Subsection (a): The Auditor reviewed with the CJPO information contained in policy Chapter K entitled "Federal PREA Standards Compliance", Preservation of Ability to Protect Residents from Contact with Abusers 115.366, as well as the response provided to this standard in the On-Line Audit System, indicating that the facility has entered into or renewed a collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. However, during interview with the CJPO, this was identified as misinformation. The policy was created to be in line with the PREA Standard, but there is no collective bargaining agreement related to the personnel involved in the operation of the agency or facility. All personnel work under the direction of the juvenile court, the Midland County Juvenile Board, and Midland County policies. The appropriate response to the statement in this Subsection is "No".</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): The auditor is not required to audit this provision.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367, #1, page 38, addresses this provision, and provides that all residents and program participants, employees, interns, volunteers, or other complaining parties will be protected against retaliation for making a report or participating in an investigation associated with an incident of sexual abuse or sexual harassment.</p> <p>Interview with the FA/PC indicates that the primary person(s) responsible for monitoring for any form of retaliation are the FA/PC and the AFA. The Shift Supervisors would support the AFA in such monitoring that could involve residents and direct care staff, but they too could be the subject of retaliation due to their direct work with and supervision of residents and direct care personnel on a daily basis. Interview with the AFA further indicates that this position would play a primary role in support of the FA/PC to monitor for retaliation against residents or employees, as well as volunteers, interns, or other possible parties, i.e. contractors or other community agencies involved with the facility.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367, #1, page 38, addresses this provision, indicating that protective measures would include, but not be limited to, such actions as housing or other assignment changes or transfers for resident or program participant victims or the alleged abuser, whichever is more favorable to the victim; removal of alleged resident or program participant or employee, intern, or volunteer identified as the alleged abuser from contact with a victim; and/or providing emotional support services.</p> <p>In interview with the AFA, the potential measures that would be utilized to protect any of the involved parties, and depending on the nature of the allegation, who is involved, etc, could include such actions as:</p> <ul style="list-style-type: none"> • moving a resident, either the alleged victim or alleged abuser, to different housing, including the more isolated unit referred to as the "Max unit"; this would be done on a case by case basis in the best interest of the alleged victim; • reassigning an employee to another work station, if he/she is not completely removed from

the facility due to an allegation of being the alleged abuser;

- reviewing resident and program participant discipline reports;
- conducting regular personal status checks with the potential victim(s) of retaliation, including residents, employees, volunteer, intern, or others, to determine if any concerns are reported;
- monitoring for any change in behaviors of residents or staff, having Shift Supervisors observe and check for any changes;
- providing counseling services and support, through agency resources and/or community agencies;
- conducting additional training and education; and,
- in all cases if a resident is involved, review the resident's status and interactions with the parent/guardian.

Again, the facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016. There have been no residents who reported a sexual abuse, and there have been no residents placed in isolation due to risk of sexual victimization or who alleged to have suffered sexual abuse, so there have been no reports of retaliation. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367, #2, page 38, addresses this provision, requiring that such monitoring will continue for an indeterminate amount of time and no less than 90 days following the report of sexual abuse. Further, facility administrators (the FA/PC and AFA) with support of supervisors, are required to monitor for any changes which may suggest possible retaliation by residents, employees, interns, or volunteers. Monitoring would include, but not be limited to, the review of resident or program participant discipline reports, housing changes, program changes, periodic status checks, staff reassignments, and/or negative staff performance reviews.

During interviews with the FA/PC and the AFA, information provided indicates that the facility will act promptly and without hesitation to address and remedy any such retaliation. In addition, by policy, the facility will monitor for a minimum of 90 days, and will continue to monitor beyond the 90 days if there is a need to do so.

In the On-Line Audit System, the facility indicated that the number of times an incident of retaliation occurred in the past 12 months is "0". The facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016, and there have been no reports of retaliation. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against

Retaliation 115.367, #2, page 38, addresses this provision, including periodic status checks.

As described under Subsection (c) above, during interviews with the FA/PC and the AFA, information provided indicates that the facility will act promptly and without hesitation to address and remedy any such retaliation, and will utilize several strategies, including periodic status checks.

In the On-Line Audit System, the facility indicated that the number of times an incident of retaliation occurred in the past 12 months is "0". The facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016, and there have been no reports of retaliation. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367, #4, page 38, addresses this provision, requiring that if any individual who cooperates with an investigation regarding allegation of sexual abuse or sexual harassment expresses a fear of retaliation, the facility will take appropriate measures to protect that individual as well.

As described under Subsection (b), (c), & (d) above, during interviews with the FA/PC and the AFA, information provided indicates that the facility will act promptly and address any retaliation that may take place with any party that expresses any fear of retaliation, expresses the retaliation has taken place, and will take necessary actions. It is also noted that facility policy and practices include that if any employee, volunteer, or intern of the facility should detect any conduct that would suggest retaliation, they are expected to immediately notify the AF or a Shift Supervisor. The AFA/Shift Supervisor is responsible for coordinating with the FA/PC, or if needed, the Probation Supervisor, to develop a strategy to remedy any such retaliation. Any such retaliation by an employee is grounds for immediate administrative action, up to and including termination.

