

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** August 1, 2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> (512) 490-7972			
<b>Date of facility visit:</b> March 2-3, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Cottrell House			
<b>Facility physical address:</b> 7929 Military Parkway, Dallas, Texas 75227			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (214) 388-5497			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Marketa Johnson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 24			
<b>Current population of facility:</b> 17			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 14-18			
<b>Name of PREA Compliance Manager:</b> Kevin Josey		<b>Title:</b> Assistant Superintendent	
<b>Email address:</b> kevin.josey@tjtd.texas.gov		<b>Telephone number:</b> (214) 388-5497 Ext. 14	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 11209 Metric Blvd., Bldg. H, Suite A, Austin, TX 78758			
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<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Reilly		<b>Title:</b> Executive Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jerome Williams		<b>Title:</b> PREA Compliance Director	
<b>Email address:</b> jerome.williams@tjtd.texas.gov		<b>Telephone number:</b> 512-490-7671	

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted at Cottrell House, a Texas Juvenile Justice Department (TJJD) halfway house, on March 2-3, 2016. The audit was conducted by Dwight Sadler, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Audit notices were posted throughout the facility prior to the on-site review and date stamped photographic evidence was provided demonstrating the timely posting of the notices.

Prior to the on site portion of the audit the Cottrell House PREA Compliance Manager uploaded the Pre-Audit Questionnaire, relevant agency policies, procedures, and PREA related documentation and forms demonstrating the halfway house's compliance into a central file for the auditor to review. This review prompted a series of questions that were documented in an Issue Log and were presented to the PREA Coordinator and the PREA Compliance Manager for their response. Answers to the questions were submitted by the Cottrell House management prior to the on-site review. A detailed staffing list was provided by the PREA Compliance Manager prior to the on site portion of the audit. The staffing list included the staff positions and shift assignments. The staffing list was further categorized into the specialized positions for the purpose of selecting staff for the PREA interviews.

A brief entrance meeting was conducted with the Cottrell House Administration on the morning of March 2, 2016. Following the meeting, a tour of the halfway house was provided by Kevin Josey, who is the Assistant Superintendent and the PREA Compliance Manager for Cottrell House. During the tour, the auditor viewed camera placements to identify potential blind spots, looked for staff presence and placement, and located zero-tolerance hotline posters and additional PREA information posted throughout the house. During the tour, some of the staff and residents were questioned regarding PREA standards and facility practices. Following the tour, the Superintendent demonstrated the view of several cameras at the request of the auditor to address questions regarding potential blind spots noted during the tour. The remainder of day one included document reviews and resident interviews. On day two, the auditor interviewed random and specialized staff along with administrators and completed the remaining document reviews.

The auditor was provided the use of the Assistant Superintendent and the Superintendent's Office as needed to conduct interviews and review documentation. This allowed for all of the staff and resident interviews to be conducted in private, confidential settings. There were a total of 17 residents present at Cottrell House during the audit. Cottrell House is an all male facility. A total of 8 residents were randomly selected to be interviewed. The eight residents who were present in the house during the interview time were all interviewed. The other nine residents were off site at medical appointments or performing community service. Residents were randomly selected from a population report that was generated the first day of the audit. The population report included the residents' room and bed assignments along with their safe housing risk levels. Cottrell House has six bedrooms with up to four residents assigned to each room. Residents selected for interviews represented each of the six bedrooms.

Included in the staff interviews were random staff representing all three shifts (1<sup>st</sup> shift 8:00 a.m. – 4:00 p.m.; 4:00 p.m. – Midnight; Midnight – 8:00 a.m.), as well as specialty staff including the Superintendent, Assistant Superintendent who is also the PREA Compliance Manager, the agency PREA Coordinator, intake staff, SARB team members, staff who screen for risk of victimization and abusiveness, higher level staff who conduct unannounced rounds, and staff who monitor for retaliation. Contractors interviewed included the barber and a contracted sex offender treatment provider. All criminal and administrative investigations are conducted in house through TJJD's Office of Inspector General or the Administrative Investigations Division. Criminal investigations are conducted by an investigator from the Fort Worth District Office or the Gainesville State School, also a TJJD facility, located in Gainesville, Texas, about an hour and a half north of the halfway house. Cottrell House reported no criminal allegations of sexual abuse or sexual harassment and no administrative cases alleging sexual abuse or sexual harassment during the current PREA audit cycle.

