

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES

Date of report: May 9, 2016

Auditor Information			
Auditor name: Debbie Unruh			
Address: 11209 Metric Blvd, Bldg H, Ste A, Austin TX 78758			
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Telephone number: 512-431-4051			
Date of facility visit: January 12-14, 2016			
Facility Information			
Facility name: McLennan County State Juvenile Correctional Facility Long Term			
Facility physical address: 116 Burseson Rd, Mart, TX 76664			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 254-297-8273			
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: William E. Parks			
Number of staff assigned to the facility in the last 12 months: 362			
Designed facility capacity: 368			
Current population of facility: 225			
Facility security levels/inmate custody levels: High Restriction			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Carla Bennett-Wells		Title: Compliance Manager	
Email address: Carla.bennett@tjjd.texas.gov		Telephone number: 254-297-8273	
Agency Information			
Name of agency: Texas Juvenile Justice Department			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 11209 Metric Blvd, Bldg. H, Suite B, Austin TX 78758			
Mailing address: <i>(if different from above)</i> P.O. Box 12757 Austin, TX 78711			
Telephone number: 512-490-7130			
Agency Chief Executive Officer			
Name: David Reilly		Title: Executive Director	
Email address: david.reilly@tjjd.texas.gov		Telephone number: 512-490-7002	
Agency-Wide PREA Coordinator			
Name: Jerome Williams		Title: Director, PREA Compliance Dept.	
Email address: Jerome.williams@tjjd.texas.gov		Telephone number: 512-490-7671	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audits of McLennan County State Juvenile Correctional Facility (McLennan CSJCF), Mart Residential Treatment Center (MRTC), and the Phoenix Program were conducted concurrently on January 12-14, 2016. This report contains findings for McLennan CSJCF which is located on one side of a fence that runs the length of the campus. The audit was conducted by Debbie Unruh, U.S. Department of Justice Certified PREA Auditor and assisted by Conrad Jones. McLennan CSJCF is a Texas Juvenile Justice Department (TJJD) secure facility located in Mart, Texas. Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and review of the Pre-Audit Questionnaire, TJJD and facility policies, and documentation supporting compliance with each standard. Questions and requests for clarification and additional information were listed by standard in a document which was sent via email to the facility's PREA compliance manager. The manager responded within the document and returned it via email to the auditor. Many follow-up phone calls were exchanged to gain further clarification and to discuss the audit process.

Upon arriving to the facility, the auditor met with the compliance manager, PREA Coordinator, and facility administrators to further discuss the on-site audit and facility inspection methodology. Facility supervisory staff accompanied the auditor during the walkthrough. All buildings within the security fence were reviewed including dorms, offices, interior and exterior mechanical closets, education, and the gym. During the tour, consideration was given to camera placements and potential blind spots, the level of youth supervision, indicators of any area lacking sufficient monitoring, and PREA posters. Throughout the tour, brief interviews were conducted with staff and youth in various locations.

Multiple correctional staff and specialized staff assigned to all three shifts and representing different levels of seniority and authority, youth from all dorms, volunteers, and medical staff were interviewed in private offices during the first two days of the audit. Staff and youths were selected randomly by the auditor. Following the interviews, additional documentation provided by the compliance manager was reviewed for each standard. An exit meeting with facility administrators concluded the on-site audit.

An Interim PREA Audit Report indicating overall compliance with each standard was submitted to the facility and agency PREA Coordinator. Corrective action was requested for each unmet standard.

A Final PREA Audit Report indicating all corrective action plans were completed and compliance with each standard was submitted to the facility and agency PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The McLennan State County Juvenile Correctional Facility (McLennan CSJCF) is a high-restriction facility serving adolescent males between the ages of 10 and 19. Entry into and exit from the facility is controlled by a secure gatehouse, and the perimeter is contained within a secure fence. Treatment programs include chemical dependency, violent offenders, sex offenders, and aggression replacement therapy. There are 14 buildings including five single cell housing units, education, the security unit, and gym. Specific dorms are designated as the security unit, which is used for self- or disciplinary referrals, a medical isolation unit, and the Redirect Program for youth who engage in rule violations and are in need of intensive interventions. The facility's capacity is 368, and the population as of November 13, 2015 was 225. Youth share the cafeteria, gym, and infirmary with youth assigned to MRTC but contact between the two sides of the campus is prevented through scheduling separate recreation and meal times. Youth receive on-site medical services from the University of Texas Medical Branch (UTMB) and year-round education through TJJD. Dorms share common day rooms and showers, and each cell contains a toilet and sink. The facility employs 362 staff members, and has authorized 173 volunteers and contractors who may have contact with youth. Administrative and criminal investigations are conducted in-house by the Administrative Investigations Division and the Office of the Inspector General (OIG).

