

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

**Date of report:** 6/24/2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> (512) 490-7972			
<b>Date of facility visit:</b> February 3-4, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Willoughby House			
<b>Facility physical address:</b> 8100 W. Elizabeth Lane			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (817) 244-4992			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Diane Eunice			
<b>Number of staff assigned to the facility in the last 12 months:</b> 25			
<b>Designed facility capacity:</b> 20			
<b>Current population of facility:</b> 12			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 13-18			
<b>Name of PREA Compliance Manager:</b> Felicia Reynolds		<b>Title:</b> Assistant Superintendent	
<b>Email address:</b> felicia.reynolds@tjjd.texas.gov		<b>Telephone number:</b> (817) 244-4992 Ext. 13	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 11209 Metric Blvd., Bldg. H, Suite A, Austin, TX 78758			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (512) 490-7130			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Reilly		<b>Title:</b> Executive Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jerome Williams		<b>Title:</b> PREA Compliance Director	
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## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted at Willoughby House, a Texas Juvenile Justice Department (TJJD) halfway house, on February 3-4, 2016. The audit was conducted by certified PREA Auditor Dwight Sadler. The auditor was assisted by Nicole Prather. Prior to the on-site portion of the audit the Pre-Audit Questionnaire, relevant agency policies, procedures, and PREA related documentation and forms demonstrating the halfway house's compliance were reviewed. The PREA Compliance Manager uploaded policies and supporting documentation into a central file to be reviewed by the auditor prior to the on site visit. A review of the Pre-Audit Questionnaire raised several questions that were addressed prior to and during the on-site audit. The notification of the on-site audit was posted in various locations throughout the facility more than six weeks prior to the date of the audit. The audit posting was verified by time and date stamped photos uploaded by the staff at the halfway house. A detailed staffing list was provided by the PREA Compliance Manager prior to the on site portion of the audit. The staffing list included the staff positions and shift assignments and was further categorized into the specialized positions for the purpose of selecting staff for the PREA interviews.

Upon arrival, a brief entrance meeting was conducted with the Superintendent and Assistant Superintendent, who is the PREA Compliance Manager. Following the meeting, a tour of the halfway house was provided by the AM Shift Supervisor. During the tour, auditors viewed camera placements to identify potential blind spots, looked for staff presence and placement, and located zero-tolerance hotline posters and additional PREA information posted throughout the house. During the tour, some of the staff and residents were questioned regarding PREA standards and facility practices.

Following the tour, interviews were conducted with staff and residents. Residents were randomly selected from a population report that included the residents' room assignments. Willoughby House has 5 bedrooms with up to 4 youth assigned to each room. Youth were selected from each room to be interviewed and random staff were selected that represented each of the three shifts. Interviews with specialized staff included the Superintendent, Assistant Superintendent who is also the PREA Compliance Manager, the agency PREA Compliance Director, mental health provider, intake staff, SARB team members, staff who screen for risk of victimization and abusiveness, higher level staff who conduct unannounced rounds, and staff who monitor for retaliation. Contractors interviewed included the barber and a contracted sex offender treatment provider. All criminal and administrative investigations are conducted in house through TJJD's Office of Inspector General or the Administrative Investigations Division. Criminal investigations are conducted by an investigator from the Fort Worth District Office or the Gainesville State School, also a TJJD facility, located in Gainesville, Texas, about an hour and a half north of the halfway house. Willoughby Halfway House reported one criminal allegation of sexual abuse or sexual harassment and one administrative case alleging sexual abuse or sexual harassment during the current PREA audit cycle.

An Interim PREA Audit Report was completed and submitted to Willoughby House as well as the agency PREA Compliance Director. The interim report discussed overall compliance with each standard and detailed the corrective action needed to bring each unmet standard into compliance. Following a corrective action period a Final PREA Audit Report was submitted to the facility and the TJJD PREA Compliance Director.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Willoughby House is a medium restriction facility located in Fort Worth, Texas, that serves adolescent males between the ages of ten and eighteen. The usual population consists of male offenders between the ages of thirteen and eighteen. Willoughby House is one of eight medium restriction halfway houses operated by the Texas Juvenile Justice Department. Willoughby House was opened in 1986. The facility has a bed capacity of 20 residents and had a population of 12 residents assigned with 9 present during the two days of the audit. There are 5 bedrooms in the house with up to 4 residents assigned to each room. Willoughby House is equipped with 27 surveillance cameras throughout the interior of the facility and an additional 9 surveillance cameras placed outside the facility to help ensure the safety and security of the staff and youth. The cameras can be monitored on multiple computers and can store up to 90 days of recorded material. In addition to the 5 bedrooms the facility also consists of a day room, dining room, kitchen, education room, group room, and administrative offices. The residents' toilets and showers are located outside each dorm room and the entrance to these areas can be monitored from the day room.