The Auditor completed a short exit conference with the Superintendent and Assistant Superintendent at the conclusion of the second day. A summary of the initial findings and an explanation of the remainder of the audit process was provided at that time. An Interim PREA Audit Report was completed and submitted to Cottrell House as well as the agency PREA Compliance Director. The interim report discussed overall compliance with each standard and detailed the corrective action needed to bring each unmet standard into compliance. Following a corrective action period a Final PREA Audit Report was submitted to the facility, the TJJD PREA Compliance Director, and the TJJD Executive Team.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Cottrell House is a medium restriction facility located in Dallas, Texas, that serves up to 24 adolescent male offenders between the ages of 14 and 18.11 years of age. Cottrell House is one of eight medium restriction halfway houses operated by the Texas Juvenile Justice Department. The facility had a population of 22 residents assigned with 17 present during the two days of the audit. There are 6 bedrooms in the house with up to 4 residents assigned to each room. The facility maintains a staffing ratio of 1:8 during waking hours and 1:12 during sleeping hours.

Cottrell House is equipped with 38 surveillance cameras throughout the interior of the facility and an additional 18 surveillance cameras placed outside the facility to help ensure the safety and security of the staff and youth. The cameras can be monitored on multiple computers and can store up to 90 days of recorded material. In addition to the 5 bedrooms the facility also consists of a day room, dining room, kitchen, education room, group room, and administrative offices. The residents' toilets and showers are located outside each dorm room and the entrance to these areas can be monitored from the day room.

The residents at Cottrell House have transitioned from high restriction and/or contract placement programs once they have met the transition criteria. Some of the programs offered at Cottrell House include mental health aftercare, strategies for anger management, independent living preparation, employment opportunities, and higher education opportunities offered through Navarro College.

Education is provided on site through the Dallas Independent School District. Two certified teachers are provided by the school district. Education is held Monday through Friday from 9:00 am to 3:00 pm.

## SUMMARY OF AUDIT FINDINGS

The initial report of findings following the audit found Cottrell House in compliance on 32 standards, exceeding the requirements on one standard, and with two standards that did not apply. Corrective action was required to meet compliance on 6 standards. The standards requiring corrective action within the facility include conducting and documenting unannounced rounds during each shift on a monthly basis, and adjusting the facility's Coordinated Response Plan. The current plan contains several areas that appear to be specific to the agency's secure institutions rather than a halfway house. There are references to "the security unit" and "the infirmary staff" in the plan as well as calling for a dorm supervisor to serve on the facility's Sexual Assault Review Board. The plan also mandates that a copy of the SARB report be provided to the director of secure facility operations rather than the manager of halfway houses. Corrective action requested at the agency level includes modifying the current screening instrument to explicitly ask youth if they identify as gay, lesbian, bisexual, transgender, or intersex, as this determination affects their risk of sexual abuse. It could also not be determined if agency investigators responsible for conducting criminal and administrative sexual abuse and sexual harassment investigations have received PREA Investigator training specific to confinement settings. It is noted that The Administrative Investigations division has recently had several of their newer investigators complete the three hour course titled PREA: Investigating Sexual Abuse in a Confinement Setting, a course offered by the National Institute of Corrections.

Cottrell House is equipped with an extensive camera system (56) that aids in their commitment to maintaining the sexual safety of their residents. One potential blind spot was discussed with the PREA Compliance Manager during the tour of the facility. It is an area between two storage buildings in the backyard of the facility. This area was already known to the administration and discussion had already taken place as to how to address this problem spot. Cottrell House conducts regular vulnerability assessments in conjunction with the agency PREA Coordinator to ensure that issues are identified and addressed in a timely manner.