SUMMARY OF AUDIT FINDINGS

The initial report findings included 26 standards in compliance, 8 standards in noncompliance, 4 standards exceeding compliance, and 3 standards which did not apply. Interviews with staff and youth indicated they had received training and information regarding the right to be free from sexual abuse and harassment and knew multiple ways to report the allegations. The facility has an extensive video monitoring system with cameras located throughout the interior and exterior of all buildings. A work order for additional cameras was submitted on the first day of the audit to address the blind spots reported during the walk through. Following the interim report a corrective action process was put in to place and all 8 noncompliant standards were addressed. Corrective action was implemented and observed by the auditor.

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; staffing plans intended to protect youth against sexual abuse; and disallowing or limiting cross-gender viewing. The majority of staff interviewed said that cross-gender pat downs are only allowed under exigent circumstances. The facility reported that about half of the staff had been trained according to an upcoming policy change that aligns with PREA standards which allows such searches to be conducted during an emergency. The facility conducts unannounced rounds twice per month for each of three shifts, but the majority of the rounds conducted on the late night shift occurred at the beginning or ending of the shift. Policy requires employee background checks to be conducted annually.

Evidence of responsive planning includes the training of investigators to obtain usable physical evidence. No forensic medical examinations have been necessary, but facility protocol stipulates that youth requiring the examination would be transported to a local medical center. The number of administrative and criminal investigations of sexual abuse and harassment allegations reported on the Pre-Audit Questionnaire contradicted the number of reports of investigations obtained during the on-site audit. Youth and parent notifications of the outcomes of investigations were not provided during the pre- or on-site audit. Records and interviews were insufficient to determine if agency investigators attend specialized training in sexual abuse investigations. Processes have been put in to place to track the total number of reports and investigations and all investigators have received acceptable investigator training.

Training and education included annual staff training addressing PREA-specific topics. One provision not specifically addressed in training is how to communicate effectively with youth who identify as lesbian, gay, bisexual, transgender, intersex, or who are gender nonconforming. Youth PREA education occurs during intake at the agency's orientation and assessment campus. Interviews with youth indicated PREA education has continued at McLennan CSJCF through PREA-specific groups, puzzles and quizzes made by the campus PREA compliance manager, and signage including hotline numbers and zero tolerance. During interviews, staff said they had received PREA training as well as periodic games and incentives designed to refresh staff PREA knowledge. Interviews with volunteers reflected a need for additional training for volunteers who have contact with youth. During the corrective action period all volunteers were retrained and verification was provided of that training.

Although youth are screened for risk of sexual abuse victimization and abusiveness during intake and throughout their confinement, the screening instruments do not meet the minimum requirements. One required question not explicitly asked of youth is whether the youth identifies as lesbian, gay, bisexual, transgender, or intersex, and therefore at risk of sexual abuse. Interviews with staff and youth indicated this information is only collected if the youth self-discloses during intake. A new intake screening was designed and implemented during the corrective action period bringing the instrument in to compliance with the standard.

An overview of the auditor's findings was discussed in an exit meeting with the compliance manager, Superintendent, and other supervisory staff members. All findings were included in the Interim Audit Report which was sent to the facility on February 8, 2016.

Number of standards exceeded: 4

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

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 (TJJD) has widely published its Zero Tolerance Policy in material provided to the youths and in posters that are visible to youths, staff and members of the general public. The agency's Zero Tolerance Policy is also on the TJJD Web site in the PREA Program section. In part the policy states: TJJD "is committed to the prevention and elimination of sexual abuse/assault within TJJD and TJJD facilities through compliance with the Prison Rape Elimination Act (PREA) of 2003." The policy includes the agency's protocols for preventing, detecting, reporting, and responding to sexual abuse and harassment.

TJJD has assigned Jerome Williams as the PREA Coordinator. This is Mr. William's primary responsibility with the agency. He reported he has sufficient time to do his PREA Coordinator duties.

Carla Bennett-Wells is the PREA Manager for McLennan CSJCF side two. In addition to her responsibilities as the PREA Manager, Ms. Wells serves as the compliance manager for McLennan CSJCF side two. She reported she has sufficient time and authority to coordinate McLennan CSJCF's efforts to comply with the PREA standards and to do the PREA Manager work. The PREA Manager position is included in the facility's organizational chart.

Standard 115.312 Contracting with other entities for the confinement of youths

- 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(e)

TJJD contracts with multiple private facilities and professionals for juvenile services. The agency provided all facility contracts and a sample of professional contracts. All contracts indicate the contractor is responsible for meeting PREA Standards and must be in compliance by having a PREA Audit performed.

