

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Lisa Hale			
Address: 11209 Metric Blvd, Austin, TX 78758			
Email: lisa.hale@tjtd.texas.gov			
Telephone number: (512) 490-7970			
Date of facility visit: March 4-5, 2015			
Facility Information			
Facility name: Gainesville State School			
Facility physical address: 1379 FM 678, Gainesville, TX 76240			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (940)-665-0701			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Paul Bartush			
Number of staff assigned to the facility in the last 12 months: 507			
Designed facility capacity: 350			
Current population of facility: 244			
Facility security levels/inmate custody levels: High			
Age range of the population: 13-18			
Name of PREA Compliance Manager: George Gould		Title:	PREA Compliance
Email address: george.gould@tjtd.texas.gov		Telephone number:	(940)665-0701 e.116
Agency Information			
Name of agency: Texas Juvenile Justice Department			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 11209 Metric Blvd., Bldg. H, Austin, TX 78758			
Mailing address: <i>(if different from above)</i>			
Telephone number: (512) 490-7130			
Agency Chief Executive Officer			
Name: David Reilly		Title:	Executive Director
Email address: david.reilly@tjtd.texas.gov		Telephone number:	(512) 490-7671
Agency-Wide PREA Coordinator			
Name: Jerome Williams		Title:	PREA Compliance
Email address: jerome.williams@tjtd.texas.gov		Telephone number:	(512) 490-7671

AUDIT FINDINGS

NARRATIVE

The PREA Audit was conducted on March 4-5, 2015 at Gainesville State School, a Texas Juvenile Justice Department (TJJD) secure facility. The audit was conducted by certified PREA Auditors Lisa Hale and Dwight Sadler and assisted by Emily Childs and Nicole Prather. Prior to the on-site audit the Pre-Audit Questionnaire, pertinent agency policies, procedures, and related documentation and forms demonstrating the facility's compliance with PREA standards were reviewed. The facility uploaded policies and supporting documentation into a central file to be reviewed. Ongoing communication was held with the facility PREA Manager and PREA Coordinator in preparation for the on-site visit. Review of the Pre-Audit Questionnaire prompted several questions that were addressed prior to and during the on-site audit. The notification of the on-site audit was posted more than six weeks prior to the first date of the on-site audit. The notices were posted in various locations throughout the facility including the housing units.

An entrance meeting was held with the facility Superintendent, Assistant Superintendent, PREA Manager, and two administrative staff upon arrival to the facility. Following the meeting, a thorough tour of the facility was completed. The audit team was accompanied on the tour by administrative staff. During the tour, auditors viewed camera placements to determine blind spots, staff presence, and zero-tolerance hotline posters in housing units. During the tour some of the staff and residents were questioned regarding PREA standards and facility practices.

After completing the tour, documentation was reviewed for compliance. The second day of the on-site audit interviews were conducted with facility staff and residents. The PREA Compliance Officer provided a list of all facility staff by shift and job assignment and residents by housing unit. The lead auditor randomly chose staff and residents to be interviewed and the names were provided to the PREA Compliance Officer. The agency head, facility superintendent, PREA Coordinator, PREA Compliance Manager, and the contracts administrator were interviewed. Specialized staff were also interviewed and were randomly chosen to include an intermediate and higher level staff, medical and mental health staff, human resources, volunteers, investigators, intake staff, staff who perform screening for risk of victimization and abusiveness, staff who monitor for retaliation, first responders, staff on the incident review team, and staff who supervise residents in isolation. There is no SAFE or SANE staff at this facility and Forensic Sexual Assault Medical Exams are conducted at Denton Regional Medical Center in Denton, Texas. Once the interviews were complete remaining documentation was reviewed for compliance and a short exit meeting was conducted prior to leaving the campus.

An Interim PREA Audit Report was completed and TJJD was informed of the standards that they did not meet. Corrective Action was discussed for each of the standards that did not meet compliance. Since the on-site audit, the facility has demonstrated compliance on all of the standards that they initially did not meet.

DESCRIPTION OF FACILITY CHARACTERISTICS

Gainesville State School is a high restriction facility located in Gainesville, Texas, that serves adolescent males between the ages of ten and nineteen. Gainesville is one of five high restriction facilities under the Texas Juvenile Justice Department. The facility has a capacity of 350 and a population of 234 residents as of March 4, 2015. Entry and exit from the facility is controlled through one secure gatehouse and the perimeter of the facility is enclosed by a single fence. The facility has 24 buildings within the fenced area and 13 outside of the fence. There are 16 housing units and other various buildings including a Security Unit, Infirmary, cafeteria, education, vocational, gymnasium, pool, chapel, greenhouse, visitation, training, administration, staff offices, and psychology buildings. All of the housing units are single cell in design, and except for the Security Unit, they share a community restroom and shower. The Security Unit has a toilet in each cell and a community shower. The facility is equipped with surveillance cameras in and outside of all of the buildings and are monitored on multiple computers throughout the campus. Youth receive medical care on campus at the Infirmary through the University of Texas Medical Branch (UTMB). Criminal and administrative investigations are done in house by the Office of Inspector General and the Administrative Investigations Division.

SUMMARY OF AUDIT FINDINGS

The initial report findings reflect that the facility does not meet the standard for five (5) PREA standards. These particular standards are all related to the number of sexual abuse and sexual harassment cases reported and provided. Some of the documentation provided contradicts the number of cases reported. There were also inconsistencies with the number of Sexual Abuse Review Boards (SARB) that were held and the number of cases provided. During the corrective action period there was some confusion regarding the type of cases that would be categorized as a sexual abuse or harassment case, but the facility did provide an updated number. The facility originally reported nine cases and during the corrective action period they reported that there were 57 sexual abuse and harassment cases. There appears to be a lack of communication between the two investigative divisions and the staff at the facilities, as well as with the youth. Documentation reflects that the facility is not being notified of all criminal cases once they are opened, and the youth are not kept informed regarding administrative cases. During the five month corrective action period, the notification process was updated and the facility provided copies of emails showing the implementation of the process.

The initial assessments for youth in the Texas Juvenile Justice Department (TJJD) are completed at the Ron Jackson State Correctional Complex Intake and Orientation Unit in Brownwood, Texas. Safe Housing Assessments and re-assessments are completed at the Gainesville facility upon transfer and throughout their confinement. TJJD policy prohibits cross-gender searches and the facility reported that they do not have any residents who have formally identified themselves as gay, lesbian, transgender, or intersex.

TJJD facilities including Gainesville State School still maintain a one to twelve staffing ratio during resident waking hours and a one to sixteen staffing ratio during sleeping hours.

The Gainesville facility has an extensive camera system that limits blind spots. There were blind spots discovered in some storage rooms and closets on the housing units, education, vocational, chapel, attic above the Security Unit, and in various other buildings throughout the campus. The administrative staff that provided the tour were informed and/or documented the blind spots. Cameras were checked on all of the resident housing units, and as required by PREA standards, the cameras do not capture the resident's showers, toilets, or inside their rooms.

Thirty (30) specialized staff and twenty two (22) random staff were interviewed from all shifts. A total of seventeen (17) residents from sixteen (16) housing units and the Security Unit were interviewed. The residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Most of the residents interviewed did not have knowledge of outside victim advocates for emotional support services related to sexual abuse. The correctional staff interviewed were knowledgeable on reporting procedures but some could not articulate the agency's protocol for collecting evidence or procedures to follow in a situation where they may be the first person notified of a sexual abuse allegation.

The facility was informed of the standards that they did not meet and corrective action was put in place for each of these standards. The corrective action period spanned over a five month time period. Since the on-site audit, the facility and TJJD have provided appropriate documentation and demonstrated that they are now meeting all PREA standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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 Gainesville facility meets this standard. TJJJ has a zero tolerance policy regarding all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and the Gainesville facility has one designated PREA Manager. During the interview process both individuals indicated that they have enough time to fulfill their PREA responsibilities.

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)

TJJJ requires that any new contract or contract renewal comply with PREA standards. One of the contracted facilities is PREA certified and a copy of the PREA Report was provided. All other contracts were provided and verified compliance.

Standard 115.313 Supervision and monitoring

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

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

Policy Reviewed: 380.9337(e)

Documentation was provided regarding the the staffing plan and development process. At the time of the audit the facility had not deviated from their staffing plan. Documentation reflected that frequent unannounced rounds are being conducted on all shifts by mid level and/or higher level supervisors. Snapshot pictures of the unannounced rounds with the date and time were provided with the documentation.

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 prohibits cross gender viewing and searches. During interviews some of the staff stated that the policy prohibits it but that they could in exigent circumstances. It is recommended that either the policy be updated or the staff be informed that this is not allowed in any circumstance. During the interview process staff and residents verified that staff announce their presence when entering a housing unit of the opposite gender. This practice was observed during the facility tour and interviews and is covered in policy.

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 material that is given to the residents. The contract provided for interpreters for the deaf did not specifically include the Gainesville facility but they reported that they have not had any deaf residents within the reporting period. It is recommended that this contract be updated to include the Gainesville facility. During staff interviews many were unaware that resident interpreters, readers, or assistants could not be utilized except in limited circumstances. It is recommended that additional training be provided to the staff regarding this standard.

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 policy encompasses all of the requirements of this standard. A sample of files were reviewed for new hires, promotions, and contractors for compliance. Documentation was provided showing that TJJD conducts background checks on all current employees on a yearly basis which exceeds the standard requirement of every five years.

Standard 115.318 Upgrades to facilities and technologies

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

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

Policy Reviewed: 380.9337(a)(b)

The facility modified a classroom by building a wall in the middle which made it into two rooms. Documentation was provided including drawing and design plans, map with camera locations, request and approval for project, and purchase requisition and approval.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Policy Reviewed: 380.9337(f), 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Gainesville facility. 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 have not been any forensic medical examinations conducted during the review period but the examinations are done at Denton Regional medical

Center in Denton, Texas. A Memorandum of Understanding with Abigail Arms Cooke County Family Crisis Center was provided for review.

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), and INS 71.01

Allegations of sexual abuse are 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. The Gainesville facility reported on the Pre-Audit Questionnaire that there were nine sexual abuse or harassment allegations referred for criminal investigation in the past twelve months, but only one case was provided by the Office of Inspector General.

Corrective Action: Clarify the number of allegations referred for criminal investigation and provide copies of all cases that were referred.

Since the audit: The number of criminal cases was clarified and there were 57 cases referred for investigation. All of the case reports were provided

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. Training records and curriculum were provided. Review of documentation and staff interviews verified that the facility provides the required training for this standard through new hire orientation, annual block training, e-courses, and on the job training. Training sign-in sheets were provided.

Standard 115.332 Volunteer and contractor training

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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. Training records and interviews with volunteers verified compliance with this standard.

Standard 115.333 Resident education

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

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

Policy Reviewed: 380.9337(g)

During intake, residents 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 date the information was provided is documented. Documentation provided reflects that this is being completed within the ten day time frame. Documentation for current residents who had not received this PREA education were provided the education and it was completed within one year of the effective date of the PREA standards. During interviews the residents acknowledged receiving this information and stated that it occurred the first day of their arrival. They also acknowledged watching a PREA video which is shown to all of the residents during the intake process. 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)

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)

Training records were provided by the Office of Inspector General and the Administrative Investigations Division. Documentation provided and interviews with investigators verified that the required training is provided.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Policy Reviewed: 380.9337(g)

Medical staff at the Gainesville facility do not conduct forensic medical exams. Training logs were provided reflecting that the required training for this standard is being completed. Documentation and interviews with medical staff verified compliance with this standard.

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. All required screenings and assessments are completed at the intake unit. The Gainesville facility utilizes the HLS-100 Initial Health Screening and CCF-036 Safe Housing Re-assessment forms upon the youth entering the facility and periodically throughout their confinement. These forms were provided. Access to this information is limited to case managers and administrative staff.

Standard 115.342 Use of screening information

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

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

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

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

TJJD policy covers all components of this standard. Policy prohibits the placement of youth in isolation due to the risk of sexual victimization. In addition, the facility reported that they do not have any youth who have formally identified themselves as lesbian, gay, bisexual, transgender, or intersex. Documentation provided and staff interviews verified compliance.

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),380.9333(e)

TJJD policy provides multiple internal ways for residents to privately report allegations. One of the numbers provided is a toll free number for the Office of the Independent Ombudsman, which is a separate state agency. Interviews with residents and staff verified compliance with this standard and staff acknowledged the acceptance of verbal, written, anonymous, and third party reports and proper documentation.

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.

Policy Reviewed: 380.9337(a),(b),(d),(i), YRP 05.05(c) and GAP 07.03

The agency does not meet all the requirements for this standard. The Administrative Investigations Division does not have a policy or practice in place requiring a final decision being made by the agency on the merits of any portion of a grievance or administrative investigation alleging sexual abuse within 90 days of the initial filing. There is also no policy or practice in place for the agency to claim an extension of time up to 70 days and to respond to and notify the victim in writing of the extension along with a date on which a decision will be made. An email was provided stating that the Administrative Investigations Division revised their operating procedures to include this effective July 15, 2014, but there was no evidence that this is being practiced. The list of PREA cases that were assigned to the

Administrative Investigations Division reflects several cases that have been open for more than 90 days and documentation could not be provided regarding an extension or notification to the youth informing them of the extension. The agency and facility does utilize a grievance system that is accessible to residents and outside family members and advocates.

Corrective Action Required: Provide evidence that standard 115.352 regarding investigation time frames, extensions, and proper notifications are being implemented and practiced.

Since the audit: The agency fixed their Administrative Investigations Manager (AIM) that they utilize to notify the facility of Administrative Investigation cases that are opened and closed so the proper notifications can be made. The facility provided several emails related to the function of AIM and a notification letter that was sent to a youth regarding the outcome of a sexual abuse case. Screen shots of this program were provided which showed the notification being made. Emails were also provided that were sent to all of the Administrative Investigators re-iterating that they must request an extension from the Director and Deputy Director of AID if their investigation goes beyond a 90 day time period. Since the audit, the facility reported that they had one PREA case that went beyond the 90 days and an extension was not requested. TJJD stated issues regarding why this case did not have an extension. A spreadsheet was provided showing all of the PREA cases that have been opened since the audit and the dates that they were closed. Except for the one case reported, all of the other cases on the spreadsheet were closed within 90 days.

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)

A Memorandum of Understanding with Abigail Arms Cooke County Family Crisis Center was provided and states that the information will be distributed to youth after it has been determined that the youth in question is the victim of sexual abuse and has refused the on-site counseling services offered by TJJD. Residents interviewed were not aware and could not provide information on outside support services. The facility does provide residents with reasonable and confidential access to their attorneys and parents or legal guardians.

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)

The agency has established methods to receive third party reports through the Office of Inspector General and Office of the Independent

Ombudsman hotlines. This information is available on the TJJD website.

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

The TJJD policy provided requires that all staff immediately report any allegation of abuse or retaliation to the Office of Inspector General. Policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff interviews demonstrated knowledge of their reporting responsibilities.

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 TJJD policy provided and interviews with random and specialized staff verified compliance with this standard.

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)

The TJJD policy addresses the requirements for this standard. Staff interviews demonstrated an understanding of the reporting requirements. The Gainesville facility reported no cases that required reporting to other facilities during the audit period.

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)

The agency has established policies regarding first responder duties. Most of the staff interviewed were able to articulate the first responder duties and procedures but some may require additional training. The Gainesville facility provided documentation for two instances where first responder duties were carried out. One of the instances did not require first responder duties be carried out but the facility reported that they completed the steps for practice. Documentation of notifications and the steps taken and time frame for each was provided for each case. All of the first responder steps were followed as stated in this standard.

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 Gainesville facility has developed and provided a written institutional plan to coordinate actions taken in response to allegations of sexual abuse.

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)

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)

TJJJD does not 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)

The agency has a retaliation policy that protects all residents and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation. The Gainesville facility has designated staff members who are responsible for monitoring against retaliation. It was reported that there has not been an incident of retaliation at the Gainesville facility in the past twelve months, however, in reviewing documentation it was found that the Office of Inspector General is informing higher level agency staff when a case is opened but this information is not being disseminated to the facility level, therefore protective measures can't be implemented when necessary.

Corrective Action: Provide evidence that the Office of Inspector General is either informing the facility or the higher level agency staff are disseminating the information to the facility when a sexual abuse or sexual harassment case has been opened.

Since the audit: A new notification process was implemented and emails were provided showing the implementation of this process. There have been no criminal sexual abuse or harassment cases opened since the implementation of this new process.

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)

TJJJ policy prohibits the use of segregated housing to protect residents who have alleged sexual abuse.

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)

TJJJ policy covers all of the components of this standard. All investigations of sexual abuse and sexual harassment are conducted by the Office of Inspector General or the Administrative Investigation Divisions. Training records, sample cases provided, and interviews with investigators from both offices verified compliance with the requirements of this standard.

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)

Agency policy requires that the investigators findings must be based on a preponderance of the evidence. The interview with the administrative investigator verified compliance with this policy and 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)

Agency policy incorporates all the components of this standard, however, after reviewing provided documentation it was found that the Office of Inspector General is not providing proper notification to the resident regarding the outcome of the case. Three notification letters were reviewed and they were completed on the same date, well after the closing of the cases, to attempt to be in compliance. In reviewing these letters a discrepancy was found regarding the number of sexual abuse cases that were investigated by the Office of Inspector General. The documentation provided contradicts the number of cases reported as being investigated by the Office of Inspector General.

Corrective Action: Provide evidence that proper notification is being made to the residents regarding the outcome of sexual abuse and sexual harassment cases. Clarify the number of sexual abuse and harassment cases that were investigated by the Office of Inspector General and the number of cases that were determined to be "unfounded".

Since the audit: The Office of Inspector General clarified the number of criminal cases that were investigated at this facility, and provided documentation showing that proper notifications are being made.

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(I)

TJJD policy covers this standard. The Gainesville facility reported no staff disciplinary action during the audit period due to violating agency sexual abuse or sexual harassment policy.

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(I)(j)

The Gainesville facility reported no cases of volunteers or contractors reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of the residents.

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(I), 380.9503(i)

The Gainesville facility reported no criminal findings of guilt for resident on resident sexual abuse and there were five administrative findings. Copies of the residents' Level II Hearing reports with disciplinary sanctions for the youth involved in the administrative cases were provided. Based on the interview with the Superintendent, a resident's mental disability or illness is factored into determining what sanctions are imposed. The facility reported that there were no residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

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), 115.381(c)

Initial intake and screening is completed at another TJJJ facility. TJJJ policy addresses this standard and the Gainesville facility reported that they have not had any reports of prior victimization.

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)

TJJD policy and interviews with medical and mental health staff verified compliance with this standard. The Gainesville facility reported no cases of sexual assault requiring medical attention to review.

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)

TJJD policy covers all components of this standard. There are no female residents at this facility. Interviews with medical and mental health staff verify 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)

Agency policy addresses the requirements of this standard, however, the reported number of criminal and/or administrative investigations of alleged sexual abuse was seventeen and there were twenty two Sexual Assault Review Boards (SARB) held. Many SARB's that were held stated that the facility was not informed of cases investigated by the Office of Inspector General until the case was closed, and several were not fully completed stating that they had insufficient information. There were no SARB's reviewed that were from administrative investigations. Due to the number of investigations being reported it is unclear whether the correct amount of SARB's are being completed.

Corrective Action: Confirm the number of PREA related criminal and administrative investigations to determine if the correct amount of SARB's were held. Provide evidence that information is being communicated to the Sexual Assault Review Board so proper steps can be taken.

Since the audit: The facility clarified the number of criminal and administrative investigations that were completed. TJJD provided documentation reflecting that their notification system (Administrative Investigation Manager) is now working properly and the facility is

being notified upon cases being opened. A screen shot of the program reflecting a notification was provided as well as a sample of SARB's that have been completed since the audit. A new notification process for criminal cases was implemented and emails were provided regarding the implementation.

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)

TJJD collects uniform data on all allegations of sexual abuse using a standardized instrument. This allows the agency to submit the annual Department of Justice Survey of Sexual Violence. This was confirmed through an interview with the agency PREA Coordinator.

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)

Agency policy mandates the review of aggregate sexual abuse data to assess and improve the effectiveness of the agencies policies, practices, and training. Documentation provided verified the agency's preparation and review of the data with corrective action plans. The annual report is posted on the agency website but the report for 2014 has not yet been completed or posted.

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)

TJJD policy ensures that all sexual abuse data is retained securely. Policy reviewed and the interview with the agency PREA Coordinator verified compliance with this standard.

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.

L. Hale

Auditor Signature

8/28/15

Date