Again, the facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016. There have been no residents who reported a sexual abuse, and no related reports of retaliation. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months

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

Subsection (f):

The Auditor is not required to audit this provision.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY AND DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Post-allegation Protective Segregated Housing 115.368.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Randomly Selected Staff (10) Agency Deputy Director</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Agency Protection Against Retaliation 115.367, #1, page 38, addresses this provision, and provides:</p> <ul style="list-style-type: none"> • the use of segregated housing will be used only as the last resort when other less restrictive measures are found to be inadequate; • if a resident is in protective segregated housing, he/she will be offered all available resources and services as required by this standard; and, • if a resident who alleges to have suffered sexual abuse is held in protective segregated housing, the facility reviews the placement at least every 30 days to determine a continuing need for separation. <p>Interview with the FA/PC indicates that the facility utilizes isolation as minimally as possible for any purpose. The only reason it would be used in the event of an alleged sexual abuse incident would be to separate the alleged victim from the alleged abuser for as short a period as possible to conduct an initial review and investigation. Based on the situation, more than likely, the alleged abuser would be more likely to be placed in isolation. In addition, residents are rarely placed in isolation for an extended period of time, and are typically there for no more than 2-3 days. The "Max Unit" is located immediately adjacent to the office of the FA/PC and the AFA, so they both closely monitor residents and activities within the unit.</p> <p>Randomly selected staff (10) who could be assigned to work in the isolation unit (referred to as the "Max Unit") at any time it is necessary to place a resident in the unit, were interviewed concerning the use of isolation. Because the facility has had no allegation of sexual abuse, no resident has been placed in the unit for the purpose of segregating from other residents, or to protect them from any form of retaliation. All staff indicated that residents who are placed in the unit are afforded the opportunity for educational programming and services, medical services, mental health services, large-muscle exercise and recreation, including out-door recreation.</p> <p>Interview with the contracted Nurse indicates that medical care is provided as needed, and there are no restrictions on seeing residents while in the "Max Unit". Interview with the Deputy Director who is an LPC and supervises an employee who is also an LPC and available to</p>

provide counseling and support services for youth in the facility, is available to see residents on a daily basis who are assigned to the unit, or more often, as needed.

In the On-Line Audit System, the facility reported that the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months as "0". Again, the facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016. There have been no residents who reported a sexual abuse, and no related reports of retaliation, so no youth has been placed in isolation for these purposes. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months

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

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #4, page 39. Training Records of Primary Investigators for the facility, the Facility Administrator/PREA Coordinator (FA/PC) and the Assistant Facility Administrator/Investigative Staff (AFA). No allegations of sexual abuse or sexual harassment have been made or investigated for the past several years, and specifically since prior to the last PREA audit in 2016, so there was no documentation regarding allegations of sexual abuse or sexual harassment to review. The Agency Head/Chief Juvenile Probation Officer reported that there have been no allegations since he became the Chief since over 5 years previously.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator/Investigative Staff (AFA) Agency Head/Chief Juvenile Probation Officer (CJPO) Randomly Selected Staff (10) Section Sergeant (SGT), Special Investigation Unit, Midland County Sheriff Department</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, page 39, addresses this provision, specifically outlining a process for investigations to be conducted for allegations for both sexual abuse and sexual harassment.</p> <p>Interviews with both the FA/PC and the AFA indicate that they would be responsible for conducting investigations into allegations of sexual abuse or sexual harassment that occur within the facility. The CJPO confirmed that these two positions are responsible for the investigations, and there is an expectation that investigations are initiated promptly, with a thorough and objective review, in accordance with policy. Also, if the preliminary investigation indicates that criminal charges could be filed against the alleged abuser, the administrative investigation will be coordinated with the local law enforcement agency who is responsible for the criminal investigation. An investigation will be conducted in the same manner whether the allegation is made directly by the resident, or if made by a third party or anonymously. Interview with the Chief Juvenile Probation Officer indicated that the expectation for any investigation conducted internally is to have no interference with the criminal investigation.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #5, page 39, addresses this provision, and requires that investigators will be used who have received special training in sexual abuse</p>

investigations involving juvenile victims pursuant to PREA Standard 115.334.

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

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

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #6, page 39, addresses this provision. Designated facility investigators gather and preserve direct and circumstantial evidence, any available physical and DNA evidence, and/or any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #11, page 39, addresses this provision, and provides that an investigation will not be terminated solely on the basis of a victim recanting the allegation of sexual abuse. Interview with the FA/PC and the AFA further support that an investigation would not be terminated if the victim recants the allegation of sexual abuse.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #7, page 39, addresses this provision, indicating that before using compelled interviews, prosecutors would be consulted.

Interviews and on-going conversations with the FA/PC and the AFA clarified how investigations of sexual abuse are conducted and managed. Because the LEA would be responsible for a criminal investigation, the LEA would consult with prosecutors and make appropriate referral for prosecutorial review, with the support of the facility and agency administration. Interview with the Section SGT of the Special Investigation Unit, Midland County Sheriff Department indicates that the Sheriff Department would manage the investigation and work with the County's prosecutor to determine appropriate action(s).

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #8, page 39, addresses this provision. Policy requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not determined by the person's status as resident or staff; and, the facility will not require a resident to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

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

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

Subsection (g):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #2, page 39, addresses this provision. Policy requires that internal investigations include a determination if staff actions or inactions contributed to the abuse, and such determinations will be documented.

Interviews with the FA/PC and the AFA indicate in the course of conducting any administrative investigation regarding alleged sexual abuse or sexual harassment, efforts would be made to determine if staff actions or failures to act contributed to the alleged abuse or harassment, and such investigation would be documented in written reports, as required in policy.

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

Subsection (h):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #3, page 39, addresses this provision, requiring that criminal investigations be documented in written reports with appropriate supportive documentation.

As has been documented in previous Subsections of this Standard, criminal investigations would be conducted by the law enforcement agency. Interview with the Section SGT of the Special Investigation Unit, Midland County Sheriff Department indicates that the Sheriff Department would conduct and provide full documentation of the criminal investigation. From interview with the FA/PC and the AFA, any internal investigation that is done in coordination with the LEA, or an administrative investigation on an allegation of sexual harassment, will be documented in a written report with all appropriate supportive documentation.

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

Subsection (i):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #9, page 39, addresses this provision, requiring substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

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

In the On-Line Audit System, the facility reported that the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later as "0". Again, the facility has had no reports of sexual abuse since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (j):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #10, page 39, addresses this provision. Policy provides that records will be maintained as required by the standard, and staff interviewed indicate that any written reports would be retained in accordance with policy.

No allegations of sexual abuse or sexual harassment have been made or investigated for the past several years, and specifically since prior to the last PREA audit in 2016, so there was no documentation regarding allegations of sexual abuse or sexual harassment to review. The Agency Head/Chief Juvenile Probation Officer reported that there have been no allegations since he became the Chief over the past 5 years. All interviewed were not aware of available

documentation pertaining to any previous alleged sexual abuse or sexual harassment.