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)

As directed by TJJJ policy, McLennan CSJCF has a Video Surveillance and Staffing Plan. The staffing plan is based on a population of 206 youth in 5 housing units consisting of 4 living units each. On the day of the audit, there were 223 youth in the facility. The staffing ratios on the first and second shift are 1:12 and 1:16 during the midnight hours. In the 12 months prior to the audit, the facility reported they did not deviate from the staffing plan. The Video Surveillance and Staffing Plan is reviewed annually by the Facility Director and the PREA Coordinator, takes into consideration all the elements in the standard and determines if any changes are needed in the plan.

There are 1210 cameras positioned inside and outside the facility. Various monitoring stations include flat screen monitors showing live views of the interior and exterior of the facility. The resolution of the cameras and wide-screens is sufficient. Individuals can be identified with these cameras. The system automatically stores multiple days of footage. The equipment building outside the gym is the only building without inside cameras; it is visible on multiple outside cameras.

Supervisors and administrators conduct unannounced rounds on all shifts. The unannounced rounds are documented on the Daily Log. Logs and time-stamped photos were provided verifying rounds. TJJJ policy also prohibits staff from alerting other staff members that the unannounced rounds are taking place. Staff articulated this knowledge during the tour and in interviews. While the Daily Log fulfills the documentation of unannounced rounds, it is recommended that supervisors make rounds at various times during the midnight shift farther from the beginning and ending of shifts.

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)

Cross-gender strip searches, pat-down searches, and cross-gender visual body cavity searches except in exigent circumstances are prohibited according to a review of TJJJ policy. During random staff interviews, some staff reported that they had received training on how to do a cross gender search at the facility. Some staff told the auditor they had not had any training on how to do a cross-gender pat-down search of a transgender youth. It appears that refresher training on cross-gender searches is needed. Paragraph (f) of this standard requires such training, as well as how to conduct searches of transgender and intersex youths, “in a respectful and professional manner, and in the least intrusive manner possible, consistent with security needs.” Staff interviewed were not able to articulate how to conduct a search according to this criteria. Training curricula did not specifically include this type of search.

In interviewing youths, they reported that announcements were being done consistently by the female staff. Youths reported female staff never see youths naked and are not allowed to conduct shower or bathroom routines. Policy 380.9337(e)(4)(C-D) was reviewed and prohibits such viewing.

Standard 115.316 Youths with disabilities and youths 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)

All McLennan CSJCF posters and printed materials for youth education are in Spanish and English. In addition, TJJJ has a contract with an interpretation service that is available to assist with several different languages seven days a week. Interviews with staff indicated there were plans to apply for a grant to offset the cost of having youth education available in braille. Staff and youth both acknowledged there were multiple Spanish speaking staff available to interpret as well.

At the time of the audit, there were no youths who were limited in the English language. Staff told the auditor that a youth would never be used to interpret for another youth in the event of a sexual assault unless the victim initiated the other youth's help.

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)

Screening and hiring of prospective employees in TJJJ facilities is a multi-step process. TJJJ Human Resources (HR) is the lead on conducting background checks. The process begins when a person applies for a position in TJJJ. The applicant is first screened for qualifications then interviewed, and then the hiring authority requests a criminal background check and a check of the Statewide Central Register of Child Abuse and Maltreatment (SCR). HR then informs the hiring authority if the person has successfully passed his/her background check. Previous employment references are also contacted. On the application for employment, applicants are also required to report any arrests or misconduct that would impact their ability to work with young people.

Agency policy states that employees have an affirmative duty to disclose misconduct that can impact their ability to perform their responsibilities. Policy 380.9337(e)(6)(A-G) TJJJ checks criminal history every year on the employees' anniversary date. The Statewide Central Register of Child Abuse and Maltreatment is checked every two-years for current employees.

Promotions follow similar policies.

If a former employee, for whom there is a substantiated allegation of sexual abuse or sexual harassment, applies for a position at another institution and that institutional employer requests a reference for such employee, that request is sent to the Human Resources Division where the determination is made as to what will be shared with the prospective employer. The facility does not respond to the institution requesting the information.

The auditor interviewed the Human Resources Manager and examined 12 personnel files.

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)

There have not been any upgrades to the facilities or technologies at this unit in the last year. In 2012 there were modification made to the gym. It consisted of adding more rooms and offices. All the rooms and offices had cameras installed covering all potential blind spots. A review of the plans indicated that the safety of youth was taken into consideration and placement of cameras was used accordingly. Meeting minutes were furnished verifying discussions about the design and safety of the building.