The facility's prevention efforts include a zero-tolerance of sexual abuse and harassment evidenced by policy, documentation, and interviews; the education of youth regarding the policy; requirements of contracted entities to adhere to the same zero tolerance; a comprehensive staffing plan intended to protect youth against sexual abuse; and disallowing or limiting cross-gender viewing. All of the staff interviewed said that no exigent circumstance would warrant a cross-gender pat down.

Training and education included annual staff training and periodic refreshers addressing PREA-specific topics. Youth PREA education occurs during intake at the agency's orientation and assessment campus. Interviews with youth and staff indicated PREA education has continued at Willoughby House through PREA-specific groups as well as signage including hotline numbers and zero tolerance. Youth PREA group sign in sheets were viewed in one of the facility's PREA binders. During interviews the staff stated that they had received PREA training during annual block training as well as during periodic refreshers and during shift meetings.

Eight random resident and five random staff were interviewed during the audit. The random staff selected covered all three shifts. It was noted during staff interviews that while the staff were knowledgeable about their first responder duties, many were hesitant with their answers. It is believed that this is due to the fact that Cottrell house has not had to deal with actual cases of sexual abuse. While this is a testimony to the diligence of the staff at Cottrell House in ensuring the sexual safety of the residents, a role playing training where a real life type scenario is enacted could prove to be beneficial to the staff. Many of the staff were not able to provide the definition of a cross gender or intersex youth. Nine specialized staff interviews were completed during the on site portion of the audit. Many of the specialized staff were interviewed for more than one of the specialized categories due to the size of the facility. The residents interviewed appeared to be informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. The residents did have limited knowledge of outside resources available to victims of sexual abuse.

The initial report of findings was discussed with the Cottrell House administration and the TJJJ PREA Compliance Director. Following the submission of the interim report, TJJJ and Cottrell House have addressed the standards requiring corrective action. Following a review of the information provided it was determined that Cottrell House has taken the steps to complete the corrective action necessary to become fully PREA compliant.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Policy Reviewed: 380.9337(a),(b),(d)

The Texas Juvenile Justice Department has a zero tolerance policy regarding all forms of sexual abuse and harassment and sanctions for those found to have participated in such prohibited behaviors. The agency has one dedicated PREA Coordinator and Cottrell House has one designated PREA Manager who is also the Assistant Superintendent. During interviews, both individuals indicated that they have enough time to fulfill their PREA responsibilities. An agency and facility organizational chart were provided.

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

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

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

Policy Reviewed: 380.9337(e)

TJJD requires that any new contract or contract renewal comply with PREA standards. Information provided reflected that there are six facilities that the agency contracts with for services. The contracts and accompanying addendums were provided. Documentation reflected that two of the contract facilities have completed PREA Audits and several others have audits scheduled.

**Standard 115.313 Supervision and monitoring**

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

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### **corrective actions taken by the facility.**

Policy Reviewed: 380.9337(e)

TJJD policy requires each facility to develop and implement a staffing plan. Cottrell House provided a comprehensive staffing plan that included all elements of the standard. At the time of the audit the facility reported that they had not deviated from their staffing plan in the past 12 months.

TJJD policy requires management level staff at medium restriction facilities to conduct and document unannounced rounds at least once per month on each shift. Cottrell House operates on three eight hour shifts (8AM-4PM, 4PM-12, 12-8AM). Documentation of unannounced rounds was provided for a 12 month period preceding the audit. Each of the months from the sample period was reviewed and nine of the months did not show that unannounced rounds were conducted on all three shifts. The majority of the months showed rounds were conducted on two shifts and one month did not show rounds conducted on two shifts.

Corrective Action Required:

Provide documentation over a period of several months during the corrective action period that unannounced rounds are being conducted and documented on all three shifts. It is recommended that screenshots be utilized to verify visits for future audits.

Compliance:

Cottrell House provided documentation for months following the on-site audit demonstrating that unannounced rounds were being conducted on all three shifts. Screenshots were provided verifying the times and dates the rounds were conducted.

### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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

Policy Reviewed: 380.9337 (c),(d),(e) and 380.9709 (c),(d),(f),(g),(i)

TJJD policy currently states that no cross gender pat down searches will be conducted even in exigent circumstances. It is reported that the policy is in the process of changing to include that cross gender pat down searches can be conducted but only in exigent circumstances. This policy is anticipated to go into effect within a few months. During staff interviews, the JCO staff stated that they are prohibited by policy to conduct cross gender searches. During the interviews staff could not provide examples of circumstances where any type of cross gender pat searches would be permitted.

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

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

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

Policy Reviewed: 380.9337(e)

The facility provided English and Spanish PREA written materials that are given to the youth during their orientation at Cottrell House. A contract for interpretation services was provided for review. There were no residents who were limited in English proficiency at the time of the audit.

### **Standard 115.317 Hiring and promotion decisions**

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

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

Policy Reviewed: 380.9337(e), 385.8181(d), PRS 02.07 and 02.08

TJJD's employment policy encompasses all of the requirements of this standard. Documentation was provided by the Human Resources Administrator over Halfway Houses and Central Office detailing the background check requirements and the PREA specific documentation that is completed on all new hires and contractors who have direct contact with residents. The records checks include the Texas Crime Information Center, National Crime Information Center, sex offender registry, warrant search, driving records, and Department of Family Protective Services Child Registry Check. The HR-975 Disclosure of PREA Employment Standards Violation form contains all elements listed in substandard (a) as well as the notification of continuing affirmative duty to disclose misconduct. TJJD conducts background checks on all current employees on a yearly basis which exceeds the standard requirement of every five years. During the interview with the Human Resources Specialist she stated that if someone other than a correctional institution contacted them regarding a former employee, they would not tell them about a sexual abuse or harassment case but would advise them to do an open records check. Cottrell House reported three new hires for the 12 month period prior to the audit.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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Policy Reviewed: 380.9337(a)(b)

Cottrell House has not had any renovation, modification, or expansions since the beginning of this audit cycle. There have been no upgrades or additional camera installations during this period.

**Standard 115.321 Evidence protocol and forensic medical examinations**

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

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Policy Reviewed: 380.9337(f), 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Cottrell House. A uniform evidence protocol is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is the "National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013." There were no forensic medical examinations during the audit period. There are three hospitals in the Dallas Fort Worth area that provide forensic medical exams. A Memorandum of Understanding with the Advocacy Center for Crime Victims and Children was provided for review. The crisis hotline number was posted in the case managers' and administrators' offices.

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

Policy Reviewed: 380.9337(f),(i), 385.8183 and INS 71.01

Agency policy requires all allegations of sexual abuse to be reported to the TJJD Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJD's Office of Inspector General or the Administrative Investigation Division. Cottrell House had no allegations of sexual abuse or sexual harassment during the 12 month period prior to the audit.

**Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed: 380.9337(g)

TJJD policy requires the agency to provide PREA related training to all employees who may have contact with residents. Sign in sheets and curriculum were provided for annual refresher trainings which is more frequent than the two year requirement for this standard. The training curriculum provided covers all of the required topics in this standard. Training sign-in sheets were provided for various types of PREA training provided throughout the year. Interviews with staff verified that PREA training is occurring in new hire orientation, annual block training, e-courses, and shift meetings.

### **Standard 115.332 Volunteer and contractor training**

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

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Policy Reviewed: 380.9337(g)

TJJD policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Cottrell House reported that they have 35 volunteers and contractors and they have all been trained. The training curriculum and sign-in sheets were provided for review. Two contractors were interviewed during the audit and both acknowledged receiving the training and understood their reporting responsibilities regarding PREA.

### **Standard 115.333 Resident education**

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

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Policy Reviewed: 380.9337(g)

All TJJD youth are first placed in the orientation and assessment unit at the Ron Jackson State Juvenile Correctional Complex prior to their placement at another TJJD facility. During this time they receive education on PREA. Youth are educated again on PREA during the intake

process when they arrive at Cottrell House. Youth are provided a handbook and they are read a script that is available in English and Spanish. The resident's intake date as well as the orientation acknowledgment sheets were provided. The acknowledgment sheets are signed and dated by the youth as well as staff. The youth are also shown a PREA educational video during the intake process at Cottrell House. Documentation provided reflects that this is being completed within the ten day time frame required by the standard. All youth interviewed acknowledged receiving this information and stated that it occurred during their first few day at Cottrell House. A sample of youth files were reviewed during the on site audit to verify the information provided during the pre audit portion. The education information was present in the files reviewed. Hotline numbers for reporting incidents of sexual abuse and sexual harassment are displayed throughout the facility.

