PREA AUDIT: AUDITOR'S FINAL REPORT
JUVENILE FACILITIES

Name of facility:	Taylor County Juvenile Justice Center		
Physical address:	889 South 25th Street, Abilene, Texas 79602		
Date report submitted:	February 23, 2017		
Auditor Information	**Glen E. McKenzie, Jr. M.S.H.P.**		
Email:	GlenEMcKenzieJr.LLC@austin.rr.com for PREA Audit Purposes Only		
Telephone number:	512-576-1800		
Date of facility visit:	February 22-23, 2017		
Facility Information: Taylor County Juvenile Justice Center			
Facility mailing address: *(if different from above)*			
Telephone number:	325-691-7462		
The facility is:	☐ Military	X County	☐ Federal
	☐ Private for profit	☐ Municipal	☐ State
	☐ Private not for profit		
Facility Type:	X Detention	☐ Correction	☐ Other – Residential Group Care Home
Name of PREA Compliance Coordinator:	Jessica Lopez	Title: PREA Compliance Coordinator/Quality Assurance Coordinator	
Email address: lopezj@taylorcountytexas.org		Telephone number: 325-691-7462	
Agency Information – Taylor County Juvenile Justice Center			
Name of agency:	Same as above		
Governing authority or parent agency: *(if applicable)*	Taylor County Government		
Physical address:	889 South 25th Street, Abilene, Texas 79602		
Mailing address: *(if different from above)*			
Telephone number:	325-691-7462		
Agency Chief Executive Officer			
Name: Allison A. Stafford	**Title:**	Chief Juvenile Probation Officer	

Email address:	stafforda@taylorcountytexas.org	**Telephone number:**	**325-691-7462**
Agency-Wide PREA Compliance Coordinator			
		Title:	
Email address:		**Telephone number:**	

AUDIT FINDINGS

NARRATIVE:

The PREA audit took place August 9-10, 2016 in Abilene, Texas resulting in an Interim report being issued. A return on-site visit was conducted on February 22-23, 2017 to review and verify the full implementation of the facility corrective action plan. The afternoon of February 21, 2017, the auditor met with the PREA Compliance Coordinator to review materials submitted to the auditor to verify implementation and completion of issues related to the corrective action plan which had been jointly developed by the agency administration and the PREA auditor. The facility has a rated capacity 22 residents. On February 22, 2017, the resident population was ten (10) residents; seven (7) male and three (3) female residents. The facility has three (3) separate housing units of single occupancy rooms with a central control unit in the middle of the detention center. The initial on-site review of documents contained in a Pre-Audit Questionnaire submitted by the facility prompted additional questions. In response to those questions and in preparation for the February 2017 review, the PREA Compliance Coordinator provided an updated Pre-Audit Questionnaire. Any additional remaining questions were provided to the auditor by the PREA Compliance Coordinator in the updated Pre-Audit Questionnaire and during the on-site visit described in this audit report. On the morning of February 22, 2017, the auditor entered the facility for purposes of conducting an on-sight tour of the facility to confirm implementation of corrective action plans and to interview residents, staff members, volunteers and contractors. During the tour the auditor observed camera placements to identify potential blind spots, observed staff placement and resident supervision, observed zero tolerance posters and hotline phone numbers posted in each living unit. During the tour, the auditor also informally interviewed staffs and residents regarding sexual safety and facility policies and procedures. The PREA Compliance Coordinator provided a list of all staff by shift and employee job categories and a list of all residents from which the auditor chose various staff and residents for interviews. The auditor interviewed the agency Chief Juvenile Probation Officer, the Deputy Chief of Fiscal Services, the Acting Facility Administrator, PREA Compliance Coordinator, intermediate/higher-level facility staff who conduct unannounced rounds during the all shifts, a medical and educational contractor, investigative staff, agency contract

administrator, human resource administrative staff, staff who perform screening for risk of victimization and abusiveness/intake staff, ten (10) random staff, seven (7) specialized staff , some of whom served multiple specialized staff with overlapping roles, one (1)incident review team member and all ten facility (10) residents.

It was reported that since the audit of August 2016, one (1) resident had reported a sexual abuse allegation; no residents were disabled, limited English proficient, and no residents identified as transgender, intersex or bisexual. One (1) resident identified as lesbian during the intake process. There were three (3) residents who had disclosed prior sexual victimization during risk screening and there were no residents placed in isolation for the purposes of separating residents who identified as transgender, intersex, gay, lesbian or bisexual.

During the initial on-site visit, the resident population ranged from 22 residents in July 2015 to 34 residents in June 2016. Since that time, resident population ranged from four (4) to 15 residents. In the previous 12 months, a total of 315 residents had been admitted to the facility with an average length of stay of 11 days. The age range of resident population during the return visit was 13 years to 16 years of age. No resident had requested to speak with the auditor nor had the auditor received any written correspondence from any resident or staff. In the prior 12 months, there had been zero (0) allegations the facility received that a resident had been abused while confined at another facility. The one (1) allegation of facility sexual abuse was properly investigated by the facility investigator and by the Taylor County Sheriff's Office which had been determined to be unfounded.

Resident and staff interviews were conducted after the facility tour to verify implementation of standards previously found in non-compliance. The interviews were conducted privately in a visitation room in the detention center. There are no SANE or SAFE staff employed at the facility. The PREA Compliance Coordinator had previously provided a written Memorandum of Understanding (MOU) for medical services with the Hendricks Medial Center of Abilene. The PREA Compliance Coordinator had also provided a Memorandum of Understanding (MOU) with the Taylor County Sheriff's Department which had agreed to conduct any criminal PREA related investigation. The PREA Compliance Coordinator had previously provided a copy of a completed MOU with the NOAH Project to act as the local sexual abuse resource center. Administrative investigations are conducted by trained staff at the facility.

The Taylor County Juvenile Justice (Detention) Center mission states "Transforming young lives and creating safer communities" which also cites Core Values and Vision Statements.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Taylor County Juvenile Justice (Detention) Center is located in the Abilene, Texas and is part of Taylor and Jones counties in west-central Texas, United States. As of the 2000 census, 115,930 people, 41,570 households, and 28,101 families resided in the city. The racial makeup of the city was 78.07% White, 8.81% African American, 0.55% Native American, 1.33% Asian, 0.07% Pacific Islander, 8.73% from other races, and 2.44% from two or more races. Hispanics or Latinos of any race were 19.45% of the population.

The Taylor County Juvenile Justice Center operates a secure detention center. The facility is located at the Juvenile Department's headquarters at 889 South 25th Street, Abilene Texas, 79602, adjacent to the Taylor County Sheriff's Department. The detention center is a secure environment for youth charged with an offense and pending a court hearing. The facility is designed to provide a safe living environment and a range of services for the juvenile to include: medical, educational, psychological and recreational services. The facility is equipped and staffed to meet the residents' basic needs, including academic instruction through a service contract with the Abilene Independent School District.