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

The Office of Inspector General for TJJJ (OIG) is responsible for conducting all criminal investigations. The Administrative Investigations Division (AID) is responsible for conducting all other sexual abuse and sexual harassment allegations involving staff. The OIG investigators normally work Monday through Friday, but are on-call on evenings and weekends. In the case of a sexual assault or sexual abuse, the McLennan CSJCF administrator on duty would notify the Inspector General's Incident Reporting Center (IRC) who would initiate the investigation. TJJJ has requested that the OIG follow the requirements of Standard 115.321 as laid out in Policy 380.9337(f)(i) and INS 71.01. OIG and AID Investigators are familiar with PREA and its requirements but neither of the divisions provided verification that the investigators completed PREA Investigator training.

The interview with the facility director and PREA manager indicated investigators do not keep McLennan CSJCF informed on the status of

pending investigations.

The facility has an agreement with Advocacy Center for Crime Victims and Children. The number for the advocacy center was posted in Case Manager's offices for youth to see. Interviews with upper level staff indicated they had good cause for not posting the contact numbers in the housing units. The facility also maintains a list of other available agencies that will be made available to youth when they ask.

According to interviews, McLennan CSJCF has an understanding that youth will be transported to Hillcrest Hospital to see a SAFE/SANE who would provide a forensic exam if a youth is sexually assaulted or sexually abused. Counseling and mental health staff at McLennan CSJCF can provide crisis counseling and accompany the youth to the forensic exam, if requested.

The facility reported there have been no sexual assaults and therefore no forensic exams conducted, to date.

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), 385.8183 and INS 71.01

The policy and procedure stipulates an investigation is completed for all allegations of sexual abuse and harassment. Allegations of sexual abuse are reported through the Incident Reporting Center (IRC), where they are disseminated to investigative divisions: OIG for criminal investigations, AID for administrative investigations involving staff on youth which can also be criminal, and Youth Services for youth on youth not criminal.

The auditor interviewed investigators and reviewed two criminal investigations and seven administrative investigation. One criminal case was closed as Unfounded due to the victim recanting and no further evidence available. The second was closed as Not Sustained as one youth claimed consensual and the other refused to cooperate. The seven administrative cases were reviewed and four were Confirmed, resulting in staff discipline, one was Unfounded, one was Unable to Determine, and one is Pending.

While reviewing 115.386, SARBs, it was discovered there were multiple allegations made by staff that had not been reported as having been investigated by any of the investigative divisions.

Corrective Action Required:

Develop a process in which all allegations of sexual abuse and sexual harassment reported to the IRC are tracked and accounted for so that at any given time the number of those allegations and the disposition or status of those allegations can be reported to the requestor. In addition, provide the number of alleged sexual abuse and sexual harassment reports received by the IRC, the assignment, and status of those investigations for the past 12 months.

Compliance:

The PREA Coordinator agreed to create and monitor the sexual abuse and sexual harassment allegations made by the facilities and halfway houses on a specific form CCF 351/352 beginning May 1, 2016, a copy of the spread sheet was provided. The plan will be to coordinate with the Incident Reporting center to review the number of allegation that have been called in by the facility and by the youth, the two numbers will be combined for a total number of allegations. It is believed this process will provide the accurate number of sexual abuse and sexual harassment allegations that each facility has during any given PREA audit cycle. Due to the discrepancies in numbers from the previous year the actual numbers of reports cannot be verified for this cycle. All reports that were categorized as criminal were investigated

and disposition was 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)

Staff received training in their initial training academy, and they receive a three-hour, computer-based annual training program. All the staff interviewed reported that they had been trained on the all areas noted in this standard. In addition to the annual computer training, the PREA Manager presented training during the staff's town hall meeting which is comparable to a staff meeting. All staff acknowledge in writing that they received the training. At the top of the sign in sheet, language was included stating the person signing the sheet acknowledged receiving and understanding the training. Standard 115.331 (d) states, "The agency shall document, through employee signature or electronic verification that employees understand the training they have received." TJJJ Policy 380.9337(g)(1)(A) states, "Employees must sign an acknowledgement verifying that they understand the training they receive." Staff interviewed were able to explain various parts of the required standard elements.

Academy and annual training curriculum was reviewed for all elements.

Most staff interviewed stated they acknowledged an understanding through follow-up games which required each staff to have the given knowledge to complete the tasks. The games were innovative and made learning fun for staff and youth. Examples of the games were provided; they consisted of "bingo," a "scavenger hunt" and others. All the elements were met in the training curriculum which was presented in Power Point form.