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

Subsection (k):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, #11, page 39, addresses this provision, and requires that the departure of the alleged abuser or victim from the employment or control of the facility/agency would not terminate an investigation. Interview with the FA/PC indicates that the investigation would continue regardless of the departure of an alleged abuser or the victim, and the agency would follow through with the law enforcement agency to address any potential criminal prosecution if warranted.

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

Subsection (l):

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

Subsection (m):

Chapter K entitled "Federal PREA Standards Compliance", Section Criminal and Administrative Agency Investigations 115.371, page 39, addresses this provision, providing that the facility will cooperate with outside investigators and remain informed about the progress of the investigation.

Interview with the CJPO and the FA/PC indicate that facility staff would cooperate with any outside investigators, provide needed support to obtain appropriate information, and remain informed about the investigation. The auditor interviewed the Section Sergeant of the Special Crimes Investigation Unit with the Midland County Sheriff Department (MCSD). This individual confirmed that the MCSD is the law enforcement agency initially contacted by the facility for any allegation of sexual abuse. As expected in policy, and confirmed by interviews with staff, the MCSD has the expectation that they will be contacted immediately on any allegation of sexual abuse, and their response is immediate as well. Further, this individual indicated that Special Crimes Investigation Unit office has not received any communication concerning any form of sexual abuse within the facility. The officers in this unit receive required specialized training for sexual abuse investigations. His office also participates in the Child Protection Team meetings for the County, along with the Facility Administrator and Assistant Facility Administrator who are also members of this group, where sexual abuse cases from across the county are addressed by a team that includes law enforcement, medical personnel, therapist, social service agencies, and government agencies.

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Evidentiary Standard for Administrative Investigations 115.372.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator/Investigative Staff (AFA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Evidentiary Standard for Administrative Investigations 115.372, page 41, addresses this provision, requiring that the facility impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews with designated investigators for the facility, specifically the FA/PC and the AFA, indicates that the standard provided in policy is the standard that is followed with conducting internal administrative investigation regarding sexual harassment. Any investigation of sexual abuse is conducted by the local law enforcement agency, and if the case is prosecuted, the evidentiary standard for criminal prosecution would be followed.</p> <p>No allegations of sexual abuse or sexual harassment have been made or investigated for the past several years, and specifically since prior to the last PREA audit in 2016, so there was no documentation regarding allegations of sexual abuse or sexual harassment to review, particularly the evidentiary standard applied.</p> <p>The facility is in compliance with this provision of the standard.</p>

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator/Investigative Staff (AFA)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373, page 42, addresses this provision, requiring that following an internal investigation into an allegation of sexual abuse, the victim is informed of the outcome and the resulting finding of the investigation.</p> <p>Interviews and on-going conversations with the FA/PC and the AFA, the two designated investigators of the facility, supports that any resident victim would be informed of the outcome of the investigation, as well as if the allegation was substantiated, unsubstantiated, or unfounded.</p> <p>In the On-Line Audit System, the facility reported that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months as "0". Again, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373, page 42, addresses this provision, requiring that if the facility did not conduct the investigation, it will request information from the investigative agency in order to inform the victim.</p> <p>Interviews and on-going conversations with the FA/PC and the AFA, the two designated investigators of the facility, supports that they would request information from the investigative agency in order to inform the victim.</p> <p>In the On-Line Audit System, the facility reported that the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months as "0". Again, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been</p>

no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373, page 42, addresses this provision, and provides that unless an allegation is unfounded, a resident making the allegation has a right to be informed whenever the following conditions exists: (1) the resident will no longer be under the supervision of the perpetrator; (2) the perpetrator is no longer employed; (3) the perpetrator has been indicted on a charge related to the sexual abuse allegation; and, (4) the perpetrator has been convicted on a charge related to the sexual abuse allegation. Interviews and on-going conversations with the FA/PC and the AFA, the two designated investigators of the facility, indicate that if there is an allegation of sexual abuse that involves a staff member, they would provide the resident with the information as required by policy.

In the On-Line Audit System, the facility responded "No" to the statement: There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. Because there has been no allegation, there was no resident who reported a sexual abuse identified for interview. The facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373, page 42, addresses this provision, requiring that if the alleged perpetrator is another resident, the victim is notified of an indictment and or conviction of a charge related to the abuse. Interviews and on-going conversations with the FA/PC and the AFA, the two designated investigators of the facility, indicate that if there is an allegation of sexual abuse that involves a resident, they would provide the resident with the information as required by policy.

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

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Reporting to Residents 115.373, page 42, addresses this provision, requiring that notification or attempted notification shall be documented by the informing party. Interviews and on-going conversations with the FA/PC

and the AFA, the two designated investigators of the facility, indicate that the various notifications as required under Subsections of Standard 115.373 will be documented in accordance with policy.

In the On-Line Audit System, the facility reported the number of notifications to residents that were provided pursuant to this standard in the past 12 months as "0"; and, of those notifications made in the past 12 months, the number that were documented as "0". As reported throughout the standard, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there were no residents to interview and there were no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (f):

The Auditor is not required to audit this provision.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Disciplinary Sanctions for Staff 115.376.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Disciplinary Sanctions for Staff 115.376, #1, page 42, addresses this provision, and provides that an employee of the facility found to have committed sexual abuse against any resident is subject to termination and possible criminal prosecution, and if to have committed sexual harassment against any resident, be subject to administrative sanctions and possible criminal prosecution. Interviews with both the CJPO and the FA/PC reinforced that such actions would be taken with any staff member found to be involved in sexual abuse or sexual harassment.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past several years.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Disciplinary Sanctions for Staff 115.376, #2, page 42, addresses this provision, and provides that termination is the presumptive disciplinary sanction for staff who have engage in sexual abuse. Interviews with both the CJPO and the FA/PC reinforced that termination would be the presumptive action with any staff member found to be involved in sexual abuse or sexual harassment.</p> <p>In the On-Line Audit System, the facility reported the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months as "0"; and, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.</p>

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Disciplinary Sanctions for Staff 115.376, #3, page 42, addresses this provision, and provides that disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be in line with the nature and circumstances of the acts committed, the employee's disciplinary history, and comparable to actions taken against other staff with similar histories. Interviews with both the CJPO and the FA/PC reinforced that these factors would be taken into consideration with any staff member found to be involved in sexual abuse or sexual harassment.