### **Standard 115.334 Specialized training: Investigations**

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

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Policy Reviewed: 380.9337(g)

No training records for the Office of Inspector General were available for review to determine compliance with this standard. The Administrative Investigation Division provided training curriculum and lesson plans as well as a conference agenda but no evidence that their investigators have completed the required training. AID did provide a certificate of completion for an investigator completing the PREA: Investigating Sexual Abuse in a Confinement Setting course offered by the National Institute of Corrections.

Corrective Action Plan:

Provide current PREA Investigator Training to OIG investigators and proof of attendance. Provide proof that all AID investigators have attended PREA Investigator Training.

Compliance:

The Office of Inspector General and the Administrative Investigations Division have provided training certificates for their investigators verifying completion of the National Institute of Corrections 3 hour course titled PREA: Investigating Sexual Abuse in a Confinement Setting.

### **Standard 115.335 Specialized training: Medical and mental health care**

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

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Policy Reviewed: 380.9337(g)

Training logs and curriculum were provided for the medical and mental health staff. A signed and dated acknowledgment form from the mental health provider for Cottrell House was provided stating the agency's Zero Tolerance Policy and reporting guidelines were covered with him. Medical services at Cottrell House are provided by the Gainesville State School. An interview was conducted with the Nurse Manager from Gainesville who was present at Cottrell House during the audit. The nurse confirmed that all medical staff at the Gainesville State School are required to complete PREA training. Forensic exams are not conducted by medical staff at Cottrell House.

### **Standard 115.341 Screening for risk of victimization and abusiveness**

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

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

Policy Reviewed: 380.9337(h)

The initial intake and screening are completed at the Ron Jackson State Juvenile Correctional Complex Intake and Orientation Unit, a TJJD facility. Cottrell House utilizes the CCF-001 Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization and CCF-036 Safe Housing Assessment and Re-assessment forms upon the youth entering the facility and periodically throughout their confinement. Access to this information is limited to case managers and administrative staff. A review of the Safe Housing Re-assessments revealed that they were up to date at the time of the audit. The two screening forms were provided. In reviewing the screening forms it was found that the screening instruments do not include all of the required elements in 115.341 (c). The screening tools provided do not directly ask or include any gender nonconforming appearance or manner or whether the youth identifies as gay, bisexual, transgender, or intersex. Interviews with the youth and specialized staff verified that these questions are not being asked.

Corrective Action Plan:

Revise the Intake, Safe Housing Assessment, and Safe Housing Re-assessment forms to include the following question: Do you identify as lesbian, gay, bisexual, transgender, or intersex?

Compliance:

TJJD revised their screening tool, (CCF-001), titled Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization, to include the questions needed to meet full compliance with this standard. The revised screening tool officially replaced the old screening tool at the Ron Jackson Orientation and Assessment Unit on April 22, 2016. Several recent intakes were reviewed to verify that revised screening tool is being utilized during the intake process.

### **Standard 115.342 Use of screening information**

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

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(h),380.9745(I),INS 75.13

TJJJ policy prohibits the placement of youth in isolation due to the risk of sexual victimization. Staff interviews confirmed that isolating the residents is not practiced at Cottrell House. Agency policy states that information from the risk screening to make housing, bed, work, education, and program assignments, but due to them not meeting all of the elements required in the screening tool they do not meet this standard. The screening tool does not ask whether the youth identifies as gay, bisexual, transgender, or intersex, therefore the facility was not able to identify who these particular youth are to make appropriate housing assignments. TJJJ policy and procedures required that the agency determine, on a case by case basis whether a placement ensures the youth's health and safety and whether the placement would present management or security problems. This would not be possible since there is not a question on the assessment that would make identity possible unless the youth identifies on their own.