## SUMMARY OF AUDIT FINDINGS

The initial report of findings following the audit found Willoughby House in compliance on 29 PREA standards, exceeding the requirements on one standard, and with three standards that did not apply. Corrective action was required to meet compliance on 8 standards. The standards requiring corrective action within the facility include conducting and documenting unannounced rounds during each shift on a monthly basis, and developing a more comprehensive Sexual Assault Review Board practice that includes elements (d) and (e) of Standard 115.386. This would include the consideration of a change to policy or practice, possible motivating factors causing the incident, assessment of physical barriers in the area where the incident allegedly occurred, and evaluation of the monitoring or supervision at the time of the incident. Corrective action requested at the agency level includes modifying the current screening instrument to explicitly ask youth if they identify as gay, lesbian, bisexual, transgender, or intersex, as this determination affects their risk of sexual abuse. It could also not be determined if agency investigators responsible for conducting criminal and administrative sexual abuse and sexual harassment investigations have received PREA Investigator training specific to confinement settings. There was also a discrepancy in the number of reported allegations of sexual abuse and sexual harassment reported during the pre-audit period (2) and the number identified during the on site audit (3).

Willoughby House is equipped with an extensive camera system (36) that aids in their commitment to maintaining the sexual safety of their residents. Even with this system in place several areas close to the closets in three of the rooms were identified as blind spots. It is noted that Willoughby House conducts regular vulnerability assessments and is in the process of installing several additional cameras to increase the coverage and further limit their blind spots.

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. All of the staff interviewed said that no exigent circumstance would warrant a cross-gender pat down. The facility staff have been trained on an upcoming policy change that aligns with PREA standards which allows such searches to be conducted during an emergency. This training was verified through a review of records during the audit.

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

Seven random residents and seven random staff were interviewed during the audit. The random staff selected covered all three shifts. It was noted during staff interviews that the majority of the staff could not provide the definition of a cross gender or intersex youth. Fourteen specialized staff interviews were completed during the on site portion of the audit. The residents interviewed appeared to be informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents.

The initial report of findings was discussed with the Willoughby House administration and the TJJJ PREA Compliance Director. Following the submission of the initial report, TJJJ and Willoughby House provided the documentation requested in the corrective action plan. After reviewing the documentation provided and several follow-up discussions with TJJJ officials, it was determined that Willoughby House met the requirements to be fully PREA compliant.

Number of standards exceeded: 1

Number of standards met: 37

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 has a zero tolerance policy regarding all forms of sexual abuse and harassment and sanctions for those found to have participated in such prohibited behaviors. The agency has one dedicated PREA Coordinator and Willoughby House has one designated PREA Manager. During interviews, both individuals indicated that they have enough time to fulfill their PREA responsibilities. Agency and facility organizational charts were provided.

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

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

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Policy Reviewed: 380.9337(e)

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

**Standard 115.313 Supervision and monitoring**

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

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

Policy Reviewed: 380.9337(e)

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

TJJD policy requires management level staff at medium restriction facilities to conduct and document unannounced rounds at least once per month on each shift. Willoughby House operates on three eight hour shifts (8AM-4PM, 4PM-12, 12-8AM). Documentation of unannounced rounds was provided for a 12 month period proceeding the audit. A seven month sample period was reviewed and on four of the months rounds were not conducted on all three shifts. One month reviewed had no rounds made on two of the three shifts.

### **Corrective Action Required:**

Provide documentation over a six month period that unannounced rounds are being conducted and documented on all three shifts. It is recommended that screenshots be utilized to verify visits for future audits.