Staff interviewed were able to articulate how to report, respond, and detect sexual abuse or harassment; the definition of zero tolerance; the rights of youth; and common reactions from youth. It is recommended that additional training be done in the area of exigent circumstances for cross gender viewing.

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)

The McLennan CSJCF's Volunteer Program Handbook clearly states that there shall be no sexual contact between volunteers and youth and includes specific training on the TJJD Zero Tolerance Policy, definitions (i.e., sexual abuse and assault, sexual contact, and sexual harassment), prohibitions, reporting requirements, and an acknowledgement. The acknowledgement states: "My signature acknowledges that I have received a copy of TJJD's, *Prevention of Sexual Abuse and Assault of Youth in TJJD Care* and have received training on the above information. I agree to comply with the provisions of TJJD's, *Prevention of Sexual Abuse and Assault of Youth in TJJD Care*." The standard requires that "The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received."

Two volunteers who were interviewed said they received PREA training, in the form of being given a handout, but one said she did not understand everything that was presented about PREA and the other said she did not remember the training. A refresher training session for all volunteers should be done to ensure the volunteers understand the TJJD Zero Tolerance Policy, how to report an allegation, and how to maintain an appropriate relationship with youths.

Corrective action required:

Provide a curriculum for training volunteers and contractors, more substantial than a handout, on zero tolerance and provide proof of volunteers receiving and understanding the training.

Compliance:

A copy of the curriculum and signed attendance sheets were provided for the PREA Basics Training that was conducted February 1, 2016. The training will be offered quarterly to ensure all volunteers and contract providers will remain updated on relevant PREA requirements. A phone interview was conducted with a volunteer to verify knowledge that was obtained from the training.

Standard 115.333 Youth 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)

TJJD Policy 380.9337(g)(3) specifies that all youths be informed, at the point of intake, of their rights to be free from sexual assault, abuse, and harassment and how to report any abuse or harassment. Within 10 days, youths are given a more comprehensive PREA education program. Youth are also given a PREA orientation script which explains in great detail what youth need to know about PREA and their protection from sexual assault and harassment. Youth are also shown a video, "Safeguarding Your Sexual Safety PREA Orientation" within the first few days of arrival at the orientation unit. The video and a review are completed each time the youth changes location. Each youth receives the information twice within the first 35 days of their stay. Posters that call attention to sexual assault and harassment are also displayed on every unit and in public places throughout McLennan CSJCF. All youth acknowledge, on the PREA Orientation Training and Acknowledgment Form, that they have received the script and reviewed it. All material was reviewed, and interviews with the youth indicated they knew how to report and understood they had a right to be free from abuse and harassment.

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)

Training records that were provided were reviewed, but did not include recent training or PREA Investigator Training. In interviews with OIG investigators, it was reported that although they had law enforcement experience and they have had the basic PREA training, they have not yet had the PREA Training for Investigators. A review of training records also indicates the investigators have not received the training and have not received recent outside law enforcement training involving juveniles and sexual assaults and abuse in confined settings. Administrative investigations presented an in-depth curriculum for training administrative investigators in all the required elements but did not provide a current record of all officers who had completed the training.

Corrective Action Required:

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

Compliance:

Certificates for all three investigators, from the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, were provided verifying investigators appropriate training.

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)

All medical and mental health staff have received the NIC three-hour program training for medical and mental health professionals, as well as the basic training that is required of all staff. Copies of their certifications were provided. The training is documented and was confirmed through interviews with the medical and mental health staff. Forensic exams are not conducted at this facility. Policy 380.9337(g)(5) was reviewed and stipulates the required training which includes all the elements. Medical and mental health professionals who were interviewed were able to recite the elements required in their position.

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)

TJJJ policy 380.9337(h) (1), requires that within 72-hours of intake and periodically throughout their confinement at McLennan CSJCF, information is obtained about each youth's history, behavior, and mental health status. The process begins with the Intake Screening form CCF-001, which assesses for potential sexual aggressive behavior and/or sexual victimization, but does not ask about sexual orientation, a required element of 115.341(c). Each time the youth moves to a new location or is involved in a major incident, a Safe Housing Assessment is completed (CCF-036); periodically a youth is re-assessed during the year. Examples of both forms were provided and reviewed. On the form, the youth is not asked about sexual orientation at any time during any of the assessments; it is left to the staff to make that determination based on observation. During this interview process, the youth's social history and delinquency history are obtained. Youth are not asked about their sexual orientation, but they are asked about their own perception of vulnerability. Staff observations of these areas are also asked on the forms. A check of multiple youth files confirmed the forms were in their files. Most youth reported they did not recall being asked about their sexual orientation or if they felt at risk of being sexually abused or harassed.

Corrective Action Required:

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?