In the On-Line Audit System, the facility reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Disciplinary Sanctions for Staff 115.376, #4, page 42, addresses this provision, and provides that any termination for violations of the facility's sexual abuse or sexual harassment policies, including resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless it was not criminal activity), and to relevant licensing bodies. In the case of facility staff, this would be the Texas Juvenile Justice Department who certifies all staff as Juvenile Corrections Officers.

In the On-Line Audit System, the facility reported that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months. In addition, no staff has been referred for termination of certification for this reason.

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

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Corrective action for Contractors, Interns, and Volunteers 115.377.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Corrective action for Contractors, Interns, and Volunteers 115.377, page 43, addresses this provision. Policy requires that any contractor, intern, or volunteer who engages in sexual abuse is prohibited from contact with residents, and appropriate reports will be made to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Interviews and follow-up conversations with both the CJPO and the FA/PC reinforced that these actions would be taken with any volunteer, contractor, or intern found to be involved in sexual abuse.</p> <p>In the On-Line Audit System, the facility responded "No" to the statement: in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In addition, the facility reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Corrective action for Contractors, Interns, and Volunteers 115.377, page 43, addresses this provision. Policy requires that the CJPO and the FA/PC take appropriate remedial measures, and consider whether to prohibit further contact with residents, in the case of any other violation of the facilities sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews and follow-up conversations with both the CJPO and the FA/PC reinforced that these actions would be taken with any volunteer, contractor, or intern found to be involved in any other incident(s) of sexual harassment or sexual abuse.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or</p>

sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Agency Deputy Director</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #1, page 43, addresses this provision. Policy provides that a resident is subject to disciplinary sanctions only after a finding that the resident engaged in resident-on-resident sexual abuse through a formal administrative disciplinary process or following a criminal finding of guilt for resident-on-resident sexual abuse. Interview and follow-up conversations with the FA/PC indicates that this process would be followed if a resident was found to be involved in a sexual abuse incident in the facility.</p> <p>In the On-Line Audit System, the facility reported that in the past 12 months, the number of administrative findings of and the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #2, page 43, addresses this provision. Policy provides that any disciplinary sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Further, if a disciplinary sanction results in the isolation of a resident, the facility will not deny programs and services and will provide appropriate programs and services in accordance with this standard and facility policy. Interview and follow-up conversations with the FA/PC indicates and assures that this approach would be followed if a resident was found to be involved in a sexual abuse incident in the facility.</p>

In the On-Line Audit System, the facility reported that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #3, page 43, addresses this provision. Policy provides that the facility's disciplinary process will consider a resident's mental disabilities or mental illness when determining what type of sanction, if any, should be imposed. Interview and follow-up conversations with the FA/PC indicates and assures that these considerations would be made, as appropriate, if a resident was found to be involved in a sexual abuse incident in the facility.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #4, page 43, addresses this provision, and provides that when appropriate, the facility will offer therapeutic or counseling services that can address and correct underlying reasons for the abuse; and further, the facility may require the resident to participate in such interventions in order to access a rewards-based behavior management system, but not as a condition to have access to programming or education.

Interview and follow-up conversations with the FA/PC indicates and assures that residents would be afforded such services, potentially through an in-house LPC, or through available community resources including the Midland Rape Crisis and Child Advocacy Center (MRCCAC) or the local mental health authority. In addition, interview with the agency's Deputy Director indicates and confirms that counseling services are available through the agency's LPC, the MRCCAC or the local mental health authority, based on the needs of the youth. In addition, the agency contracts with two Ph.D. psychologist who can provide assessment, referral, or intervention, as indicated by assessment.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #5, page 44, addresses this provision, providing that the facility may discipline a resident for sexual contact with a staff member only if the staff member did not consent to the contact.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016, and this includes any sexual contact with a staff member that did not consent to such behavior. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #6, page 44, addresses this provision, and provides that a report of sexual abuse made in good faith will not result in determination of falsely reporting an incident or lying, even if the investigation does not substantiate the allegation, requiring disciplinary action for a resident.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. No resident has received any form of disciplinary action as a result of reporting a sexual abuse. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

Subsection (g):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.378, #7, page 44, addresses this provision. Policy prohibits all sexual activity between residents and may discipline residents for such activity; however, the facility does not consider the activity to be sexual abuse if it determines that the activity is not coerced. Interview and follow-up conversations with the FA/PC indicates and assures that this consideration would be made, as appropriate, if the activity was determined to not be coerced.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. No sexual activity between residents has taken place, and therefore no discipline action taken in response for such activity. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months.

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section XI – Medical and Mental Care, Medical and Mental Health Screenings; History of Sexual Abuse 115.381. Internal Email notices from Assistant Facility Administrator to designated Agency personnel. Medical files.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Assistant Facility Administrator (AFA) Agency Deputy Director Contracted Nurse/Medical Staff Staff Responsible for Risk Screening/Randomly Select Staff (10) Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.381, #1, page 44, addresses this provision. If the screening pursuant to Standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in another institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Interview with the FA/PC clarified the staffing that the facility has in place and their respective roles. Due to the small size of the facility, the small population (maximum of 28, average 13 over during the 12 months prior to this audit), and the numbers of personnel assigned (23 total, other than the Facility Administrator and the Assistant Facility Administrator), staff have multiple roles within the day-to-day operation of the facility. As previously discussed earlier in this audit report, 16 Juvenile Supervision Officers are divided into 4 teams, each with a Shift Supervisor (4). Each team works a 12-hour shift, from either 7 AM to 7 PM, and 7 PM to 7 AM, with varying days off. Team Leaders (3) work at various times to support the needs of the facility and the population. Given this reality for the day-to-day operation, any staff working a shift in the facility could be responsible for conducting the risk screening upon a youth's admission to the facility, so as such, all 23 have been trained on completing the intake screening.</p> <p>During interviews with the FA/PC and the randomly selected staff (10) [the Auditor selected both male and female staff, and those working on each shift and on each team], consistent reports were provided that any resident who reports that he/she has experienced a prior victimization, a follow-up would be provided with a medical or mental health practitioner, and the follow-up would be conducted as soon as possible, well within 14 days of the screening.</p> <p>In interview and follow-up conversations with the AFA, in order to properly notify and follow-up</p>