### **Compliance:**

TJJD and Willoughby House provided evidence through screenshots and logs verifying that unannounced rounds were conducted on each of the three shifts for six consecutive months beginning in December of 2015 through May of 2016. For the months of February 2016, when the audit was conducted, through May of 2016, Willoughby House provided screenshots that were dated and time-stamped as recommended by the auditors.

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

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

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

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

TJJD policy currently states that no cross gender pat down searches will be conducted even in exigent circumstances. It is reported that the policy is in the process of changing to include that cross gender pat down searches can be conducted, but only in exigent circumstances. This policy is anticipated to go into effect within a few months. Documentation was provided showing that in January of 2015 the staff at Willoughby House received training in conducting cross gender pat searches that would only be allowed in exigent circumstances. During staff interviews, the JCO staff stated that they are prohibited by policy to conduct cross gender searches. During the interviews staff could not provide examples of circumstances where any type of cross gender pat searches would be permitted.

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

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

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

Policy Reviewed: 380.9337(e)

The facility provided English and Spanish PREA written materials that are given to the youth during their orientation at Willoughby House. A contract for interpretation services was provided for review. Several Willoughby House employees are designated to interpret if needed for residents who may be limited in English proficiency. There were no residents who were limited in English proficiency at the time of the audit.

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

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

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

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

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

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

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

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Policy Reviewed: 380.9337(a)(b)

It was reported during the audit that Willoughby House has received an upgrade to their surveillance software since August 20, 2012. This was verified through a phone conversation with a technician. Documentation of the work was going to be forwarded to the Willoughby House administration and then forwarded to the auditor following the visit, but no information has been received at the time of this report. Without reviewing documentation it was not possible to determine if the facility is in compliance with standard 115.318(b).

**Corrective Action Plan:**

115.318(b) states that when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Please provide documentation of the upgrade/update to the surveillance system software at Willoughby House so a determination can be made regarding compliance with this standard.

**Compliance:**

The email from the Lead Network Specialist notifying the Willoughby House Superintendent of the upgrades to the DVR units was provided for review. The email states that the upgrades to the DVR units was to be conducted on November 5, 2015.

On March 7, 2016, an email was sent by the TJJJ PREA Compliance Director to all TJJJ facility and halfway house Superintendents and Assistant Superintendents as well as facility compliance managers, IT personnel and various agency administrators outlining steps that need to be implemented in order to achieve future compliance with this standard. The email directs the Superintendents and Assistant Superintendents to include the compliance managers and the PREA Compliance Director when requesting additional cameras or DVR upgrades in the future and include a justification as to why the change is being requested. The IT personnel are directed to email the Superintendent, the facility compliance manager, and the PREA Compliance Director anytime the Digital Sentry software is being updated and cameras are being replaced or installed in the state facilities. The IT personnel were also instructed to provide justification for the installs or upgrades in their notifications.

**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

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

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

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

- Does Not Meet Standard (requires corrective action)

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

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

Agency policy requires all allegations of sexual abuse to be reported to the TJJJ Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJJ's Office of Inspector General or the Administrative Investigation Division.

### **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)

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Policy Reviewed: 380.9337(g)

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

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

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

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Policy Reviewed: 380.9337(g)

TJJJ policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Willoughby House reported that they have 19 volunteers and contractors and they have all been trained. The training curriculum and sign-in sheets were provided for review. Two contractors were interviewed and both acknowledged receiving the training and understood their reporting responsibilities regarding PREA.

### Standard 115.333 Resident education

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

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Policy Reviewed: 380.9337(g)

All TJJD youth are first placed in the orientation and assessment unit at the Ron Jackson State Juvenile Correctional Complex prior to their placement at another TJJD facility. During this time they receive education on PREA. Youth are educated again on PREA during the intake process when they arrive at Willoughby House. Youth are provided a handbook and they are read a script that is available in English and Spanish. The resident's intake date as well as the orientation acknowledgment sheets were provided. The acknowledgment sheets are signed and dated by the youth as well as staff. The youth are also shown a PREA educational video during the intake process at Willoughby House. Documentation provided reflects that this is being completed within the ten day time frame required by the standard. All youth interviewed acknowledged receiving this information and stated that it occurred during their first few day at Willoughby House. Hotline numbers for reporting incidents of sexual abuse and sexual harassment are displayed throughout the facility.