**Corrective Action Plan:**

Revise the Intake, Safe Housing Assessment, and Safe Housing Re-assessment to include the following question. Do you identify as lesbian, gay, bisexual, transgender, or intersex? Provide documentation that this information is being used to make case by case housing, bed, program, education, and work assignments with the goal of keeping all youth safe and free from sexual abuse.

**Compliance:**

Revisions were made to the Safe Housing assessment that auto populates to identify if a youth has been screened for victimization or abusiveness. The revisions have been tested and implemented at the Ron Jackson Orientation and Assessment Unit. TJJJ has also implemented an "Exit Staffing Overview" process that takes into consideration all of the screening instruments, psychological evaluations and any other pertinent documentation from county probation coupled with the Safe Housing assessment in making the placement decision of each youth during the intake process on a case-by-case basis.

**Standard 115.351 Resident reporting**

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

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

Policy Reviewed: 380.9337(i)

TJJJ's policy provides youth multiple internal avenues to privately report allegations of sexual abuse or sexual harassment. The toll free number to contact the Office of the Independent Ombudsman, a separate state agency, was posted in several areas close to the youth phones. Hotline numbers to contact the Incident Reporting Center were also posted throughout the house. Youth interviews reflected knowledge of the hotline as well as their ability to make reports by telling staff or writing grievances. Staff interviews demonstrated knowledge of accepting verbal, written, anonymous, or third party reports.

**Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Not Applicable

This standard does not apply as TJJD does not have administrative procedures to address youth grievances regarding sexual abuse.

### **Standard 115.353 Resident access to outside confidential support services**

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

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

Policy Reviewed: 380.9337(i)

TJJD policy requires youth access to outside victim advocates.

A Memoranda of Understanding detailing agreements between TJJD and the Advocacy Center for Crime Victims and Children was provided. Both agreements allow youth access to hotline numbers, but require youth to have refused on-site counseling services offered by TJJD before being provided the number. However, signs including the phone numbers were posted and visible to all youth. Youth demonstrated limited knowledge regarding access to the phone numbers and services offered during interviews. It is recommended that this information be presented to the youth on a regular basis to increase their understanding.

### **Standard 115.354 Third-party reporting**

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

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

Policy Reviewed: 380.9337(i)

TJJD allows third party reports to be made through the Office of Inspector General and Office of the Independent Ombudsman hotlines. A TJJD website screen shot showing access to this information was provided for review. Interviews with staff and residents verified knowledge of this practice.

### Standard 115.361 Staff and agency reporting duties

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

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

Policy Reviewed: 380.9337(j), GAP 07.03

TJJD policy requires all staff to report any allegations of sexual abuse, harassment, or retaliation to the Office of the Inspector General and prohibits staff from revealing information related to a sexual abuse report to anyone other than to the extent necessary. Staff interviews demonstrated knowledge of their reporting duties.

### Standard 115.362 Agency protection duties

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

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

Policy Reviewed: 380.9337(j)

The facility reported zero cases in which a youth was subject to substantial risk of imminent sexual abuse. TJJD policy stipulates staff members' duties and responsibilities to protect youth at risk. Staff interviewed all demonstrated the need to take immediate action to protect the potential victim during interviews.

### Standard 115.363 Reporting to other confinement facilities

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

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

Policy Reviewed: 380.9337(j),(k)

There have been no youth reports alleging abuse while assigned to another facility. TJJD policy outlines the reporting requirements if this type of allegation is received. The superintendent demonstrated knowledge of these reporting requirements.

**Standard 115.364 Staff first responder duties**

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

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

Policy Reviewed: 380.9337(j)

TJJD policy defines first responder duties aligned with the provisions in this standard. Interviews with the facility’s staff members indicated a general understanding of their responsibilities should they be the first responder. There were no allegations of sexual abuse in the 12 months preceding the audit.