with a youth who discloses prior victimization, a review of the results of the MAYSI and other available data is completed by the AFA. If there is an indication that the youth disclosed prior victimization, the AFA provides email notice to the appropriate agency personnel for follow-up, including the designated person responsible for providing follow-up care, to the assigned probation officer to ensure that he/she is aware of the disclosure and follow-up can be done to determine if there has been a report filed on the allegation, and to the Nurse.

Interview with the Contracted Nurse indicated that a medical screening is conducted with all youth within the first 24 hours of admission, and if a child reports a prior victimization at intake, the staff would refer for a medical review. Interview with the Deputy Director, a Licensed Professional Counselor herself, and also supervises the agency's Licensed Professional Counselor indicates that one of the two of them would be available to initially meet with any youth who discloses prior victimization, and that additional services would be available through either the local mental health authority or the Midland Rape Crisis and Child Advocacy Center. Medical and mental health staff would maintain secondary materials documenting any services provided related to any disclosure.

During interview with the Executive Director of the MRCCAC, it was reported that residents who make an outcry at intake as a victim are referred to the agency for follow-up intervention and services. The agency would maintain secondary materials documenting any services provided related to any disclosure.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.381, #2, page 44, addresses this provision. Policy provides that if in the screening as required in Standard 115.341 a resident discloses he/she has previously perpetrated sexual abuse, regardless of where it occurred, staff will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interview with the FA/PC clarified the staffing that the facility has in place and their respective roles. Due to the small size of the facility, the small population (maximum of 28, average 13 over during the 12 months prior to this audit), and the numbers of personnel assigned (23 total, other than the Facility Administrator and the Assistant Facility Administrator), staff have multiple roles within the day-to-day operation of the facility. As previously discussed earlier in this audit report, 16 Juvenile Supervision Officers are divided into 4 teams, each with a Shift Supervisor (4). Each team works a 12-hour shift, from either 7 AM to 7 PM, and 7 PM to 7 AM, with varying days off. Team Leaders (3) work at various times to support the needs of the facility and the population. Given this reality for the day-to-day operation, any staff working a shift in the facility could be responsible for conducting the risk screening upon a youth's admission to the facility, so as such, all 23 have been trained on completing the intake screening.

During interviews with the FA/PC and the randomly selected staff (10) [the Auditor selected both male and female staff, and those working on each shift and on each team], consistent reports were provided that any resident who reports that he/she had previously perpetrated

sexual abuse, a follow-up would be provided with a mental health practitioner, and the follow-up would be conducted as soon as possible, well within 14 days of the screening. Interview with the Deputy Director, a Licensed Professional Counselor herself, and also supervises the agency's Licensed Professional Counselor indicates that one of the two of them would be available to initially meet with any resident who discloses a previous sexual perpetration, and that additional services would be available through either the local mental health authority or the Midland Rape Crisis and Child Advocacy Center. Mental health staff would maintain secondary materials documenting any services provided related to any disclosure.

During interview with the Executive Director of the MRCCAC, it was reported that residents who disclose he/she has previously perpetrated sexual abuse, they are referred to the agency for follow-up intervention and services. The agency would maintain secondary materials documenting any services provided related to any disclosure.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.381, #3, page 44, addresses this provision. Policy provides that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

As noted in Subsection (a) and (b) above, medical and mental health records would be maintained separately from the resident's general detention record. While conducting the intake screening, staff do inquire of the youth if there is a history of assaultive behavior, including sexually aggressive behavior, or sexual victimization, in order to make appropriate classification decisions for housing and other program purposes. Documentation is also provided if a referral is made to medical or mental health services based on any identified need. This information is maintained in the resident's detention file. The Auditor reviewed the resident files (19) of all residents who were present at the facility during the on-site phase of the audit. Of these 19 records, 10 residents had multiple admissions to the facility during 2017, 2018, and 2019; one resident had an admission in 2015. Notes on the Behavioral /Risk Level Screening form reflect information concerning historical incidents of abusive behavior or victimization. Staff utilize this information solely to determine the most appropriate housing placement.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section X Discipline, Interventions and Disciplinary Sanctions for Residents/Program Participants 115.381, page 44, addresses this provision. Policy requires that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

All youth in the facility are under the age of 18 in accordance with Texas law. No resident would be housed in the facility over the age of 18.