### Standard 115.334 Specialized training: Investigations

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

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Policy Reviewed: 380.9337(g)

Training records provided were reviewed, but did not include recent training or PREA Investigator Training. The spreadsheet that was provided by the OIG reflected that the investigator last attended several trainings in 1982. There was no evidence provided that PREA Investigator training had been provided to OIG or AID investigators. A review of training records also indicates the investigators have not received recent outside law enforcement training involving juveniles and sexual assaults and abuse in confined settings. AID provided an in-depth training curriculum but did not provide a current record of all officers who had completed the training.

Corrective Action Required:

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

Compliance:

Certificates of completion were provided by the TJJJ Office of Inspector General for three investigators who recently completed the National Institute of Corrections (NIC) course titled: PREA: Investigating Sexual Abuse in a Confinement Setting. The TJJJ Administrative Investigations Division provided certificates of completion for three investigators who completed the NIC course or completed a two day training offered by TJJJ titled Specialized Sexual Abuse Investigations.

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

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

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Policy Reviewed: 380.9337(g)

Training logs and curriculum were provided for the medical and mental health staff. Certificates of completion were provided for several mental health practitioners for completing a specialized training titled "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" by the National Institute of Corrections. Medical services at Willoughby House are provided by the Gainesville State School. An interview was conducted with a nurse from Gainesville who was present at Willoughby House during the audit. The nurse confirmed that all medical staff at the Gainesville State School are required to complete PREA training. Forensic exams are not conducted by medical staff at Willoughby House.

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

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

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

Policy Reviewed: 380.9337(h)

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

Corrective Action Required:

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

Compliance:

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

**Standard 115.342 Use of screening information**

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

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

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

Corrective Action 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 housing, bed, program, education, and work assignments with the goal of keeping all youth safe and free from sexual abuse.

Compliance:

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

**Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy Reviewed: 380.9337(i)

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

**Standard 115.352 Exhaustion of administrative remedies**

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

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

Not Applicable

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

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

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

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

Policy Reviewed: 380.9337(i)

TJJD policy requires youth access to outside victim advocates. Two Memoranda of Understanding detailing agreements between TJJD and the Advocacy Center for Crime Victims and Children and PREA Audit Report

Parkland Hospital were provided. Both agreements allow youth access to hotline numbers, but require youth to have refused on-site counseling services offered by TJJD before being provided the number. However, signs including the phone numbers were posted and visible to all youth, and interviews with youth demonstrated their knowledge of access to the phone numbers and services offered.

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

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

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

Policy Reviewed: 380.9337(i)

TJJD allows third party reports to be made through the Office of Inspector General and Office of the Independent Ombudsman hotlines. A TJJD website screen shot showing access to this information was provided.

### **Standard 115.361 Staff and agency reporting duties**

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

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

Policy Reviewed: 380.9337(j), GAP 07.03

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

### **Standard 115.362 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(j)

The facility reported zero cases in which a youth was subject to substantial risk of imminent sexual abuse. TJJJ policy stipulates staff members' duties and responsibilities to protect youth at risk.

#### **Standard 115.363 Reporting to other confinement facilities**

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

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

Policy Reviewed: 380.9337(j),(k)

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

#### **Standard 115.364 Staff first responder duties**

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

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

Policy Reviewed: 380.9337(j)

TJJJ policy defines first responder duties aligned with the provisions in this standard. Interviews with the facility's staff members indicated an understanding of their responsibilities should they be the first responder.

#### **Standard 115.365 Coordinated response**

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

- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed: 380.9337(j)

The facility's written coordinated response plan to allegations of sexual abuse and harassment includes procedures and responsibilities for first responders, supervisory staff, medical and mental health staff, investigators, Sexual Abuse Review Board members, and the PREA Compliance Manager. The interview with the superintendent indicated that the facility's staff are knowledgeable regarding the coordinated response plan.

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

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

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

Not Applicable

Policy Reviewed: 380.9337(j)

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

### **Standard 115.367 Agency protection against retaliation**

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

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

Policy Reviewed: 380.9337(j)

The facility reported no cases of retaliation. The interview with the facility's designated staff member who monitors for retaliation indicated knowledge of protection measures, detection, and length of time guidelines. TJJJ policy prohibits retaliation by a youth or staff member against a youth or staff member and outlines agency prevention efforts.

### Standard 115.368 Post-allegation protective custody

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

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

Policy Reviewed: 380.9337(j)

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

### Standard 115.371 Criminal and administrative agency investigations

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

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

Policy Reviewed: 380.9337(k)

TJJD policy addresses all elements of this standard. All investigations of sexual abuse and sexual harassment are conducted by the Office of Inspector General (OIG) or the Administrative Investigation Divisions (AID). Sufficient training records were not provided to verify investigators received specialized training. AID provided the training curriculum but no sign-in sheets confirming who was trained. The OIG provided a spreadsheet with outdated training and did not provide a sample of training curriculum. There was a discrepancy in the number of allegations of sexual abuse or sexual harassment reported in the pre audit period (2), and the number of cases found during the on site audit (3).

Corrective Action Required:

Develop a process in which all allegations of sexual abuse or harassment investigations reported to the Incident Reporting Center are tracked and accounted for so that at any given time, the number and disposition of those allegations can be reported to the requestor.

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

Provide a sample of AID investigative reports for allegations of sexual abuse or harassment or provide the investigative report that corresponds to the case investigated at the facility during the audit period.

Compliance:

The PREA Compliance Director agreed to create and monitor the sexual abuse and sexual harassment allegations made at all TJJD secure facilities and halfway houses on a specific form (CCF 351/352) beginning May 1<sup>st</sup> 2016. A copy of the spreadsheet has been provided for review. The PREA Compliance Director will coordinate this tracking with the Incident Reporting Center to review the number of allegations that have been called in by the facility and compared to the numbers reported by the youth, then the two numbers will be combined to total the number of allegations. This process should provide the accurate number of sexual abuse and sexual harassment allegations for each facility during any given PREA audit cycle.

Training records were provided for 3 OIG investigators and 3 AID investigators. The AID investigative report that was not provided during the audit was provided for review.

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

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

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

Policy Reviewed: 380.9337(k)

TJJD policy meets the standard of proof requirement for this standard. The interview with the administrative investigator verified compliance with TJJD policy and this standard.

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

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

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

Policy Reviewed: 380.9337(k)

TJJD policy addresses each provision of this standard. The facility reported no criminal or administrative investigations alleging sexual abuse in the last 12 months; however, the Administrative Investigation Division (AID) and the Office of the Inspector General (OIG) of TJJD each reported receiving one allegation of sexual abuse or harassment on the Pre-Audit Questionnaire completed by their offices. The corresponding AID investigative report was not provided. The OIG provided one complete investigative report for case IG15-10575 and a PREA Final Report for a second case, IG15-10593, during the pre-audit process. AID notifications to the staff member, youth's parent, CPS case manager, probation officer, of the receipt and result of the investigation were provided. OIG notifications were not provided.

Corrective Action Required:

Develop a process in which all allegations of sexual abuse or harassment investigations reported to the Incident Reporting Center are tracked

and accounted for so that at any given time, the number and disposition of those allegations can be reported to the requestor.

Provide the investigative report for the alleged sexual abuse or harassment case conducted by AID at this facility during the audit period.

Compliance:

The PREA Compliance Director agreed to create and monitor the sexual abuse and sexual harassment allegations made at all TJJJ secure facilities and halfway houses on a specific form (CCF 351/352) beginning May 1st 2016. A copy of the spreadsheet has been provided for review. The PREA Compliance Director will coordinate this tracking with the Incident Reporting Center to review the number of allegations that have been called in by the facility and compared to the numbers reported by the youth, then the two numbers will be combined to total the number of allegations. This process should provide the accurate number of sexual abuse and sexual harassment allegations for each facility during any given PREA audit cycle. The OIG provided a description of their operating procedures regarding making notifications to facility superintendents upon the receipt of a PREA related case from a youth at the facility.

The AID investigative report in question was provided for review.

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

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

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

Policy Reviewed: 380.9337(l)

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

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

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

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

Policy Reviewed: 380.9337(l)

The facility reported there have been no contractors or volunteers referred to law enforcement or relevant licensing bodies and no volunteer

services postponed or terminated for violations of PREA during the audit period. TJJJ policy outlines the corrective action for contractors or volunteers who engage in sexual abuse or harassment.

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

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

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

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

The facility reported having no criminal or administrative cases with findings of true involving youth-on-youth sexual abuse; therefore no disciplinary sanctions were administered. The facility provided documentation showing that as of December 2015, one Level 1 Hearing was conducted regarding a criminal case that was closed as cleared by exception. The result of the hearing was a finding of sexual misconduct, revocation of parole, and the youth was transferred to a secure TJJJ facility. A SARB was conducted in January 2015 regarding this incident. Counseling to one victim or perpetrator was provided.

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

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

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

Policy Reviewed: 380.9337(m)

The facility reported having no cases of youth disclosing prior victimization during the screening process. Staff responsible for risk screening demonstrated knowledge of this standard and TJJJ policy requiring a follow-up meeting with medical and mental health staff. The medical staff member understood the reporting requirements and policy for obtaining informed consent.

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

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

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

Policy Reviewed: 380.9337(m)

The facility reported that no youth disclosed prior sexual victimization; thus, medical or mental health records could not be reviewed. Interviews with medical and mental health care and first responder staff indicated knowledge of nursing protocols which include assessments for alleged sexual assault, nursing actions, and treatment plan options; TJJD policy ensuring that youth victims have access to emergency and ongoing medical and mental health services; and the facility's written response plan including actions to be taken by first responders and medical and mental health care staff.

#### **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)

TJJD policy stipulates the requirements of sexual abuse incident reviews. The facility provided a list of designated Sexual Abuse Review Board (SARB) members and the data collection review folder containing the January 2015 to December 2015 monthly statements of the number of PREA related allegations or investigations conducted each month. The facility PREA Compliance Manager said she was notified of one case and thus conducted one corresponding SARB in January. Details of the review were not provided.

The Administrative Investigation Division (AID) and the Office of the Inspector General (OIG) of TJJJ each reported receiving one allegation of sexual abuse or harassment on the Pre-Audit Questionnaire. The corresponding AID investigative report was not provided. The OIG provided one complete investigative report for case IG15-10575 and a PREA Final Report for a second case, IG15-10593 during the pre-audit process. The first case was closed as cleared by exception and the second case was closed as sustained for prosecution. However, a memorandum from the Chief Inspector General stated no cases had a finding of sustained for prosecution.

Corrective Action Required:

Provide documentation of attendees and a report of findings indicating the elements of standard 115.386 (d), (e) were considered during the January SARB. These include the consideration of a change to policy or practice, possible motivating factors causing the incident, assessment of physical barriers in the area where the incident allegedly occurred, and evaluation of monitoring or supervision.

Compliance:

Willoughby House provided their January 2015 SARB report on an agency approved form that includes all of the information necessary to demonstrate that elements (d) and (e) of standard 115.386 were considered and documented. The corresponding Action Plan developed as a result of the SARB was included for review.

**Standard 115.387 Data collection**

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

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

Policy Reviewed: 380.9337(o)

The facility provided the 2014 Survey of Sexual Victimization and the 2012 Survey of Sexual Violence which included agency general information, number or reported staff- and youth-on-youth sexual abuse and violence, number of substantiated incidents, and samples of completed Juvenile Incident Forms. The PREA Coordinator demonstrated understanding of this standard during the interview.

**Standard 115.388 Data review for corrective action**

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

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

Policy Reviewed: 380.9337(p)

The facility provided the written plan of coordinated response to sexual abuse allegations and a memorandum from the agency's Director of PREA Compliance Department that included the number of sexual abuse and harassment allegations made in 2014, a statement of the agency's plan to continue preventative actions, and a list of each action.

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

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

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

Policy Reviewed: 380.9337(o),(p)

Aggregate sexual abuse data is contained in quarterly and annual reports from the Office of Inspector General and quarterly reports from the Incident Reporting Center and Special Prosecution Unit. The reports are available from 2007 to 2014 on the TJJJ public website and do not include personal identifiers. TJJJ policy addresses data collection, storage, and publication of sexual abuse data, and the PREA Compliance Manager demonstrated knowledge of the 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.

Dwight Sadler

June 24, 2016

Auditor Signature

Date