**Standard 115.365 Coordinated response**

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

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

Policy Reviewed: 380.9337(j)

The facility’s written coordinated response plan to allegations of sexual abuse and harassment includes procedures and responsibilities for first responders, supervisory staff, medical and mental health staff, investigators, Sexual Abuse Review Board members, and the PREA Compliance Manager. However, the coordinated response plan for Cottrell House contains many instructions specific to the agency’s secure facilities rather than a halfway house. The plan calls for a dorm supervisor to participate on the facility’s sexual assault review board (SARB), referring the alleged perpetrator to the security unit, if appropriate, and notifying the institutional infirmary of the allegation. Cottrell House does not have a dorm supervisor position, a referral to a security unit would involve moving the perpetrator to a secured facility, and coordination with an institutional infirmary would involve an off site infirmary as Cottrell House does not have an on site infirmary. Additionally, the current plan requires the SARB findings and recommendations be provided to the director of secure facility operations rather than the agency’s manager of halfway houses.

Corrective Action:

The Cottrell House Coordinated Response Plan should be rewritten to include the following clarification:

1. Identify which institutional infirmary is going to participate in the response as there is no on-site infirmary
2. Identify where the alleged perpetrator would be taken if referred to a security unit
3. Clarify participating members of Cottrell Houses's SARB
4. Clarify who the SARB report would be sent to in the halfway house leadership structure.

Compliance:

A revised Coordinated Response Plan has been provided by Cottrell House and TJJD. The revised plan was reviewed and addresses the four elements listed above in the corrective action plan.

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

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

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

Not Applicable

Policy Reviewed: 380.9337(j)

This standard does not apply. TJJD does enter into collective bargaining agreements.

**Standard 115.367 Agency protection against retaliation**

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

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

Policy Reviewed: 380.9337(j)

Cottrell House reported no cases of retaliation. The interview with the facility's designated staff member who monitors for retaliation indicated knowledge of the need for monitoring for retaliation but additional training is needed regarding the length of time of the potential monitoring and the need to initiate contact with the person being monitored. TJJD policy prohibits retaliation by a youth or staff member against a youth or staff member who report sexual abuse or retaliation or those who cooperate with an investigation. The policy also outlines agency prevention efforts.

**Standard 115.368 Post-allegation protective custody**

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

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

Policy Reviewed: 380.9337(j)

TJJD policy prohibits the use of segregated housing to protect residents who allege to have suffered sexual abuse. Interviews with staff verified compliance with policy.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

Policy Reviewed: 380.9337(k)

TJJD policy was reviewed and addresses all elements of this standard. Cottrell House reported no allegations of sexual abuse or sexual harassment in the past year. All investigations of sexual abuse and sexual harassment are conducted by the Office of Inspector General (OIG) or the Administrative Investigation Divisions (AID). Sufficient training records were not provided to verify investigators received specialized training as required in 115.371(b) pursuant to standard 115.334. AID has provided training curriculum but no sign-in sheets confirming who was trained. A number of AID investigators have completed the 3 hour course titled PREA: Investigating Sexual Abuse in a Confinement Setting offered by the National Institute of Corrections. No OIG training records were available to be reviewed to determine compliance with the training requirements.

Corrective Action:

Provide current PREA Investigator Training to OIG investigators and verification of attendance. Provide evidence that all AID investigators have attended PREA Investigator Training.

Compliance:

The Office of Inspector General and the Administrative Investigations Division have provided training certificates for their investigators verifying completion of the National Institute of Corrections 3 hour course titled PREA: Investigating Sexual Abuse in a Confinement Setting.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

Policy Reviewed: 380.9337(k)

TJJD policy meets the standard of proof requirement for this standard. The interview with the administrative investigator assigned to serve Cottrell House verified compliance with TJJD policy and this standard.

### **Standard 115.373 Reporting to residents**

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

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

Policy Reviewed: 380.9337(k)

TJJD policy addresses each provision of this standard. Interviews with the Superintendent and PREA Compliance Manager verified the agency policy that the residents would be notified of the outcomes of investigations. Cottrell House reported no criminal or administrative investigations alleging sexual abuse in the last 12 months

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

Policy Reviewed: 380.9337(l)

The facility reported no disciplinary sanctions for or terminations of staff for PREA related violations during the audit period. TJJJ policy addressed this standard, and the TJJJ Employee Handbook includes rules of conduct, disciplinary procedures, and a range of potential disciplinary actions.

#### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

Policy Reviewed: 380.9337(l)

The facility reported there have been no contractors or volunteers referred to law enforcement or relevant licensing bodies and no volunteer services postponed or terminated for violations of PREA during the audit period. TJJJ policy outlines the corrective action for contractors or volunteers who engage in sexual abuse or harassment.

#### **Standard 115.378 Disciplinary sanctions for residents**

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

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

Policy Reviewed: 380.9337(l), 380.9503(i)

Cottrell House reported having no criminal or administrative cases with findings of true involving youth-on-youth sexual abuse; therefore no disciplinary sanctions were administered. TJJJ provided the applicable policy for review. The agency policy demonstrates compliance with all subsections of this standard.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(m)

The facility reported having no cases of youth disclosing prior victimization during the screening process. Staff responsible for risk screening demonstrated knowledge of this standard and TJJJ policy requiring a follow-up meeting with medical and mental health staff. The University of Texas Medical Branch (UTMB) Nurse Manager who was interviewed understood the reporting requirements and policy for obtaining informed consent.

### **Standard 115.382 Access to emergency medical and mental health services**

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

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

Policy Reviewed: 380.9337(m)

Cottrell House reported no allegations of sexual abuse; thus, medical or mental health records could not be reviewed. Interviews with medical and mental health providers indicate a victim would receive the medical services required by the standard. Interviews with staff acting as first responders indicated that the victim and crime scene would be protected until notifications are made and medical and law enforcement officials arrive. TJJJ policy provides that victims will be offered timely access to medical treatment and testing in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception and sexually transmitted infections prophylaxis and that treatment services would be provided at no cost to the victim. It was noted that the Interagency Cooperation Agreement between TJJJ and the University of Texas Medical Branch (UTMB) provided for review was for fiscal year 2014 and fiscal year 2015.

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

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

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

Policy Reviewed: 380.9337(m)

TJJJ policy covers all of the requirements in this standard. There are no female residents at Cottrell House. There were no cases reported that would fall under the requirements of this standard. Interviews with medical and mental health staff verified knowledge and compliance

with this standard.

### **Standard 115.386 Sexual abuse incident reviews**

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

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

Policy Reviewed: 380.9337(n)

TJJD policy stipulates the requirements of sexual abuse incident reviews. Cottrell House provided a list of designated Sexual Abuse Review Board (SARB) members and a statement from the PREA Compliance Manager for each month of the 2015 calendar year stating there were no allegations of sexual abuse or sexual harassment for that month and therefore no SARB was convened.

### **Standard 115.387 Data collection**

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

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

Policy Reviewed: 380.9337(o)

The facility provided the 2014 Survey of Sexual Victimization and the 2012 Survey of Sexual Violence which included agency general information, number of reported staff- and youth-on-youth sexual abuse and violence, number of substantiated incidents, and samples of completed Juvenile Incident Forms. The facility also included relevant agency policy as well as evidence that data is collected and is aggregated at least annually as required by this standard. The PREA Coordinator demonstrated understanding of this standard during the interview.

### **Standard 115.388 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed: 380.9337(p)

Cottrell House provided a memorandum from the agency's Director of PREA Compliance Department that included the number of sexual abuse and harassment allegations made in 2014, a statement of the agency's plan to continue preventative actions, and a list of each action. TJJD posts the annual report on their public website. The website also has the annual reports for previous years dating back to 2012.

### **Standard 115.389 Data storage, publication, and destruction**

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

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

Policy Reviewed: 380.9337(o),(p)

Aggregate sexual abuse data is contained in quarterly and annual reports from the Office of Inspector General and quarterly reports from the Incident Reporting Center and Special Prosecution Unit. The reports are available from 2007 to 2014 on the TJJD public website and do not include personal identifiers. TJJD policy addresses data collection, storage, and publication of sexual abuse data, and the PREA Compliance Manager demonstrated knowledge of the standard. Cottrell House provided the applicable policy as well as the links to review the information on the website prior to the on site portion of the audit.

### **AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dwight Sadler

August 1, 2016

Auditor Signature

Date