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Access to Emergency Medical and Mental Health Services 115.382.</p> <p>INTERVIEWS: Facility Administrator/PREA Coordinator (FA/PC) Randomly Select Staff/Security First Responders (10) Section Sergeant (SGT), Special Investigation Unit, Midland County Sheriff Department (MCSO) Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC) Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Access to Emergency Medical and Mental Health Services 115.382, #1, page 45, addresses this provision. Policy provides that a resident who is a victim of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, with appropriate services determined by the medical and mental health practitioners involved.</p> <p>There is a contracted nurse on site for screening and general care purposes, four hours each day on Monday through Friday (generally 2 hours in the morning, and 2 hours in the late afternoon), and two hours daily on Saturday & Sunday mornings. The agency has a Licensed Professional Counselor (LPC) on staff that is available to provide crisis counseling if needed. However, the FA/PC indicates that if there is a situation that involves a resident being the victim of sexual abuse, the resident will be transported to the Midland Memorial Hospital for assessment and treatment by both medical and mental health providers.</p> <p>Interview with the FA/PC indicates that if it is learned that a resident of the facility is a sexual abuse victim, staff initiate an emergency response immediately. The initial call would be to the local law enforcement agency, and specifically to the Special Investigation Unit (SIU) of the MCSO to report the sexual assault. From interview with the Section SGT of the SIU, he or one of his deputies would be immediately dispatched to the facility. Depending on the physical condition of the resident, either the facility staff will initiate transport to the Midland Memorial Hospital, or staff will wait for the arrival of the MCSO Investigator and coordinate the transportation of the victim. From interview with a SANE at the Hospital, the resident will be seen immediately by the SANE for assessment and forensic examination. The MRCCAC is also contacted to provide advocacy and crisis intervention services. From interview with the Executive Director of the MRCCAC, they would provide immediate services for the resident, wherever his/her location, and work with the SANE and the MCSO to provide appropriate services and intervention. From speaking personally with all parties involved, the Auditor was informed that all the agencies involved, including the facility, the MCSO, the SANE at the</p>

Hospital, and a counselor from the MRCCAC, would coordinate services to ensure the health and safety of the resident victim. All parties meet regularly as members of the County's Child Protection Team, so relationships and processes are in place to address the issues as they may develop. The FA/PC indicates that the facility will rely on the guidance of medical personnel from the Hospital and counselors from MRCCAC to provide follow-up services, and coordinate any on-going treatment. Each of these agencies will maintain their respective records concerning a specific incident, and the FA/PC and the Agency Head/Chief Juvenile Probation Officer will obtain necessary information to effectively manage the case. The facility will also maintain records through the control center on timeliness of calls to the various agencies involved, and the FA/PC will coordinate any administrative oversight and reporting for the facility. The contracted Nurse and the agency's LPC can provide follow-up services as appropriate.

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

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Access to Emergency Medical and Mental Health Services 115.382, #2, page 45, addresses this provision. Policy requires that if no qualified medical or mental health practitioners are available at the time a report is received, staff first responders will take preliminary steps to protect the victim pursuant to Chapter 115.362, and immediately notify the appropriate medical and mental health practitioners.

As noted in Subsection (a) above, due to the limited resources available within the facility and agency resources, and the readily available resources in the community through partner agencies, steps will be taken to provide the most effective services through other community agency resources with whom the facility maintains an on-going collaborative relationship through the County's Child Protection Team. Subsection (a) provides details on how services and resources will be obtained and coordinated.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Access to Emergency Medical and Mental Health Services 115.382, #3, page 45, addresses this provision. Policy provides that a resident victim of sexual abuse that is detained in the facility, along with their parents/guardians, will be offered information and access to medically appropriate services, such as contraception, sexually transmitted infections, etc.

From interviews with both the FA/PC and the Executive Director of the MRCCAC, on-going support services will be provided for the resident and family through the MRCCAC. In addition, the Contracted Nurse reports that any required medical follow-up will be coordinated with the

Hospital to ensure appropriate medical care and services are provided. The FA/PC, or her designee, will be the primary point of contact for the facility to coordinate services through the various community agencies. The agency's LPC will also be available to support and coordinate services as needed.

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

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Access to Emergency Medical and Mental Health Services 115.382, #4, page 45, addresses this provision. Policy provides that treatment services are provided to the victim without financial cost, regardless of the victim's level of cooperation, including the willingness to identify the abuser.

During interviews and on-going conversations with the FA/PC and CJPO, as well as with the Executive Director of the MRCCAC, services will be provided without cost to the victim, regardless of the level of cooperation of the victim. The hospital that provides services is the designated county hospital, and serves resident's due to their residency at the facility.

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

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC) Randomly Select Staff/Security First Responders (10) Executive Director, Midland Rape Crisis and Child Advocacy Center (MRCCAC) Agency Head/Chief Juvenile Probation Officer (CJPO)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #1, page 45, addresses this provision, requiring that the facility provide medical and mental health evaluation and, as appropriate, treatment to any resident who has been victimized by sexual abuse. Interview with the FA/PC indicates that the facility would provide these services as required by policy.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #2, page 45, addresses this provision, requiring that the evaluation and treatment of any resident who has been victimized include the follow-up services, treatment planning, and any needed referral for continued care following placement in other facilities or release from custody. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.</p>

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #3, page 45, addresses this provision, requiring the facility will provide any resident who has been victimized with medical and mental health services consistent with the community level of care. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

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

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #4, page 46, addresses this provision, and requires that female victims of sexual abusive vaginal penetration while detained are offered pregnancy tests. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

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

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #5, page 46, addresses this provision, and requires that if pregnancy results for female victims of sexual abusive vaginal penetration, these victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

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

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

Subsection (f):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #6, page 46, addresses this provision, and requires that any resident who has been victimized while detained will be offered tests for sexually transmitted infections as medically appropriate. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

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

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

Subsection (g):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, #7, page 46, addresses this provision, and requires that treatment services will be provided to any resident victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

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

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

Subsection (h):

Chapter K entitled "Federal PREA Standards Compliance", Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers 115.383, page 46, addresses this provision, and requires that the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews and follow-up conversation with the CJPO and the FA/PC indicate that the agency would provide these services as required by policy.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review

to determine how the agency/facility addressed the situation either currently or in the past 12 months, and there was no resident to interview.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386. Meeting notes from Sexual Review Board meetings (calendar year 2018 and year-to-date through August 2019).</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386, #1, page 46, addresses this provision, and provides that the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>In the On-Line Audit System, the facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents, in the last 12 months, as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility implemented a sexual abuse incident review at the conclusion of a sexual abuse investigation either currently or in the past 12 months.</p> <p>The FA/PC reported that the facility conducts a Sexual Abuse Review Board on a monthly basis to address any concerns that have been identified, even though there has not been any specific allegation or incident to review. The Auditor reviewed the documentation of each meeting for calendar year 2018, and for January to August 2019. No issues have been identified that require specific attention. The FA/PC reports monthly that the facility has not experienced any allegations of abuse, and distributes the meeting notes to designated members of the Board. This Board would meet to review any allegations of sexual abuse or sexual harassment that were to occur.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386, #2, page 46, addresses this provision, and provides that the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation.</p>