The fundamental goal of the program is to provide a safe and secure environment for residents and staff, while the staff gathers valuable information regarding the child's family, school, social, medical, and psychological histories, to aid the Probation Services Division in the disposition of the case.

SUMMARY OF AUDIT FINDINGS:

During the past 12 months, the facility reported one (1) allegation of sexual abuse and zero (0) allegations of sexual harassment. Policy recommendations made by the auditor during the initial review had been incorporated into the final policies and were approved by the governing board on September 2016. In discussions with the agency administrators and through a review of documentation, it was demonstrated that the agency policies and procedures had been fully implemented since that time. All staff, contractors and residents had been appropriately trained and educated. The agency had also developed additional quality assurance mechanisms to ensure adequate provision of PREA related issues and concerns. The agency continues to conduct regular additional trainings related to PREA to reinforce the importance of providing a sexually safe facility. As a point of information, the agency PREA policy is segmented into each specific PREA standard; i.e., 115.311, 115.312, 115.313, etc. The auditor noted that the Taylor County Juvenile Justice Center and facilities under contract mandates a zero tolerance policy regarding sexual abuse and sexual harassment. During the facility tour of this visit, the auditor observed

thorough PREA related posters throughout the facility, to include resident housing areas, common areas, entrances to the facility and on the agency website. The agency has provided PREA related information via resident handbooks, pamphlets and training to all residents, staff, contractors and volunteers. The website posting provided other PREA related information, including third party and anonymous reporting avenues.

Ten (10) random staff had been selected for interview. During the course of the interviews the auditor confirmed that staff had received required training which had been properly documented. Auditor interviews with the PREA Compliance Coordinator and agency trainer determined staff had received training on all elements of PREA requirements and the agency's policies and procedures. During the interviews staff acknowledged they had received the required training and were knowledgeable of reporting requirements, reporting avenues and how to prevent, detect and respond to allegations of sexual abuse, sexual harassment and issues related to potential retaliation for reporting and cooperation with those issues. It appeared to the auditor that through strong executive and administrative leadership and management, protection for all residents had been assured and that each resident had received proper information regarding PREA requirements at intake and through resident education processes. Through resident interviews, the auditor confirmed that they had received literature (handbooks, brochures) and audio-visual information including PREA related information in a multi-lingual format tailored to the needs of the population. The education process continues through the residents' stay at the facility to ensure any information needed is readily available. The posting of PREA information throughout the facility with critical information, includes victim services and all reporting avenues to continuously provide availability of such information.

Interviews with staff indicated that they had received the required PREA related training and are regularly re-oriented to these critical concerns. Staff training had been modified to include all PREA elements and presented to all staff, contractors, volunteers and residents; with special attention for staff who perform functions which require specialized training. The medical and educational contractors interviewed stated that they received PREA information and training. The auditor determined that agency management had made the implementation of the PREA related processes a priority and would continue to be committed to ensuring a sexually safe facility.

An exit interview was held with the Chief Juvenile Probation Officer, Deputy Chief of Fiscal Services, and the PREA Compliance Coordinator on Thursday, February 22, 2017.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

§115.311 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Compliance Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Chapter 6 PREA Policy Sexual Misconduct Zero Tolerance Policy115.311 mandating a zero tolerance; PREA Compliance Coordinator identifying methods implemented to prevent, detect, and respond to sexual abuse and sexual harassment.

Agency Organization Chart identifying the Quality Assurance Coordinator as the PREA Compliance Coordinator

The agency PREA Policy in its entirety includes mandatory reporting, zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the facility's approach to prevention, detecting and responding to such conduct. The policy includes definitions of prohibitive behaviors regarding sexual abuse and sexual harassment and appropriate sanctions. The agency PREA policy describes strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency PREA policy includes the requirement that unannounced rounds be documented. The agency organization chart identifies the PREA Compliance Coordinator. The agency PREA Compliance Coordinator is a full-time agency employee who reports to the Deputy Chief of Fiscal Services and to the Chief Juvenile Probation Officer. The PREA Compliance Coordinator has direct access to all upper level administrators. The facility PREA Compliance Coordinator appeared to have sufficient time to conduct her duties. The PREA Compliance Coordinator advised the auditor that she had participated in a thorough review of the training materials (policies, procedures, forms, screening instruments, etc.) provided by the Texas Juvenile Justice Department (TJJD) on September 28-30, 2015 and provided evidence of having received additional training on the Roles and Responsibilities as a PREA Compliance Coordinator from the PREA Resource Center. The PREA Compliance Coordinator had participated in additional web-based educational training sessions to enhance her knowledge and understanding of all related PREA standards. The Taylor County Chief Juvenile Probation Officer further enlisted support from a PREA Compliance Coordinator from another PREA Certified Texas County juvenile probation detention center to provide additional training and guidance to the Taylor County Juvenile Probation Department PREA Compliance Coordinator.

§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)

XX Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 115.312 Contracting with other entities for the confinement of residents.

Interview with Contract Coordinator (Deputy Chief Juvenile Probation Officer)

Agency contracts with service agencies requiring compliance with the Prison Rape Elimination Act of 2003 (PREA)

The facility has multiple contracts for the confinement of its residents with private agencies/entities which were currently being renewed. No contracts had been renewed at the time of the this on-site audit. The auditor reviewed language in the contracts which were in the process of being renewed for the confinement of its resident's which as appropriate require the adoption and compliance with PREA standards and to allow for the Taylor County Juvenile Justice Center to monitor service providers for compliance with the PREA standards. A contract clause also included the requirement of PREA compliance monitoring at least annually and that facilities are subject to unannounced visits. The contracts which were in the process of being renewed required that all contracts for the confinement of its residents be required to provide to the agency with incident-based and aggregated data.

§115.313 – Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.313 Supervision and Monitoring – requiring Chief Juvenile Probation Officer, Deputy Chief of Fiscal Services, Secure Facility Administrator and/or PREA Coordinator to conduct unannounced rounds during their shifts, prohibiting staff from alerting other staff of unannounced rounds and annual staffing plan reviews.

Number and placement of video cameras inside and outside the facility

Agency Staffing Plan

Facility Program Schedules

Detention Center Master Schedules

Interviews with random staff and random residents

The agency policy relating to staffing plan, video monitoring, unannounced rounds and staffing ratios contains all PREA requirements 1) the requirement that outlines factors to be taken into consideration in calculating adequate staffing levels, 2) determining the need for video monitoring and requires an annual review of the staffing plan to be conducted as soon as reasonable each calendar year and 3) unannounced rounds to be conducted by intermediate-level or higher level supervisors. The staffing plan includes that reviews of the plan will be conducted "whenever necessary, but no less frequently than once each year". The tour reflected compliance with other required components; however while the current staffing requirements are less than 1:8 and 1:16, agency policy dictates that those ratios will be met no later than October 1, 2017. While the PREA staffing ratio is not required to be implemented until October 1, 2017, the facility has maintained a staffing ratio of 1:8 or greater on all shifts due to a reduced resident population. The auditor noted that the Chief Juvenile Probation Officer had submitted a budget request to allocate additional Juvenile Supervision Officers in the future to enhance the agency's mission. The staffing plan is reviewed during management team meetings to ensure proper coverage is met. The Facility Administrator and other facility Coordinators check the rosters of staff on-duty and on-call daily and spend time observing staff and resident programs daily. There had been no deviations from the current staffing plan.

As identified in the agency policy, the auditor observed that unannounced rounds had been conducted by the Chief Juvenile Probation Officer, Deputy Chief of Fiscal Services, Acting Facility Administrator and the PREA Coordinator. The unannounced rounds are documented on the "PREA Unannounced Round Form" and maintained in the Secure Facility Administrator's office. The agency policy requires that the staffing plan will be reviewed yearly as soon as possible by the Chief Juvenile Probation Officer, Deputy Chief of Fiscal Services, Facility Administrator and the PREA Compliance Coordinator in order to assess, determine, and document whether any adjustments are needed. The agency policy states that staff are prohibited from alerting other staff of unannounced rounds. Auditor interviews with supervisors and other staff confirmed the occurrence of unannounced rounds as required. The PREA Compliance Coordinator additionally stated that audio monitoring is conducted to ensure no staff alerts other staff of unannounced rounds.

The facility tour confirmed ample resident supervision/monitoring capabilities. There were an adequate number of cameras (total of 39 cameras) strategically located throughout the facility inside (30 cameras) and outside nine (9) cameras). The cameras are located in the Control Center, in good working order and had adequate video recording capabilities. The Control Center security staff monitors the cameras 24-hours per day/ 365 days a year. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies presented to the auditor.

§115.315 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.315 Limits to Cross-gender Viewing and Searches – prohibiting cross-gender strip or pat searches, allowing residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing, requiring opposite gender announcements, justification and documentation requirements for all cross-gender strip searches, cross-gender visual body cavity searches, and cross gender pat-down searches. The policy also prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining a resident's genital status.

Interviews - random resident/random staff

Agency policy prohibits staff from conducting cross-gender pat-down searches except in exigent circumstances. The standard allows for cross-gender strip searches or cross-gender visual body cavity searches in exigent circumstances or when performed by medical practitioners. An interview with the contract medical physician indicated that neither the physician nor anyone at the facility would perform these types' searches, except in exigent circumstances. The policy does not allow cross-gender pat-down searches or visual body cavity searches of a resident including searches of transgender and intersex resident to determine the resident's genital status. The agency policy provides that such searches of transgender and intersex residents are documented and conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Documentation reviewed and staff and resident interviews determined that there have been no cross-gender pat-down searches of residents by staff and that these searches must be approved prior to conduct and justified in documentation. Agency administrators, the medical contractor and other staff interviewed stated that any cross-gender strip/body cavity searches would be performed at the Hendricks Medial Center of Abilene. A MOU with Hendricks Medial Center of Abilene to conduct these searches was reviewed by the auditor.

The agency policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions and requires staff of the opposite sex to announce their presence when entering housing units. Resident interviews confirmed that staff respects residents' privacy during dressing, showering and using the rest room facilities. All ten (10) residents stated that opposite gender staff announce their presence upon entering their living units. The audit tour observations confirmed that opposite gender announcements were made. Staff interviews further confirmed that these practices occur as required. The auditor reviewed training documentation and confirmed staff had received such training and evidence was presented that residents and staff had been oriented/re-oriented to this policy.

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.316 Resident with Disabilities and Residents Who are limited English Proficient allowing disabled residents equal opportunity to participate in or benefit from all aspects to prevent, detect and respond to sexual abuse and sexual harassment.

Resident Orientation Handbook Secure Pre-Adjudication (Detention) Program – English and Spanish

Language Line Solutions Contract

Interviews - random residents/random staff

There has been no instance where the service of an interpreter was needed during the review period. The auditor reviewed the written agreement with Language Line Solutions to provide interpreter services at no cost to the residents. Resident interpreters, resident readers or other types of resident assistants are not utilized at this facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise residents' safety, the performance of first-responder duties or the investigation of the residents' allegation(s). The Resident Orientation Handbook provides information related to interpreter services. Interviews with residents indicated that they were aware of the availability of interpreter services. The auditor noted that the resident orientation process and staff training include this requirement.

§115.317 – Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was used in determining compliance with this standard:

Agency policy 115.317 Hiring and Promotion Decisions – prohibiting hiring or promoting of certain employees/contractors, criminal background/child abuse registry/prior institutional employers contact, consideration of any incidents of sexual harassment, material omissions being grounds for termination

Interviews with Human Resources staff, Acting Facility Director, and PREA Compliance Coordinator

The Taylor County Juvenile Justice Center is prohibited by the agency policy from hiring or enlisting contractor services that may have contact with residents who have engaged in any of the PREA standards prohibited criteria related to sexual abuse or sexual harassment. The same criteria are to be applied to the hiring of any new employee and require prior institutional employers to be consulted. There were 10 (ten) individuals hired or promoted who had received criminal background record and child abuse registry checks prior to hiring. The agency requires that background records checks are conducted every two (2) years on all employees, promotions of employees, volunteers, interns and contractors having contact with residents. Interviews with the Human Resources staff, PREA Compliance Coordinator and Acting Facility Director also confirmed those requirements had been met.

The agency policy states that material omissions of sexual abuse or harassment incidents or the provision of materially false information shall be grounds for termination.

§115.318 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Interviews with Chief Juvenile Probation Officer, Acting Facility Administrator and agency PREA Compliance Coordinator

There have been no renovations to the facility during this review period. Through interviews it was confirmed that any additional plans for expansions or modifications will take into consideration the possible need to increase video monitoring and to further review monitoring technology. An upgrade of the audio-visual monitoring system was recently implemented resulting in much higher sound quality and increased visual resolution to include the addition of video color.

§115.321 – Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.321 Evidence Protocol and Forensic Medical Examinations - providing forensic medical examinations without financial cost to the resident

The sexual abuse investigation document

Interviews with random staff, and PREA Compliance Coordinator

There had been one (1) allegation of sexual abuse. The agency policy states that all allegations of sexual abuse are immediately reported to an immediate supervisor, appropriate authorities, the Chief Juvenile Probation Officer, to the internal investigator/PREA Compliance Coordinator, the Texas Juvenile Justice Department and to the Taylor County Sheriff's Department. The auditor reviewed the allegation and determined that agency had adhered to facility policy, notified required authorities, promptly investigated the allegation and provided the required forensic medical examinations at the Hendricks Medial Center of Abilene. The PREA Compliance Coordinator stated that the Taylor County Sheriff's Office conducts sexual abuse and sexual harassment criminal investigations though a MOU written agreement that the Taylor County Sheriff's Office agreed to conduct such investigations using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor reviewed the MOU with the Sheriff's Office to conduct the investigation based on protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011. Communication with the Taylor County Sheriff's Department confirmed the existence of the written MOU and the agreement to utilize the protocol identified above.

The agency policy states that "TCJJC shall offer all residents who experience sexual abuse access to forensic medical examinations through Hendricks Medial Center of Abilene and that victim advocates are available". The PREA Compliance Coordinator stated that forensic medical examinations are provided without cost and are be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs) at the Hendricks Medial Center of Abilene. The auditor reviewed the MOU between the facility and the Hendricks Medial Center of Abilene. The MOU also provided that the medical center will also contact the Crime Victims Center and the Noah Project of Abilene to provide victim advocacy services. The auditor conducted a telephone interview with the medical center SANE Director who confirmed the MOU and the ability to conduct the professional services identified.

The agency policy states that the agency shall attempt to make available a victim advocate from a rape crisis center. The auditor reviewed the Interagency Agreement with the Noah Project of Abilene of September 2016.

The agency policy states that if a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member from a community-based organization or a qualified agency staff member to provide these services.

Through a review of the documentation related to the allegation of sexual abuse, interviews with random staff and the PREA Compliance Coordinator, it was confirmed that the resident who alleged sexual abuse had received the services identified above. Evidence was provided that the facility PREA Compliance Coordinator conducted a follow-up on the services provided as required.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.322 Policies to ensure referrals of allegations for investigations - providing investigations for all allegations of sexual abuse and sexual harassment.

Investigation report of the one (1) allegation of sexual abuse

Interviews with Acting Facility Director, PREA Compliance Coordinator, facility investigator.

The agency policy requires an administrative or criminal investigation to be investigated for all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by the facility investigator. The agency policy requires that all administrative and criminal investigations are completed and that the PREA Compliance Coordinator shall be responsible for ensuring all investigations are completed. The agency policy provides that the policy is made available to other responsible parties in addition to the parents of juvenile residents. The agency requires all allegations of sexual abuse or sexual harassment which potentially involves criminal behavior is to be documented and referred to a local law enforcement agency. The Taylor County Sheriff's Office is the agency with the legal authority to conduct criminal investigations. The PREA Compliance Coordinator stated that the Taylor County Sheriff's Office conducts sexual abuse and sexual harassment criminal investigations. A MOU with the Taylor County Sheriff's Office documented that the Sheriff's Office does conduct such investigations using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The MOU includes that the Sheriff's Office will conduct the investigations using a protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011. The Taylor County Sheriff's Office provided the auditor with written evidence of such investigative protocol. The agency has published this policy on the agency's web site and also makes the policy available through other means. There had been one (1) verbal allegation of sexual abuse in the past year. Interviews with the PREA Compliance Coordinator, Acting Facility

Director and upper-level management staff confirmed that all allegations of sexual abuse or sexual harassment are investigated by the facility investigator and also simultaneously are referred to the Taylor County Sheriff's Office for investigation. The auditor reviewed the one (1) investigative report conducted by the agency investigator and the Taylor County Sheriff's Office, noted that the investigation was thorough and determined to be unfounded.

§115.331 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.331 Employee Training – identifying training of employees who may have contact with residents

NIC PREA Training Curriculum: training provided by TJJD

Taylor County Juvenile Probation Department Training Reports

Random staff interviews

Interview with agency trainer

The auditor reviewed agency policies which required that all employees receive training tailored to the needs/attributes/gender of residents on each of the following topics required by this PREA standard: Zero tolerance; employee responsibilities; residents' right to be free from sexual abuse/harassment; the right of employees and residents to be free from retaliation for reporting sexual abuse/harassment; dynamics of sexual abuse/harassment in juvenile facilities; common reactions of juvenile victims of sexual abuse/harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact/abuse between residents; how to avoid inappropriate relationships with residents; effective and professional communication with all residents; compliance with relevant laws related to mandatory reporting and applicable age of consent. The facility's training curriculum was discussed with the facility trainer and PREA Compliance Coordinator. Agency training reports were reviewed which documented that all employees had received the required training. Training provided had been based upon agency policies which correctly identified all required training topics. Training had been provided and documented on the dynamics of sexual abuse and sexual harassment in juvenile facilities, the common reactions of sexual abuse and sexual harassment juvenile victims, how to detect and respond to signs of threatened and actual sexual abuse and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents. The auditor interviewed ten (10) random staff who demonstrated they had received the required training and understood such training. The random staff stated receipt of annual refresher trainings.

§115.332– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.332 Volunteer and Contractor Training – training

Volunteer and Contractors training "PREA Overview, PREA Law, How it affects Your Job & Audit Process"

Interviews with Medical Contractor and Educational Contractor

The agency policy accurately identified contractor/volunteer training requirements, including the documentation of training receipt and documentation confirming that they understand the training they received. Interviews with the medical contractor and educational contractor indicated that they had received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Volunteer and Contractor training records were reviewed which confirmed receipt of such training and their understanding of such training. There were no volunteers available for interview at the facility.

§115.333 – Resident Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.333 – Resident Education

Brochure – "Comprehensive PREA Education for Residents"

Resident Orientation Handbook Secure Pre-Adjudication (Detention Center) Program (English and Spanish)

Facility PREA posters

Random resident interviews

Intake staff interview

The agency policy provides for the implementation of age appropriate resident education explaining the agency's zero tolerance policy on sexual abuse and sexual harassment and how

to report incidents or suspicions of sexual abuse or sexual harassment during intake. The agency policy further provides that within ten (10) days of intake for a comprehensive, age appropriate PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Documentation was provided demonstrating residents' receipt of the Youth Admission Pamphlet and the Resident Orientation Handbook during intake. The auditor was provided with the pamphlet and the handbook, both in English and Spanish. A review of the Resident Orientation Handbook correctly contained all PREA related information. Interviews with all ten (10) residents demonstrated they all received PREA related information during the intake process. Residents whose stay of ten (10) days or longer were interviewed and explained that they regularly receive education in person and through video at least weekly. An intake staff interview indicated that the required comprehensive age appropriate education for all residents whose stay of 10 days or longer had been provided during intake. Evidence was reviewed and documented residents' receipt of comprehensive age-appropriate education materials provided through video and other education materials on how to report sexual abuse or sexual harassment incidents and information related to the agency's responsibilities for responding to such incidents.

During the facility tour, the auditor noted that PREA related posters were placed in numerous locations throughout the facility, including all housing units. The auditor called the telephone number cited to report sexual abuse and spoke to the Texas Juvenile Justice Department (TJJD) reporting center staff who acknowledged the state agency's function.

Interviews of ten (10) residents indicated that during the intake process all youth stated they had been told about the right to not be sexually abused or sexually harassed. All ten (10) youth interviewed stated they had received additional PREA related information since intake on a regular basis.

§115.334 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 115.334 - Specialized Training: Investigations

Agency investigative staff interview

As identified in the agency policy, any employee assigned to conduct internal investigations into allegations of sexual abuse and sexual harassment are to receive training in conducting such investigations in a confinement setting. The agency policy requires that the agency maintain documentation of any employee who has completed the required specialized training in conducting sexual abuse investigations. The agency provided documentation to

demonstrate that the agency investigator had completed the required training. An interview with the agency investigator demonstrated that he had received the required specialized training and understood the training.

§115.335 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.335 – Specialized Training: Medical and Mental Health Care

Medical contractor staff interview

The agency policy correctly identifies the required specialized training for medical and mental health practitioners. The facility does not employ mental health care practitioners; however those services are available through written contracts and through community service agencies. An interview with the medical contractor was confirmed that he received the required training and understood his responsibilities. The medical contactor stated that the training included how to detect and assess signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional responses to victims, and the reporting of allegations or suspicions of sexual abuse and sexual harassment. The medical contractor at Taylor County Juvenile Correctional Center does not conduct forensic examinations.

§115.341 – Obtaining information from residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.341 - Screening for risk of sexual victimization and abusiveness

Taylor County Juvenile Justice Center – Behavioral Screening and Classification form

Interviews with agency PREA Compliance Coordinator, Acting Facility Administrator, intake staff responsible for risk screening and resident interviews

The agency policy requires initial screenings to be conducted on all residents prior to living unit/room assignments. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are to be conducted within 72 hours of admission. A

review of ten (10) intake screening records demonstrated that all residents had been screened at the time of their admission using the objective screening instrument prior to 72 hours of intake. All ten (10) residents confirmed that the screening occurred shortly upon admission. An objective screening instrument revised immediately following the initial on-site visit included the required elements, (i.e. any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex and whether the resident may therefore be vulnerable to sexual abuse, intellectual or developmental disabilities or the residents own perception of vulnerability). Documentation provided to the auditor demonstrated that three (3) residents had prior sexual abuse victimization experience. The objective screening instrument included other specific information that may have indicated heightened need for supervision, additional safety precautions, or separation from certain other residents. The interview with the intake staff who administered the objective screening instrument confirmed that information contained in court records, behavioral records and other relevant documentation were utilized.

During the tour, the auditor noted that confidential medical and mental health resident files were maintained in locked file cabinet a secure location (Locked Control Center) with limited access. Interviews with the PREA Compliance Coordinator, Acting Facility Administrator and the intake staff confirmed that the agency had outlined who should have access to a resident's risk assessment in order to ensure that information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff, contractors and volunteers or other residents.

During interviews with the ten (10) residents, all residents stated that during the intake process the same time of admission they remembered having been asked questions about whether they had ever been sexually abused or had ever engaged in sexually abuse behaviors and whether they identified with being gay, bisexual, transgender or intersex.

§115.342 – Placement of residents in housing, bed, program, education, and work assignments

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.342 - Use of Screening Information

Taylor County Juvenile Justice Center – Intake Behavioral Screening/PREA information form

Interviews with PREA Compliance Coordinator and intake staff responsible for risk screening

Agency policy 115.342 Placement of Residents in Housing, Bed, Program, and Education, and Work Assignments includes information obtained in the intake screening process. The

interview with the intake staff member responsible for screening for risk of sexual victimization and abusiveness stated that all screening results are used to establish housing and room assignments and to increase awareness of potential safety concerns of staff who work directly with residents. The intake screening staff stated that housing and room assignments are considered on an individual basis to ensure the health and safety of each resident and whether such assignment would present potential management or security problems. Interviews with the intake staff indicated the receipt of training on the definitions of sexual orientation of residents. There had been no transgender of intersex residents at the facility. The facility has not and does not utilize isolation of residents at risk of sexual victimization. Housing, bed and other assignments are not made solely on the basis of identification or status nor made as an indicator of likelihood of being sexually abusive.

§115.351 – Resident Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.351 - Resident Reporting

Agency posting of multiple internal and external reporting telephone numbers of sexual abuse or sexual harassment (English and Spanish)

Brochure – "Comprehensive PREA Education for Residents"

Resident Orientation Handbook Secure Pre-Adjudication (Detention Center) Program (English and Spanish)

Postings on all living units and program areas

Staff PREA Training Curriculum

Interviews with facility PREA Compliance Coordinator, random staff and residents

The agency policy provides multiple methods and the means for residents to report allegations of sexual misconduct both internally and externally, including third parties. The policy 115.351 includes the reporting of "retaliation by other residents or staff". Resident posters, the resident handbook and admission pamphlet provide multiple ways for internal and external reporting including relevant consular officials and relevant officials at the Department of Homeland Security. Posters in living units and elsewhere throughout the facility provide multiple external reporting telephone numbers. The auditor called the telephone numbers for the TJJD and Taylor County Sheriff's Office telephone numbers as confirmation of reporting methods. This information is also available to public and private entities through the agency's website and written documents. Residents are provided with access to tools necessary to make a written report as verified through resident and staff

interviews. Staff stated they are required to report all verbal allegations immediately and document such action(s). The agency policy states that residents and staff may privately report allegations confidentially, through in-person reporting, e-mail communication, anonymously, and through private telephone communication with local agencies. Reports may also include staff neglect or violation of responsibilities that may have contributed to such incidents. PREA reporting procedures had been provided through initial employee training and through reviews of policies and procedures. Ten (10) residents interviewed were able to state the procedures for making allegations of sexual abuse or sexual harassment, how to report retaliation by other residents or staff for making such reports, including staff neglect or violation of responsibilities that may have contributed to such incidents. The facility does not detain residents for civil immigration purposes. There had been one (1) allegation of sexual abuse verbally reported and documented which was unfounded. There had been zero (0) allegations of sexual harassment or retaliation.

§115.352 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☐ Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 115.352 - Exhaustion of administrative remedies

There were zero (0) residents who reported a grievance alleging sexual abuse

The agency policy provides a grievance process as a formal mechanism to report sexual abuse and does not require a resident to use an informal grievance process, or otherwise to attempt to resolve the allegation with staff. The agency policy allows a resident to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the compliant. A decision on the grievance of sexual abuse is required to be provided within 90 days of the filing of the grievance. Agency policy provides that should a resident file a grievance alleging sexual abuse, it would be treated as an emergency grievance, and be forwarded immediately to the PREA Compliance Coordinator who is required to provide an initial response within 48 hours of receipt of the grievance. The agency policy requires the issuance of a final agency decision of the allegation of sexual abuse within 90 days of its filing; however for emergency grievances of imminent sexual abuse, an initial response is to be provided within 48 hours and a final agency decision within five (5) calendar days. There were zero (0) grievances (including emergency grievances of imminent sexual abuse filed in the past 12 months).

The agency policy imposes no time limit on any resident for allegations of sexual abuse, does not require the use of any informal grievance process and does not attempt to resolve an alleged incident of sexual abuse with staff. There is no statute of limitation restricting the

facility's ability to defend itself against a lawsuit filed by any resident. Third parties, without resident consent, may report allegations of sexual misconduct. The agency policy provides that a resident may be disciplined for filing a grievance alleging sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Ten (10) resident interviews indicated that they knew of how to report allegations of sexual abuse, sexual harassment and retaliation. Residents reported that they knew they could report sexual abuse to outside third parties through the hot-line, correspondence, parents and legal guardians.

§115.353 – Resident Access to Outside Support Services and Legal Representation

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.5 Reporting

MOU – Betty Hardwick Center of Abilene

MOU – Abilene Regional Council on Alcohol and Drug Abuse, Inc.

Interagency Agreement – Noah Project of Abilene

Youth Admission Pamphlet (English and Spanish) – "a Teen's Guide to Reporting Abuse, Neglect and Exploitation – End the Silence"

Resident Orientation Handbook Secure Pre-Adjudication (Detention Center) Program (English and Spanish)

Postings on all living units and program areas

Facility PREA posters

Interviews with Acting Facility Director, PREA Compliance Coordinator and random residents.

The facility agency policy provides residents with outside victim advocates for emotional support services related to sexual abuse and has provided telephone numbers and mailing address information to all residents through resident posters, handbooks, intake orientation, and posters placed throughout the facility. During the tour, the auditor observed posters throughout the facility indicating how residents may report sexual abuse and/or sexual harassment. The agency maintains a MOU with Betty Hardwick Center of Abilene and an Interagency Agreement Noah Project of Abilene to provide residents with confidential emotional support services related to sexual abuse. Interviews with ten (10) residents

indicated that they may call an attorney at any time and may receive telephone calls according to scheduled hours. Should parents or guardians, not be able to call according to scheduled hours, they will be accommodated by arrangements at other times. There was one (1) resident who reported alleged sexual abuse at the facility that had been provided support services.

§115.354 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.354 – Third Party Reporting

Resident Orientation Handbook Secure Pre-Adjudication (Detention) Program – English and Spanish

Taylor County Website - http://www.taylorcountytexas.org/522/Prison-Rape-Elimination-Act-PREA

Facility PREA posters with third party reporting information.

http://www.tjjd.texas.gov/abusehotline.aspx - TJJD Sexual Abuse Hot-line contact information

The facility's policy on third-party reporting describes multiple methods used to receive third-party reports of sexual abuse and sexual harassment. Such information is provided in the Resident Orientation Handbook, facility posters, and through the Taylor County website. Third party reporting avenues are included youth admission pamphlet and the resident orientation handbook. There had been one (1) third party report of resident sexual abuse who stated that the resident had alleged sexual victimization prior to intake and had previously been reported to the Texas Child Protection Services agency.

§115.361 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.361 – Staff and agency reporting duties

Interviews with Acting Facility Director, PREA Compliance Coordinator and random staff

The facility's policy describes requirements for all employees, contractors, volunteers, and interns with cause to believe that a juvenile has been sexually harassed or sexual abused to immediately report any knowledge, suspicion or information received related to sexual abuse/sexual harassment incidents, retaliation and staff negligence that may have contributed to such incidents. The agency policy stipulates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are made to the PREA Compliance Coordinator/Investigator. Interviews with the PREA Compliance Coordinator, Acting Facility Administrator, ten (10) random staff and the medical contractor confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws and to maintain that information in confidence except as necessary to make treatment/investigation and other security/management decisions. Staff stated they are required to report all allegations immediately. There was zero (0) number of allegations of sexual abuse the facility received from other facilities. There was one (1) verbal report of alleged sexual abuse reported made to agency staff attending to the resident while receiving medical care at the Hendricks Medical Center of Abilene. The auditor reviewed multiple Major Incident Report Staff Summary reports which documented notification of the Facility Administrator. The auditor reviewed documentation from the Facility Administrator which indicated he advised the Chief Juvenile Probation Officer and subsequently contacted the Taylor County Sheriff's Office and the TJJD to report the alleged incident. Documentation demonstrated the Facility Administrator attempted contact with the resident's parent and left voice messages at the two (2) telephone numbers cited in intake documents. Agency documentation provided to the auditor the Facility Administrator contacted the local mental health agency requesting an assessment of the resident.

§115.362 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency draft policy 115.362 – Agency protection duties

Interviews with the Acting Facility Administrator and random staff

The agency policy requires that protective measures must be provided immediately as required by this standard. There have been zero (0) instances that the facility determined that a resident was subject to risk of imminent sexual abuse.

§115.363 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.363 – Reporting to other confinement facilities

Interview with the Chief Juvenile Probation Officer

The agency policy specifies reporting and investigative actions to be taken upon receiving an allegation of sexual abuse of a resident while at another facility. Such action(s) are to be initiated as soon as possible, but no later than 72 hours and actions documented. There have been no instances in the last twelve months of allegations by any resident who had reported abuse while confined at another facility or allegations from any other facility.

§115.364 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.364 – Staff first responder duties

Staff training documents – training on first responder duties and responsibilities

Interviews with the random staff/first responders

There had been one (1) resident who reported alleged sexual abuse at the facility

Agency documentation demonstrated that the resident alleged sexual abuse of a staff member while receiving treatment at the Hendricks Medical Center of Abilene. Upon receiving the sexual abuse allegation, agency staff continued to provide supervision of the resident at the hospital and prohibited the alleged victim from taking actions which could destroy any physical evidence. Agency reports documented that first responders at the detention center were notified to secure the resident's room where the alleged incident was purported to have occurred. The Facility administrator documented he met Taylor County Sheriff's Office investigators at the facility and he and the Sheriff's Detective reviewed relevant electronic monitoring data.

Interviews with random staff and first responders confirmed that they had received required training and were able to demonstrate knowledge of PREA requirements and staff expectations.

§115.365 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.365 – Coordinated Response

TCJJC PREA First Responders Checklist and Coordinated Response document.

Interview with Acting Facility Administrator

The facility has a written institutional plan which coordinates actions to be taken should a sexual abuse incident occur. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. The Acting Facility Administrator identified the actions taken to coordinate responses within the facility.

§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)

XX Non-Applicable

The following information was utilized to verify compliance with this standard:

Interview with the Acting Facility Administrator Facility

Agency policy 115.366 – Preservation of Ability to Protect Residents from Contact with Abusers. The detention center does not utilize collective bargaining. There is no governmental agency responsible for collective bargaining on the agency's behalf. This standard does not apply to the TCJJC.

An interview with the Acting Facility Administrator confirmed that the agency does not utilize collective bargaining agreements.

§115.367 – Agency Protection Against Retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.367 – Agency Protection Against Retaliation

Interviews with PREA Compliance Coordinator and Acting Facility Administrator charged with monitoring for retaliation

The facility has a written policy related to protection against retaliation. The agency policy requires monitoring for sexual abuse, sexual harassment and for retaliation by residents or staff. The PREA Compliance Coordinator and Acting Facility Director confirmed that they are responsible for monitoring of retaliation. The agency policy requires that monitoring for retaliation will last at least 90 days at a minimum. Agency policy requires that should any resident or staff who report sexual abuse or sexual harassment or staff who cooperates with a sexual misconduct investigation express fear of retaliation, appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and the provision of emotional support services for those who fear retaliation. An interview with PREA Compliance Coordinator and the Acting Facility Administrator both confirmed their duties and responsibilities. There have been zero instances of alleged retaliations of sexual abuse or sexual harassment in the past 12 months.

§115.368 – Post-Allegation Protective Custody

☐Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

☐Not Applicable

The following information was utilized to verify compliance with this standard:

Agency Policy 115.368 – Post-allegation Protective Segregated Housing

The agency policy requires that a resident who has alleged to have suffered sexual abuse will only be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Agency policy also requires that during any period of isolation, residents shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Residents placed in isolation shall receive daily

visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The agency policy includes all the requirements of PREA standard 115.342: residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive, consideration of placement on a case-by-case basis, placement reassessments at least twice each year, transgender or intersex residents' perception of their own safety and their opportunity to shower separately from other residents, etc.

Agency policy states that should segregated housing be used, the conditions for segregation require that all PREA standard elements be followed. Segregated housing of residents as a means to keep them safe from sexual abuse has not been utilized during the review period.

There had been no use of isolation during the review period.

§115.371 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.371 – Criminal and administrative Agency Investigations – does not terminate in investigation solely due to the source of the allegation recant and that all substantiated allegations are to be referred to the Taylor County Sheriff's Office.

MOU with the Taylor County Sheriff's Office providing for the conduct of criminal investigations of sexual abuse

Training record of specialized training received by the agency administrative investigator

Agency administrative investigation report of the one (1) allegation of sexual abuse

Taylor County Sheriff's Office sexual abuse criminal investigation of the one (1) investigation of sexual abuse

Electronic communication with the Taylor County Sheriff's Office Commander of Criminal Investigations/Narcotics Divisions confirming the MOU to provide criminal investigations

Interviews with agency Chief Juvenile Probation Officer, PREA Compliance Coordinator and agency investigative staff

A MOU documents that the Taylor County Sheriff's Office conducts criminal investigations of sexual abuse. Agency policy states that investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims /suspected abusers and witnesses will be conducted by the Taylor County

Sheriff's Office. The agency policy requires that investigators also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. The policy states that no truth-telling device is used as a condition for continuing an administrative or criminal investigation.

The agency policy requires that administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. It was confirmed through agency staff that all written reports are to be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress. The agency investigator had received specialized training, which included interviewing and interrogation, evidence collection and utilization, report writing, investigating sexual abuse of youth in custody, proper use of Miranda and Garrity warnings and the evidence required to substantiate a case for administrative action or prosecution referral as evidenced by agency training record and as stated during the auditor interview.

The auditor reviewed the one (1) sexual abuse administrative investigation conducted by the agency investigator. The administrative investigation report documented a review of incident reports, major incident reports, alleged victim statement, resident population and door sheet checklist and video monitoring information. At the initiation of the investigation, the resident recanted the allegation. The administrative and criminal investigations had been completed even following that the resident had recanted the allegation. The investigations appeared to be conducted promptly, thoroughly and objectively.

Interviews with the agency Chief Juvenile Probation Officer, PREA Compliance Coordinator and agency investigative staff confirmed the proper application of agency policies in the conduct of investigations. Electronic communication with the Taylor County Sheriff's Office Commander of Criminal Investigations/Narcotics Divisions further confirmed proper investigative actions had been taken. The administrative and criminal investigation determined that the allegation was unfounded.

§115.372 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.372 – Evidentiary Standard for Administrative Investigations

Interviews with agency investigator

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of allegations sexual abuse or sexual harassment. The agency investigator stated that no standard higher than a preponderance of evidence was to be used.

§115.373 – Reporting to Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.373 – Reporting to Residents

Resident Allegation Notification Form Resident Orientation Handbook Secure Pre-Adjudication (Detention) Program – English and Spanish

Interviews with Chief Juvenile Probation Officer and the agency investigator

Facility policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. Unless the allegation is determined to be unfounded, the resident will be informed whenever the staff member is no longer posted in the unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility of has been convicted of such a charge. There had been one (1) resident who had alleged sexual abuse. The agency notified the resident and the resident's parent that the allegation had been unfounded. Interviews with the Chief Juvenile Probation Officer and the agency investigator confirmed practices are in place involving all standard components.

§115.376 – Disciplinary Sanctions for Staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.376 – Disciplinary Sanctions for Staff.

Agency policy indicates that any employee found to have committed sexual abuse or sexual harassment shall be subject to administrative sanctions up to and including termination and possible criminal prosecution. No staff had violated existing agency sexual abuse or harassment policies. Staffs terminated under criminal circumstance are to be reported to the

law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

§115.377 – Corrective Action for Contractors and Volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.377 - Corrective action for Contractors, Interns, and Volunteers

Interviews with Chief Juvenile Probation Officer

As identified in agency policy, contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been zero (0) contractors or volunteers accused of sexual misconduct in the audit review period. According to the interview with the Chief Juvenile Probation Officer, should any violation of this type be substantiated, the facility has complete agency policies related to administering remedial measures including prohibiting further contact with residents.

§115.378 – Disciplinary Sanctions for Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.378 – Interventions and Disciplinary Sanctions for Residents/Program Participants

Interviews with Chief Juvenile Probation Officer and medical contractor

The agency policy prohibits sexual activity between residents and may discipline residents for such activity, although such activity does not constitute sexual abuse if determined that the activity is not coerced. The agency policy states that should an investigation for resident on resident findings of sexual abuse be founded, administrative sanctions are to be administered following the formal disciplinary processes applied commensurate with the level of infractions. A resident may be disciplined for sexual contact with staff only upon a finding the staff did not consent to such contact. The Chief Juvenile Probation Officer stated that there had been no allegations of resident-on-resident sexual abuse; consequently, no sanctions had been administered for resident-on-resident sexual abuse. Sanctions given would be commensurate with the nature and circumstances of the abuse committed. The facility has not used isolation as a sanction. The agency policy provides residents' access to general

programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse. Therapy and counseling are provided to residents on a contractual basis.

§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.381 – Medical and Mental Health Screenings; History of Sexual Abuse

Taylor County Juvenile Justice Center – Behavioral Screening and Classification Form

Interviews medical contractor and Risk Screening (Intake) Staff

Interviews with the medical contractor and the staff responsible for risk screening indicated that there had been three (3) residents who had reported prior sexual victimization in the community. The screening of two (2) residents resulted in a follow-up meeting with mental health practitioners within 14 days, while 1 resident continued to receive services previously initiated. Facility policies provide that should that information become known, a follow-up meeting would be offered with a mental health practitioner within 14 days of intake screening. The agency policy states that any information related to sexual victimization or abusiveness shall be strictly limited to medical/mental health practitioners and other staff, as necessary, to inform treatment plans and security/management decisions and that medical/mental health staff shall obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

There were three (3) residents who disclosed prior perpetration of sexual abuse during the resident screening processes. Interviews confirmed that the medical contractor and the intake staff confirmed that they were aware of their responsibilities including limiting information strictly to medical/mental health and other staff, as necessary. The agency policy requires that any information of sexual victimization or abusiveness is strictly limited to medical and mental health staff. Medical and mental health staff were also aware of mandatory reporting laws.

§115.382 – Access to Emergency Medical and Mental Health Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.382 – Access to emergency medical and mental health services

MOU with Hendricks Medial Center of Abilene to provide treatment services without financial cost to the resident

Interviews with medical contractor and first responders

Interviews with medical contractor and first responders

The agency policy provides for emergency medical and mental health services required by this standard. The policy requires that all resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. The agency policy also requires that if no qualified medical or mental health practitioners are on duty at the time a report of a recent abuse, staff first responders shall take immediate protective actions to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. There had been zero (0) resident victims of sexual abuse in the past 12 months. The agency policy provides that residents will be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis and that treatment services shall be provided to the victim without financial cost regardless if the victim names the abuser or cooperates with the investigation arising from the incident.

Interviews with a medical contractor confirmed that he had been notified of the agency's zero-tolerance policy of sexual abuse and sexual harassment and that as a medical professional contractor, he knew how to report such incidents. He had received training regarding his responsibilities regarding sexual abuse and sexual harassment prevention, detection and response.

The agency policy indicates that treatment services shall be provided to the victim without financial cost. The auditor reviewed the MOU with Hendricks Medial Center of Abilene and confirmed that such services are provided without financial cost to the victim.

§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.383 On-going Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers

MOU with Hendricks Medial Center of Abilene

Interviews with medical contractor

The facility agency policy provides for the medical/mental health evaluations and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The medical contractor verified this as a necessary practice. Residents are to be seen within a week after being notified; however mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. When residents are transferred or discharged, a continuing care plan will be developed for follow-up services consistent with those services provided in the community. Tests for sexually transmitted infections are to be offered to resident victims of sexual abuse. Pregnancy tests shall be offered to resident victims of sexually abusive vaginal penetration. There had been zero (0) residents who reported prior sexual victimization in any prison, jail, lockup or juvenile facility.

§115.386 – Sexual Abuse Incident Reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency draft Policy 115.386 - Sexual Abuse Incident Reviews

Interviews with Chief Juvenile Probation Officer and Incident Review Team Member

The policy requires a sexual abuse incident review be conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The agency policy correctly establishes a sexual abuse review team consisting of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility has had

one (1) allegation of sexual abuse during the review period which was unfounded. As outlined in the agency policy, should a sexual abuse allegation be made, an incident review will be conducted ordinarily within 30 days of the investigation, following a final determination of findings, unless unfounded. The facility agency policy requires that the facility will implement the recommendation(s) of this team or will document its reasons for not implementing the recommendation(s).

§115.387 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.387 Data Collection

The agency policy requires that the facility shall annually collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using standardized instrument and set of definitions and that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. The agency policy also requires incident-based and aggregated data to be obtained from every private facility with which it contracts. The agency has initiated the renewal of contracts with private facilities which require that every private agency to provide incident-based and aggregated data as identified in the Survey of Sexual Violence. The agency policy provides for the collection of uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files and incident reviews. The facility has had zero (0) incidents of sexual abuse during the past year.

§115.388 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency draft Policy 115.388 - Data Review for Corrective Action.

Interview with Chief Juvenile Probation Officer and PREA Compliance Coordinator

The agency policy requires that a review of data collected regarding allegations of facility sexual abuse to include data from every private facility with which it contracts for the confinement to assess and improved the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training will be conducted. The review includes

identifying problems, taking on-going corrective action, preparing an annual report to compare current year's data and corrective actions with those from prior years and provide an assessment of the facilities progress in addressing any sexual abuse. The policy requires the Chief Juvenile Probation Officer to approve the agency report. The auditor observed that the annual report approved by the Chief Juvenile Probation Officer had been made readily available to the public through its website.

§§115.389 – Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.389 - Data Storage, Publication and Destruction

Interview with agency PREA Compliance Coordinator

The agency policy requires that all data collected pertaining to the annual report are securely retained to include data from private facilities with which it contracts. The agency policy requires that all personal identifiers be removed prior to making the aggregated sexual abuse data publicly available. Agency policy requires that sexual abuse data collected in the annual report shall be maintained for at least 10 years after the date of its initial collections unless Federal, State, or local law requires otherwise.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his/her ability to conduct an audit of the agency under review.

Glen E. McKenzie, Jr. *March 2, 2017*

Auditor Signature Date