Compliance:

The agency provided a revised version of their CCF-001 Screening Tool which includes the questions needed to meet this standard. The new tool was rolled out April 22, 2016. A review of the recent intakes for the last 30 days indicates the new tool is being used.

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

The information that is obtained pursuant to Standard 115.341 is used to classify youth and make housing, room, program, education, and work assignments decisions consistent with TJJJ policy.

According to Policy 380.9337(h), 380.9745(I), INS 75.13, lesbian, gay, bisexual, transgender, or intersex youths are maintained in the general population, but may shower separately. There were two youth interviewed during the audit that identified themselves as lesbian, gay, bisexual, transgender, or intersex. McLennan CSJCF reported they had no youth who identified as lesbian, gay, bisexual, transgender, or intersex. TJJJ policies require 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 his own or the staff has an exceptional ability to make that determination.

Staff interviews and a review of policy indicate that youth are never put in isolation for their protection and youth who identify as lesbian, gay, bisexual, transgender, or intersex are not housed based on their orientation. Policy 380.9337(h)(23)(D)(I-IV) designates specific policies for assessing, reassessing, programing, placement, and showering transgender youth. TJJD will consider on a case-by-case basis placement based on the youth's preference. They are reassessed every six months to review any threats to the youth's safety. There is not a question to make a determination of the youth's gender identity unless the youth self-identifies or staff presumes correctly.

Corrective Action Required:

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 decisions regarding 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 Orientation and Assessment Unit. They have also implemented an "Exit Staffing Overview" process that takes into consideration all of the screening instruments, Psychological evaluation, and 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. A review of the documentation for a recent intake was completed signifying its use.

Standard 115.351 Youth 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 TJJD has provided multiple ways for youths to report sexual abuse, assault, and harassment. All youths interviewed knew they could call the agency's Inspector General or the Independent Ombudsman. They also knew they could talk to a staff member, make a written report, and notify their parent or lawyer, or their probation officer. There are posters and signs on every living unit that inform youths how they can contact the Ombudsman and Justice Center. They also knew that reports could be made by third parties or anonymously. Youths said they would have no difficulty getting writing materials to make a referral and that staff are very helpful.

Most staff, though not all, knew they could report a case of sexual assault or sexual harassment privately by calling the Inspector General. The auditor interviewed one youth who reported that he was touched on the buttocks. He stated that the staff responded immediately to his allegation. From the youth's detailed description, it was clear that the staff followed the TJJD policies which are consistent with this standard. The investigation is on-going.

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.

N/A

Standard 115.353 Youth 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)

Outside support services contact information is provided to youth in the individual Case Managers' Offices. These services are also made known on postings in those offices. In spite of these efforts, nearly half of the youths interviewed said they were not aware of these services nor could they name any services or what they do. Youths reported that they have access to their attorneys and reasonable access to their parents and guardians. Youths require regular refresher training on support services as it is apparent this information is not retained. All youths know of the Independent Ombudsman and how to access that service.

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 TJJD web site informs readers on how to report allegations of sexual abuse or harassment. TJJD Policy 380.9337(i) also states how third party reporting can be accomplished. The primary referral route is to the IRC but referrals can also be made to the Ombudsman, law enforcement agencies, Children's Protective Services, and to the facility directly.

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 Policies regarding staff and agency reporting duties meet the standard. All staff interviewed stated they fully understood they are mandatory reporters of all types of child abuse and neglect, including sexual abuse and sexual harassment. Agency Policy 380.9337(j) documents the reporting chain. Staff also confirmed their understanding that any information related to sexual abuse or sexual harassment is confidential and should not be shared with anyone who does not have a “need to know.”

Medical and mental health professionals understand that in addition to their reporting duties, they must also inform youth they are mandatory reporters.

TJJD policy states how parents, guardians, attorneys, and agencies that have custody of a youth (i.e., juvenile courts, social service agencies, etc.) are to be informed of a sexual abuse allegation involving a youth in their care.

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)

Interviews with staff confirm that they have been well trained in how to immediately respond when they learn that a youth is subject to substantial risk of imminent sexual abuse. TJJD training and policies detail the official response that would follow a report alleging sexual abuse or harassment.

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)

TJJD policy substantiates reporting requirements when an allegation of sexual abuse of a youth is made while the youth was at another facility. TJJD policies meet the requirements of this standard. There have been no reports of this type made.

All TJJD staff members must immediately report to OIG, in accordance with agency policy, any knowledge, suspicion, or information they receive regarding:

- an incident of sexual abuse;
- an incident of sexual harassment;
- retaliation against youth or staff who reported such an incident; and
- any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.

The requirement to report applies to incidents occurring in any residential facility, whether or not it is operated by TJJD.

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 380.9337(j)(4) states how an employee will respond when he/she is a first responder to a sexual abuse. The policies are consistent with the requirement of this standard.

Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report must:

- Separate the alleged victim and alleged abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the alleged abuse occurs within a time period that still allows for the collection of physical evidence: request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence.

All staff interviewed knew what to do if they were the first responder to a sexual abuse incident. Staff knew the first priority would be protecting the victim, securing the alleged offender, securing the crime scene and all evidence, and instructing the victim and offender

regarding what they cannot do until they have been given permission. Staff said they are trained often on these policies.

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)

McLennan CSJCF has a local operating practice which identifies what the initial responders will do when a sexual abuse is reported. TJJD's written plan was reviewed. It identifies the priorities of protecting the victim and securing the offender (if he is known), notifying the appropriate law enforcement agency, arranging for immediate medical attention and protection of evidence, securing the crime scene, arranging for emotional support, notification of parents or guardian, and arranging for a mental health assessment.

Standard 115.366 Preservation of ability to protect youths 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.

N/A

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 McLennan CSJCF's Local Operating Practice specifies that the PREA Manager and the Case Managers assigned to specific living units are the designated staff members charged with monitoring retaliation. For a youth who feared retaliation, the facility uses multiple measures to protect youth and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation. Youth and staff will be monitored for at least 90 days following a report of sexual abuse or sexual harassment. Such monitoring will include status checks of a youth's behavioral reports and program participation. For a staff member, it can include monitoring attendance and behavior on the job. TJJD policies are consistent with the requirements of this standard.

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)

N/A. McLennan CSJCF does not use segregated housing to protect a youth who is alleged to have suffered 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)

The Office of Inspector General and Administrative Investigation Division (AID) are the two primary divisions who are designated to investigate allegations of sexual abuse and sexual harassment in TJJD facilities. Evidence is gathered and preserved and victims, witnesses, and alleged offenders are interviewed according to professional law enforcement practices. All allegations of a sexual abuse or harassment are taken on their face value and assumed to be possible until shown otherwise. Criminal case investigations will be referred to the special prosecutor in the Special Prosecution Unit where a decision will be made on how to proceed with the case. As noted previously, there was a discrepancy in the number of reported cases and the number of investigations.

All investigations will consider whether staff neglect or failures contributed to the assault. Written reports will be presented to the appropriate bodies for further action.

All investigations (criminal and administrative) are documented in written reports. Reports include a thorough description of all the evidence taken in the course of the investigation.

As reported earlier, there have been nine investigations at McLennan CSJCF in the past 12 months. Two cases were investigated as criminal cases, which would have been presented for prosecution if founded. One case was determined to be unfounded and the other was closed by exception. The other seven cases were investigated as administrative cases. These cases would be referred back to OIG should it be determined they were criminal and would then be presented for prosecution. Of the seven cases, four cases were determined to be substantiated, one was unfounded, one was unable to be determined and one is pending investigation.

TJJD policy 380.9337(k) regarding investigations are consistent with the requirements of the standard.

Corrective Action Required:

Develop a process in which all allegations of sexual abuse and sexual harassment reported to the IRC are tracked and accounted for so that at any given time the number of those allegations and the disposition or status of those allegations can be reported to the requestor. In addition provide the number of alleged sexual abuse and sexual harassment reports received by the IRC, the assignment, and status of those investigations for the past 12 months.

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 PREA Coordinator agreed to create and monitor the sexual abuse and sexual harassment allegations made by the facilities and halfway houses on a specific form CCF 351/352 beginning May 1, 2016, a copy of the spread sheet was provided. The plan will be to coordinate with the Incident Reporting center to review the number of allegations that has been called in by the facility and by the youth, the two numbers will be combined for a total number of allegations. It is believed this process will provide the accurate number of sexual abuse and sexual harassment allegations that each facility has during any given PREA audit cycle. Due to the discrepancies in numbers from the previous year the actual numbers of reports cannot be verified for this cycle. All reports that were categorized as criminal were investigated and disposition was provided. All reports that were classified as administrative were investigated and provided.

Certificates of Training were provided for the 3 OIG investigators and 2 AID investigators.

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 uses no higher standard than preponderance of evidence in making the final determination if a sexual abuse or harassment is substantiated.

Standard 115.373 Reporting to youths

- 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)

The TJJJ Policies 380.9337(k)(3)(A), are consistent with the requirements of the standard and require that the victim be notified of the status of the case and the offender following an investigation into a youth's allegation. Of the two OIG cases that were closed, there were no notifications made to the victim. This was verified through interviews with the youth and the absence of documentation. The seven cases, which were provided from AID, included copies of the notification to the alleged victim and the status of the findings. The number of notifications from OIG and AID did not match the number of alleged reports.

Corrective Action Required:

Develop a process in which all allegations of sexual abuse and sexual harassment reported to the IRC are tracked and accounted for so that at any given time the number of those allegations and the disposition or status of those allegations can be reported to the requestor. In addition provide the number of alleged sexual abuse and sexual harassment reports received by the IRC, the assignment, and status of those investigations for the past 12 months.

Develop a process that ensures the facility designee receives notification from the OIG and AID regarding the final disposition of all investigations. Provide proof that these notifications are being distributed to the youth and guardian.

Compliance:

This process was implemented April 2, 2015. The notification has been provided by the OIG command staff, specifically the Lieutenants. The new process has also been formalized in OIG policy. The OIG has provided notification to superintendents for four (4) criminal investigations thus far, the superintendent is responsible for notification of the youth and family. As a reminder, superintendents will only receive this notification when a youth reports a PREA related incident. There is not a need for utilization of this notification method for other PREA related complaints since the reporter is a facility staff member, as we previously discussed. We also have correspondence which confirms the superintendents were notified and confirmation the youth were notified. Confirmation will be provided on request. Please see the OIG operating procedure.

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)

TJJJ Policy 380.9337(i)(1)(A) is consistent with the requirements of this standard. Termination shall be the presumptive disciplinary sanction for an employee when it has been substantiated that he/she engaged in the sexual abuse of a youth. Should a termination or resignation occur following a substantiated case of sexual abuse or sexual harassment, TJJJ reports the following actions to any relevant licensing bodies.

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)

TJJD policies are consistent with the requirements of this standard. Policy 380.9337(I)(3)(A)(i-ii) states "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youths and shall be reported to the IRC for investigation and if relevant to the "licensing bodies." Interviews with volunteers confirmed their knowledge that sexual abuse or sexual harassment was not allowed in any form.

Standard 115.378 Disciplinary sanctions for youths

- 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)

It was reported there were 4 substantiated youth on youth sexual assaults but there was not any documentation of disciplinary proceedings for these cases. According to Policy 380.9337(j)(3)m 380.9503(i) and INS 75.13:

- (A) A youth may be subject to disciplinary sanctions for engaging in sexual abuse only when:
 - (i) There is a criminal finding of guilt or an administrative finding that the youth engaged in youth-on-youth sexual abuse; and
 - (ii) The discipline is determined through a Level II due process hearing held in accordance with §380.9555 of this title.
- (B) Any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.
- (C) The disciplinary process must consider whether a youth's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.
- (D) TJJD does not impose isolation as a disciplinary sanction.
- (E) TJJD offers youth abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. TJJD may require participation in such counseling and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming or education.

- (F) A youth may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- (G) TJJD may not discipline a youth if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (H) In accordance with §380.9503 of this title, TJJD may also discipline a youth for engaging in prohibited sexual activity that does not meet the definition of abuse.

Corrective Action Required:

Provide all cases of sexual abuse investigations that resulted in disciplinary sanctions for youth on youth sexual abuse.

Compliance:

The facility reported that no disciplinary actions have been taken as a result of substantiated allegations of 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)

TJJD policy and procedures are consistent with the requirements of the standard. The nurse and mental health professional both stated that a youth who reported having been sexually victimized would be offered immediate medical and mental health services.

Documentation was reviewed indicating services have been provided to those youth.

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)

The TJJD policy is consistent with requirements of this standard. If the facility nurse is not available, the Administrative Duty Officer will

have the youth transported to Hillcrest Hospital. The mental health professionals would also be notified. Service will be provided without cost to the victim. Staff interviewed articulated their knowledge of this process.

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 of the requirements in this standard. There are no female residents at this facility. 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)

McLennan CSJCF has a Sexual Abuse Incident Review Team that is composed of designated employees who are in positions of JCO VI and above including the facility Superintendent, the Assistant Superintendent, PREA Manager, a Dorm Supervisor, Nurse Manager, and possibly other staff. TJJD policy is consistent with the standard and identifies all the areas the team is to consider when reviewing the investigation and the reports. There were 4 confirmed cases, and SARBs were reviewed on all the cases that were closed and confirmed. SARBs were being conducted on unconfirmed cases as well indicating a desire to provide protection to youth prior to the completion of an investigation which can take an extended period of time.

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 DOJ 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 agency’s 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.

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. This policy was verified through an interview with the agency PREA Coordinator.

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.



05/20/2016

Auditor Signature

Date