In the On-Line Audit System, the facility reported In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents, as "0". As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility implemented a sexual abuse incident review at the conclusion of a sexual abuse investigation either currently or in the past 12 months.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386, #3, page 46, addresses this provision, and provides that the review team will consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The FA/PC reported that the facility conducts a Sexual Abuse Review Board on a monthly basis to address any concerns that have been identified, even though there has not been any specific allegation or incident to review. The Auditor reviewed the documentation of each meeting for calendar year 2018, and for January to August 2019. The membership of the Board includes the CJPO, the FA/CP, and employees of the agency from different units and different levels in the facility and agency.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386, #4, page 46, addresses this provision, and requires that the sexual incident reviews include the five (5) required components as described in this standard, and provide the information to the Facility Administrator and PREA Coordinator.

The Auditor reviewed the agenda and document that would be prepared if the facility's Sexual Abuse Review Board had to review a sexual abuse incident. The agenda and documentation required includes the five required components from this standard. The FA/PC is a member of the Review Board, and would participate in developing appropriate responses to any sexual abuse incident. The document is also provided to the CJPO for further consideration, including any potential related issues that may require budgetary considerations.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility implemented a sexual abuse incident review at the conclusion of a sexual abuse investigation either currently or in the past 12 months.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Sexual Abuse Incident Reviews 115.386, page 46, addresses this provision, and requires that the facility implement the recommendations for improvement, or document its reasons for not doing so. The FA/PC indicated that she would be responsible for working with facility staff and the CJPO to implement any recommendations that are made.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility implemented a sexual abuse incident review at the conclusion of a sexual abuse investigation either currently or in the past 12 months.

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

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387.</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387, #1, page 47, addresses this provision, requiring that the facility collect accurate, uniform data for all allegations of sexual abuse at facilities under its direct control using standardized instrument and set of definitions. The CJPO and the FA/PC acknowledge the facility that is the subject of this audit is the only facility the agency operates and is under the agency’s control. It is the expectation of both the CJPO and the FA/PC that data will be collected on any and all allegations of sexual abuse that occur within the facility.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility is collecting specific data for review.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387, #2, page 47, addresses this provision, requiring that the facility aggregate the incident-based sexual abuse data at least annually. It is the expectation of both the CJPO and the FA/PC that data will be collected and aggregated at least annually on any and all allegations of sexual abuse that occur within the facility.</p> <p>As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility is collecting specific data for review.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (c): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387, #3, page 47, addresses this provision, requiring that the</p>

facility collect data that will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. It is the expectation of both the CJPO and the FA/PC that data will be collected to answer all questions as required by this Standard.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility is collecting specific data for review.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387, #4, page 47, addresses this provision, requiring that the facility will maintain, review, and collect data as needed from all available resources, as described in this Standard. It is the expectation of both the CJPO and the FA/PC that data will be collected from all available resources as required by this Standard.

As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016. Because there have been no reported incidents, there are no files or documentation to review to determine how the facility is collecting specific data for review.

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

Subsection (e):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Collection 115.387, #4, page 47, addresses this provision, requiring that the facility will obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents.

As described under Standard 115.312, the agency has not included in its contracts with other confinement facilities where youth may be placed a requiring that the contracted entity (1) adopt and comply with PREA standards, (2) provide documentation of its plan to comply with the PREA standards, and (3) agree to be monitored for compliance with the PREA standards. In addition, no incident-based data and aggregated data has been collected.

The facility is not in compliance with this provision of the standard.

CORRECTIVE ACTION NEEDED:

In addition to the corrective action described under Standard 115.312, develop a system to collect incident-based data and aggregated data on each facility the agency contracts with for the confinement of its residents.

Provide the Auditor with the plan on how the agency will collect the required data, both incident-based and aggregated at least annually.

The agency has initiated an appropriate plan and has obtained required reports from the various facilities with which it contracts, and has provided the Auditor with copies of these

reports. The contracts with these facilities require that such reports be provided. Based on the actions taken by the facility, it is in compliance with this provision of the standard.

Subsection (f):

The facility's response in the On-Line Audit System should have been N/A as the Department of Justice has not requested agency data from the previous year.

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Review for Corrective Action 115.388. Facility/Agency Annual Reports for 2016, 2017, and 2018, posted on the agency’s website (https://www.co.midland.tx.us/163/Barbara-Culver-Juvenile-Center)</p> <p>INTERVIEWS: Agency Head/Chief Juvenile Probation Officer (CJPO) Facility Administrator/PREA Coordinator (FA/PC)</p> <p>FINDINGS (by Subsection): Subsection (a): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Review for Corrective Action 115.388, #1, page 48, addresses this provision, and requires that the facility review all data collected/aggregated, as required in Standard 115.387, in order to improve prevention, detection, and response to sexual abuse incidents, including: problem area identification, corrective actions taken; and an annual report of findings/actions for the facility and the agency as a whole. The CJPO and the FA/PC report that data is collected and aggregated, and an annual report is prepared to provide an overview of the data and document what will be done to continually improve the facility’s efforts to protect residents from any sexual abuse or sexual harassment. These reports are provided on the agency’s website as documented above. The Auditor reviewed the Annual Reports provided on the agency’s website. As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016.</p> <p>Even though there have been no sexual abuse allegations, as provided under Standard 115.386, the FA/PC reported that the facility conducts a Sexual Abuse Review Board on a monthly basis to address any concerns that have been identified. The Auditor reviewed the documentation of each meeting for calendar year 2018, and for January to August 2019. The membership of the Board includes the CJPO, the FA/CP, and employees of the agency from different units and different levels in the facility and agency. This established process provides a basis and a mechanism for regular identification and review of potential issues before they occur.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Review for Corrective Action 115.388, #2, page 48, addresses this provision, and requires that the annual report include a year-to-year comparison of data in order to provide an assessment of the facility’s progress. Annual reports are completed and provide a year-to-year comparison of the aggregated data. Annual Reports can be found on the</p>

agency's website as provided above. As reported throughout the audit review, the facility has had no reports of sexual abuse or sexual harassment since prior to the last PREA audit and certification in October 2016.

Even though there have been no sexual abuse allegations, as provided under Standard 115.386, the FA/PC reported that the facility conducts a Sexual Abuse Review Board on a monthly basis to address any concerns that have been identified. The membership of the Board includes the CJPO, the FA/CP, and employees of the agency from different units and different levels in the facility and agency. This established process provides a basis and a mechanism for regular identification and review of potential issues before they occur.

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

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Review for Corrective Action 115.388, #3, page 48, addresses this provision, and requires that the annual report be approved by the Facility Administrator and be made readily available to the public through its website. These reports are provided on the agency's website as required. The Auditor reviewed the Annual Reports provided for calendar years 2016-2017-2018, and found that they contain the data as required by this Standard and the agency's policy.

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

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Review for Corrective Action 115.388, page 48, addresses this provision, and provides that the facility may redact specific material from the reports if such would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The Auditor reviewed the Annual Reports provided for calendar years 2016-2017-2018, and found that they contain the data as required by this Standard and the agency's policy, and it does not appear that any data has been redacted. The FA/PC confirms that there has been no redaction of data deemed a threat to the safety or security of the facility.

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW:</p> <p>Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Storage, Publication, and Destruction 115.389.</p> <p>Facility/Agency Annual Reports for 2016, 2017, and 2018, posted on the agency's website</p>

(<https://www.co.midland.tx.us/163/Barbara-Culver-Juvenile-Center>)

INTERVIEWS:

Agency Head/Chief Juvenile Probation Officer (CJPO)

Facility Administrator/PREA Coordinator (FA/PC)

FINDINGS (by Subsection):

Subsection (a):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Storage. Publication and Destruction 115.389, #1, page 48, addresses this provision, and requires that data collected under the requirements of Standard 115.387 are securely retained. Interview with the PREA Coordinator indicates that all data is securely maintained on all residents, both data stored in traditional “hard-copy files” and electronic files.

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

Subsection (b):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Storage. Publication and Destruction 115.389, #2, page 48, addresses this provision, requiring that the facility make all aggregated sexual abuse data readily available to the public at least annually through its website. The Auditor reviewed the facility’s Annual Reports for 2016-2017-2018 that contained aggregate data on sexual abuse and sexual harassment allegations and findings on the agency’s website.

The facility is compliant with this provision of the standard.

Subsection (c):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Storage. Publication and Destruction 115.389, #3, page 48, addresses this provision, requiring that before making any data publicly available, all personal identifiers are removed. The Auditor reviewed the facility’s Annual Reports for 2016-2017-2018 that contained aggregate data on sexual abuse and sexual harassment allegations and findings on the agency’s website, and found no personal identifiers within the data.

The facility is compliant with this provision of the standard.

Subsection (d):

Chapter K entitled "Federal PREA Standards Compliance", Section XII – Data Collection and Review, Data Storage. Publication and Destruction 115.389, page 48, addresses this provision, requiring that the facility maintain sexual abuse data collected under the requirements of Standard 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The FA/PC confirms that data is available for a minimum of 10 years, unless law requires otherwise.

The facility is compliant with this provision of the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Facility FINAL PREA Audit Report from October 17, 2016. The facility met all standards.</p> <p>FINDINGS (by Subsection):</p> <p>Subsection (a): The facility's initial and last PREA audit was completed in October 2016, as documented in the FINAL PREA Audit Report, dated October 17, 2016, completed by PREA Auditor Jerome K. Williams.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (b): The agency operates only one facility, a juvenile detention center, referred to as a juvenile pre-adjudication facility in the state of Texas. The facility's initial and last PREA audit was completed in October 2016, as documented in the FINAL PREA Audit Report, dated October 17, 2016, completed by PREA Auditor Jerome K. Williams.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (h): The facility provided the Auditor full access to the entire facility during the on-site phase of the audit, August 27-29, 2019.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (m): The Auditor was allowed to conduct private interviews with residents, and was provided sufficient and comfortable space to conduct the interviews.</p> <p>The facility is in compliance with this provision of the standard.</p> <p>Subsection (n): The residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. This was confirmed by the PREA Coordinator, as well as in interviews with the randomly selected residents (9) and one targeted youth who identifies as lesbian. The Auditor received emails from the PREA Coordinator with pictures indicating where and when the Audit Notices were posted, six weeks prior to the on-site audit. Notices were posted in multiple locations throughout the facility, and wherever residents are involved in activities, including the intake area, the housing units, the academic classrooms, and main hallways. In addition, the Auditor viewed the Notices in the same locations as presented in the emailed pictures during the on-site phase of the audit. The Auditor has not received any confidential information or</p>

correspondence from residents or staff since the Notices were posted.

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICY & DOCUMENT REVIEW: Facility FINAL PREA Audit Report from October 17, 2016. The facility met all standards.</p> <p>Subsection (f): The Auditor examined the agency's website on multiple occasions and did not locate the FINAL PREA Audit Report that was completed on October 17, 2016. Annual facility reports were readily available for public view.</p> <p>The facility does not meet this provision of the standard.</p> <p>CORRECTIVE ACTION NEEDED: Publish the facility's initial and only PREA Audit Report from October 17, 2016, on the agency website, or otherwise make it available to the public. Provide the Auditor with information as to when the Report is published on the website, or how the facility will make it available to the public.</p> <p>RESPONSE TO CORRECTIVE ACTION NEEDED: The facility has posted the PREA audit that was completed in October 2016. The Auditor was able to easily locate and review the report on the website with other PREA-related annual reports. The facility is in compliance with this provision of the standard after taking appropriate corrective action.</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes