

# PREA Facility Audit Report: Final

**Name of Facility:** Lynn W. Ross Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/13/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 12/13/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	11/07/2022
<b>End Date of On-Site Audit:</b>	11/09/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Lynn W. Ross Juvenile Detention Center
<b>Facility physical address:</b>	2701 Kimbo Road, Fort Worth, Texas - 76111
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Shelley Aguirre
<b>Email Address:</b>	sjaguirre@tarrantcounty.com
<b>Telephone Number:</b>	817-838-4600 x 0706

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Bennie Medlin
<b>Email Address:</b>	BJMedlin@tarrantcounty.com
<b>Telephone Number:</b>	817-838-4600 x 4642

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Nancy Lin Thurmond
<b>Email Address:</b>	NLThurmond@tarrantcounty.com
<b>Telephone Number:</b>	817-838-4600 x 0745

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	128
<b>Current population of facility:</b>	90
<b>Average daily population for the past 12 months:</b>	93
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	Maximum/Pre-adjudication Detention
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	259
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	7
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Tarrant County Juvenile Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2701 Kimbo Road, Fort Worth, Texas - 76111
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Shelley Aguirre	<b>Email Address:</b>	sjaguirre@tarrantcounty.com

### **SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	
3	<ul style="list-style-type: none"> <li>• 115.331 - Employee training</li> <li>• 115.341 - Obtaining information from residents</li> <li>• 115.381 - Medical and mental health screenings; history of sexual abuse</li> </ul>
<b>Number of standards met:</b>	
40	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-07
2. End date of the onsite portion of the audit:	2022-11-09

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor discussed victim services available to residents with the Director of the Tarrant County Women's Center before the onsite, as noted in standard sections 115.321 and 115.353 of this report. In addition, the auditor also interviewed a forensic nurse manager with the John Peter Smith Health Network, and the nurse manager provided information on forensic medical exams and other victim services available to all juveniles who are victims of sexual abuse.

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	128
15. Average daily population for the past 12 months:	93
16. Number of inmate/resident/detainee housing units:	8

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p style="text-align: center;">96</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">11</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p style="text-align: center;">0</p>

<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	6
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.

## **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	265
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	2
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	7
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.

## **INTERVIEWS**

### **Inmate/Resident/Detainee Interviews**

#### **Random Inmate/Resident/Detainee Interviews**

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
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<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Randomly selected the sample from each housing unit, with varying length of stays and ages.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was no evidence to suggest during the onsite through the auditor's own observations, the interviews conducted, and documentation reviewed that the facility was housing a resident with who was Blind or had low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was no evidence to suggest during the onsite through the auditor's own observations, the interviews conducted, and documentation reviewed that the facility was housing a resident with who was Deaf or hard-of-hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was no evidence to suggest during the onsite through the auditor's own observations, the interviews conducted, and documentation reviewed that the facility was housing a resident who alleged being a victim of sexual abuse.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was no evidence to suggest during the onsite through the auditor's own observations, the interviews conducted, and documentation reviewed that the facility was housing a resident who was segregated as a result of being at risk of sexual victimization.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p align="center"><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>8</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	No text provided.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming  <input type="checkbox"/> Medical/dental  <input type="checkbox"/> Mental health/counseling  <input checked="" type="checkbox"/> Religious  <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1



<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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## Was the site review an active, inquiring process that included the following:

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

- Yes  
 No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

- Yes  
 No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

- Yes  
 No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

- Yes  
 No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The auditor conducted two successful test calls while onsite- one call was to the TJJD Reporting Hotline and the other call was to the 24/7 Rape Crisis Reporting Hotline with Tarrant County Women's Center.

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

- Yes  
 No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

As noted throughout the report, the auditor randomly selected PREA related documentation from resident files, staff training files, staff personal files, volunteer and contractor files, and other logs, behavioral reports, incident reports, investigative reports, etc. No barriers were encountered by the auditor during any phase of the audit.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	2	2	2
<b>Staff-on-inmate sexual abuse</b>	1	1	1	1
<b>Total</b>	3	3	3	3

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	1	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	2	1	0

## Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

### 96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

### 97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	1	0

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	3
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

## Staff-on-inmate sexual abuse investigation files

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	No evidence or information provided to the auditor suggested the agency received a sexual harassment allegation in the past 12 months.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)



## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No evidence or information provided to the auditor suggested the agency received a sexual harassment allegation in the past 12 months.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### Non-certified Support Staff

<b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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# AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.311</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Agency's Organizational Chart</li> <li>- PREA Related Signage (posted throughout the facility)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- During the on-site, the auditor interviewed the agency's PREA Coordinator (PC), who is also the agency's Senior Caseworker Supervisor of Quality Development. The PC confirmed and adequately explained how she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the agency's pre-adjudication juvenile detention facility. The PC advised that she reports directly to the Deputy Administrative Director (DAD) of Administrative and Support Services, and this administrator reports directly to the Director of the agency. The PC also explained how she is able to prioritize her PREA related responsibilities to ensure continued compliance with all the applicable PREA juvenile facility standards. It was stated that if any issues of PREA standard non-compliance were identified at the facility, the problem would be immediately addressed and effectively resolved through a collaborate approach with the administrative team. The PC described how she meets with the agency's leadership team, which includes upper and mid-level administrators, periodically throughout the year to review and discuss serious incidents that have occurred in the facility since the last management meeting, as well as a review the agency's Staffing Plan, PREA aggregate sexual abuse and sexual harassment data, and any other pertinent topics related to facility safety and security.</li> <li>- The auditor interviewed the agency's Chief Juvenile Probation Officer, and he explained the agency's organizational structure and how the PC is able to report directly to him and/or the DAD of Administrative and Support Services at any time. The Chief advised that the PC is designated as the agency's PREA investigator and is the agency's liaison for any criminal investigation conducted at the facility by the Tarrant County Sheriff's Department or the Office of Inspector General (OIG) with the Texas Juvenile Justice Department (TJJD).</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite the auditor was escorted throughout the facility by the PC and Facility Administrator, and the auditor was provided access to all areas of the</li> </ul>

facility. The PC was knowledgeable of all areas of the facility, and while on-site, the PC provided the auditor with details of agency PREA related policies and practices. Additionally, the auditor observed PREA related signage throughout all living and recreational areas of the facility. The posters included documentation of the agency's zero tolerance policy on sexual abuse and sexual harassment, as well as information on how residents and other individuals can contact the TJJJ 24/7 Reporting Hotline and the Tarrant County Women's Center (rape crisis 24/7 hotline).

**Explanation of determination:**

**115.311 (a-c):**

**(a) & (b):** The agency's PREA Policy includes the language from this PREA provision, as verified by the auditor. This policy includes the agency's established zero tolerance stance on all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The Policy is extensive and includes language from all the PREA juvenile facility standards, agency specific procedures related to sexual safety and PREA facility practices, and PREA juvenile facility definitions. Lastly, the Policy also designates the agency's Quality Development Supervisor as the agency's PREA Coordinator (PC), with prescribing this position as having sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards.

Throughout the entirety of PREA audit process, it is important to note that the PC was the primary point of contact for the audit and completed all elements of the Pre-Audit Questionnaire (PAQ) in the Online Audit System (OAS).

**(c):** Not applicable due to the agency not designating a PREA Compliance Manager and, as verified by the auditor, not required to do so. The agency only operates one juvenile pre-adjudication detention facility, and the PREA Coordinator has the sufficient time and authority to conduct all the PREA required duties and responsibilities.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.312</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Twenty Residential Treatment Center Executed Contracts with TCJS</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Senior Supervisor of Specialized Programs and the agency's Placement Supervisor, and these supervisors sufficiently explained how the agency ensures all new and renewed placement contracts include the contracting entity's obligation to adopt and comply with the required PREA standards. Additionally, the supervisors described the agency's request for quote (RFQ) process, where the contracting entity must meet all the applicable PREA and state requirements and provide their most recent PREA report. For all new contracts, the Placement Unit for TCJS will conduct a sight visit and vet the pending contracting agency before executing any agreement. For all contracted placement facilities, personnel from TCJS's Placement Unit will visit all contracted facilities at least twice a year. Additionally, the placement supervisors advised that the Placement Unit provides the agency's PC PREA aggregate data for all contracted facilities and all applicable federal and state reports are assessed at least annually by the placement leadership team. If a Tarrant County youth is at a contracted placement facility and an allegation is made, it was explained that a member of the Placement Unit will meet with the juvenile as soon as possible, review any necessary video, and obtain any relevant documentation. The Placement Officer will assess the child's safety and determine if the youth should stay or be removed from the placement. TCJS also maintains a facility incidents spreadsheet, which includes all PREA and other serious incidents listed with updates to ensure all applicable steps are followed. This document is provided to the PC and the agency's administrative team to continually assess the level of juvenile safety in each of the contracted facilities.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.312 (a-b):</b></p> <p>Upon the auditor's review of the agency's PREA Policy, the auditor confirmed that the agency includes the requirements of this PREA standard on page 5. In addition, the auditor was provided twenty (20) executed contracts between Tarrant County Juvenile Services (TCJS) and residential treatment centers (RTC) that house juvenile offenders who are placed at the contracted RTC's by the Tarrant County Juvenile Court. Per the contract language agreed to, each contracted entity is legally</p>

obligated to adopt and comply with the applicable PREA standards, as well as submit to a Department of Justice PREA audit every three (3) years. The contract language also allows for TCJS to monitor any new contract or contract renewal to ensure the contractor is complying with the PREA standards, which includes, but is not limited to, announced and unannounced compliance monitoring visits. Lastly, the contract's PREA section requires the provider to agree to submit to the Chief Probation Officer of TCJS, no later than June 30th of each year, all incident-based and aggregate data reports from the previous year for every allegation of sexual abuse at its facility or facilities. The failure to comply with the PREA standards and related TCJS policies, per the contracts provided to the auditor, may result in termination of the contract.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**



<b>115.313</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.313</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 730 663" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Current Staffing Plan for 2022</li> <li>- PREA Unannounced Rounds</li> </ul> <p data-bbox="280 701 459 734"><b>Interviews:</b></p> <ul data-bbox="280 772 1477 1715" style="list-style-type: none"> <li>- The auditor interviewed the agency's Facility Administrator (FA), who sufficiently described how the agency complies with the requirements of this PREA standard in practice. The FA was knowledgeable of all aspects of the agency's Staffing Plan and described how this plan is reviewed continually by himself and the PC, as well as formally reviewed with supervisors and administrators at least once per year. The FA explained how the facility's video monitoring system is used to evaluate for compliance with the Staffing Plan on a daily basis and used for sexual abuse and sexual harassment investigations. The FA was aware of the 1:8 and 1:16 PREA staff to resident ratios and advised the agency has never deviated from any aspect of their Staffing Plan. The FA described the agency's stay over staff list, which requires selected staff to remain on duty after their shift ends to ensure proper supervision is maintained at all times. Lastly, the FA explained how he conducts and documents unannounced PREA rounds within the facility at least once per shift per month. He described how he decides to conduct the rounds at random and will listen to radio communication to ensure staff are not alerting other staff that the rounds are being conducted.</li> <li>- The auditor interviewed the agency's PC, and she explained how the agency's Staffing Plan was originally developed and continually reviewed on an annual basis pursuant to the requirements set forth in this PREA standard. The PC advised that the agency's Assistant FA, FA, and herself meet to review the agency's Staffing Plan at least annually to assess, determine, and document whether adjustments are needed to the Staffing Plan or any other agency PREA policy and practice.</li> </ul> <p data-bbox="280 1753 699 1787"><b>Site Review Observations:</b></p> <ul data-bbox="280 1825 1477 2074" style="list-style-type: none"> <li>- During the three days the auditor was onsite, it was evident that the agency was in full compliance with the PREA staff to resident ratios and the agency's Staffing Plan. While on-site the auditor observed and took note of the staff to resident ratios throughout the facility, and the auditor confirmed that the agency was in full compliance with the PREA staff to resident ratios during resident waking and sleeping hours. Each group of residents within the facility were being supervised by</li> </ul>

a staff to resident ratio that either met or exceeded the 1:8 waking hours ratio. Additionally, while onsite the PC provided the auditor with the facility's staff schedule for the week of the onsite, and upon the auditor reviewing this schedule, it was confirmed that the agency maintained at least a 1:16 staff to resident ratio during resident sleeping hours. The auditor also was provided video evidence of how the FA conducts his unannounced PREA rounds, which further demonstrated compliance with this element of the PREA standard.

**Explanation of determination:**

**115.313 (a-e):**

**(a) & (b):**

Upon review of the agency's 2022 Staffing Plan, the auditor determined that the plan outlines how the agency ensures continued adequate staffing levels to ensure the PREA required ratios and the utilization of video monitoring to protect residents against sexual abuse and sexual harassment. The plan takes into consideration the eleven elements of this PREA provision, as well as provides a comprehensive explanation of how the agency implements the Staffing Plan to promote sexual safety through established staffing and supervision protocols within the facility. Furthermore, the agency's Staffing Plan and PREA Policy include the requirement of provision (b), which is to comply with their Staffing Plan except during limited and discrete exigent circumstances. The PC reported on the PAQ that the facility's average daily resident population since January 2022 is 84 residents, with their Staffing Plan predicated during this time to a maximum of 120 residents. The PC also documented on the PAQ that the agency has not deviated from their Staffing Plan in the last 12 months and, therefore, no documentation for Staffing Plan deviations was available.

**(c):**

The agency's PREA Policy on page 5 includes the PREA required staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours. The Policy also states that the minimum staff to resident PREA ratios can only be deviated from during limited and discrete exigent circumstances, which will be fully documented. The PC indicated on the PAQ that no such deviations to the staff to resident ratios have occurred in the past 12 months. The agency's Staffing Plan also includes the required 1:8 and 1:16 ratios, as verified by the auditor.

**(d):**

The agency provided the most recent Staffing Plan, which includes a signature page that verifies that the Staffing Plan was reviewed on 10/07/2022 by the PC, Senior Caseworker Supervisor-Detention/Assistant Facility Administrator (AFA), and Deputy Assistant Director of Institutional Services/Facility Administrator (FA). The Staffing Plan includes a review to determine whether adjustments were needed to the plan pursuant to the requirements of this PREA provision.

**(e):**

The agency's PREA Policy on page 5 and the agency's Staffing Plan on page 16 both include the requirements of intermediate-level or higher-level supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The rounds are required to be conducted at least once per month on each of the three shifts- 7am to 3pm, 3pm to 11pm, and 11pm to 7am. The Policy also prohibits staff from being alerted to the rounds being conducted.

The auditor learned that the agency's FA, AFA, and Operational Managers are designated in Policy as the upper-level supervisory staff who are required to conduct the unannounced round and document each round on the agency's PREA Unannounced Rounds Log.

The PC provided the auditor with 36 completed PREA Unannounced Rounds samples for the dates from 9/20/21 to 8/31/22. Upon the auditor's analysis of each of the PREA Unannounced Rounds forms provided, it was evident that the agency has institutionalized a compliant practice of completing random unannounced supervisory PREA rounds on each of the three shifts every month. Each documented unannounced round includes the following information:

- Time started
- Time ended
- Day of the week
- Shift
- Detention population (males/females)
- Supervisor on duty
- Areas of the facility visited:
  - Housing units
  - Common areas
  - Classrooms
  - Detention intake
  - Visitation area
- Observations made, such as:
  - Staff provide appropriate supervision
  - Staff are at assigned location
  - Staff are properly positioned to maximize supervision and monitoring youth
  - Staff ratio is within standards
  - Living and programming conditions are safe and secure
- Comments
- Signature and title of administrator who conducted the PREA round

Furthermore, each of the PREA Unannounced Round forms provided were conducted at different times and on different dates each month.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the**

	<b>auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.315</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Training Documents for Resident Searches</li> <li>- Security Staff List</li> <li>- Memo from the PC</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed 13 randomly selected security staff, which represent a variety of shifts, roles, and length of service, and all 13 staff sufficiently explained that cross-gender searches of any kind are strictly prohibited by agency policy unless approved by administration due to an exigent circumstance. The staff interviewed also described what an exigent circumstance would entail, which included examples such as an emergency evacuation for a fire or other extreme weather or emergency related unforeseen event. Each staff member advised that they have never been involved or witnessed any type of cross-gender search of a resident in the facility, and such an incident would be extremely unlikely due to the facility never failing to have both male and female officers on shift at all times. The staff interviewed clearly articulated how searches of all residents, including transgender and intersex residents, are conducted in a professional and respectful manner, and any transgender/intersex resident who expresses an issue with a search, this situation would be staffed with management on a case-by-case basis to ensure the resident's issues are addressed and an effective solution is implemented. The staff also explained how all residents are able to shower, perform bodily functions, and change their clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. It was confirmed by all staff interviewed that same gender staff are assigned to work the resident housing units, and when its necessary for an opposite gender staff to enter a housing unit, the opposite gender staff member is required to call over the radio for clearance, receive the clearance from the staff working the housing unit, and an announcement of opposite gender staff entering the pod must be made before entering. The 13 staff interviewed advised that it is prohibited by agency policy to search or physically examine a resident for the sole purpose to determine the youth's biological sex. Furthermore, if the biological sex is unknown when a youth enters the facility, the staff advised that a supervisor would be contacted to ensure the determination is made through discussions with the resident, resident's parent/guardian, and the transporting officer, as well as a review of intake paperwork. Lastly, all the staff interviewed confirmed that they have been</li> </ul>

trained on how to conduct resident searches in a professional and respectful manner and a quadrant method of searching was described as being described in the training.

- The auditor interviewed 16 residents while onsite, which included 10 residents who were randomly selected from each housing unit and 6 targeted residents. All 16 residents interviewed advised that they have never been involved with or observed any type of opposite gender resident search of any kind while in the facility. Additionally, they all advised that opposite gender staff routinely call for clearance and an announcement is made by staff before an opposite gender staff enters their housing unit. All the residents indicated that they are able to shower, use the restroom, and change their clothing without being viewed by opposite gender staff, and one of the targeted transgender residents interviewed expressed no issues with how the searches were being conducted. Furthermore, the resident who identified as transgender provided the auditor with an example of how a certain staff member makes the entire pat-down search process as least intrusive as possible and is constantly respectful and professional when interacting with the youth. The transgender resident felt safe and did not express any fear of being victimized while in the facility.

**Site Review Observations:**

- During the onsite inspection of the facility, the auditor observed all areas of the facility where residents shower, change their clothing, and perform bodily functions. Each of these areas were off camera view and residents are able to perform all these activities without being viewed by opposite gender staff. The auditor took note that before entering a male or female housing unit, the FA (*who is a male*) and the PC (*who is female*) would call over the radio asking for clearance for an opposite gender staff before we entered the pod.

**Explanation of determination:**

**115.315 (a-f):**

The auditor confirmed that the language from this PREA standard is included in the agency's PREA Policy on pages 6 through 8. In addition, the PC indicated in the PAQ that the facility has not had any type of cross-gender search of a resident in the past 12 month and, therefore, no such documentation is available at this time. The agency takes the stance in policy that cross-gender strip and body cavity searches are prohibited unless for an exigent circumstance or when performed by a licensed nurse, physician or physician assistant. It is important to note that, per agency Policy, the agency takes into consideration who is responsible for a search of a transgender or intersex resident on a case-by-case basis. The agency's PREA Policy on page 7 outlines that if a resident identifies as transgender or intersex and expresses a preference for a cross-gender pat-search, this situation will be given consideration by the FA and would be conducted in a professional and respectful manner.

The training provided to the security staff in the facility on conducting cross-gender

pat-searches and pat-searches on residents who identify as transgender or intersex include the following topics and training material, which are presentations created by the PREA Resource Center (PRC) and the Moss Group, Inc.:

- Guidance in Cross-Gender and Transgender Pat Searches
- Guidance on Cross-Gender and Transgender Pat Searches Video
- Guidance on Cross-Gender and Transgender Pat Search Facilitator Guide, and
- Guidance on Cross-Gender and Transgender Pat Search PowerPoint Slides.

The PC advised that this training is presented annually to staff and provided an example of how the agency ensures the staff who attend PREA training understand the training received, which is by utilizing a TCJS Training Verification form. This form includes the training type, course title, instructor/provider, training dates, location of training, hours earned, course description, course applicability to role (*staff document at least one thing they learned that apply to their job*), and the employee and Training Coordinator signatures. Currently, the PC reported that approximately 60% of the security staff who work in the facility have been trained on how to conduct cross-gender pat searches for exigent type situations and on transgender/intersex pat searches, with the training also being added to the agency's JSO Basic curriculum so that all new staff will receive the training when initially hired.

The PC indicated in the PAQ that in the past 12 months, zero cross-gender strip or cross-gender visual body cavity searches of residents were conducted in the facility. Furthermore, the PC also reported that a cross-gender pat search has not been conducted in the facility in the past 12 months.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<p><b>115.316</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b><u>115.316</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Training Curriculum Provided to all Detention Staff</li> <li>- Spanish PREA Video</li> <li>- Contracts for Interpreting Services</li> <li>- Resident Orientation Handout</li> <li>- Detention Center Orientation for Residents</li> <li>- Special Education List</li> <li>- List of Resident Who Were Identified as LEP</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor interviewed the agency's Director, and the Director confirmed that the agency utilizes bilingual staff members to translate for residents and resident parents/guardians on an as needed basis. Additionally, the Director advised that the agency has a contract with a professional language interpreting service, which can be used at any time on a case-by-case basis to ensure all residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</li> <li>- The auditor also interviewed 13 randomly selected security staff members who work with residents in the facility, and each of the 13 staff advised that the agency has a language line professional service for ensuring all residents are provided the required PREA information and have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, the staff members described how bilingual staff are available to assist on an as needed basis. Each staff member confirmed that it is against agency policy to use one resident to interpret for another resident and professional interpreting services would be provided.</li> <li>- The auditor interviewed a bilingual staff member who assisted with interpreting for a LEP resident who was selected to be interviewed by the auditor. This staff member spoke and understood Spanish and English and confirmed that residents</li> </ul>
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are not used to interpret for other residents and professional interpreting services are used in all instances in which a staff member is not available.

- The auditor interviewed one LEP resident (*spoke only Spanish*) and one resident who the contracted school district identified as receiving special education services. Each resident sufficiently explained how they were provided and understood the PREA information and corresponding PREA education provided by the agency, and the residents were aware of how to report, with no PREA related comprehension issues identified by the auditor.

**Explanation of determination:**

**115.316 (a-c):**

The auditor confirmed that the agency's PREA Policy on pages 9 and 10 include the requirements of this PREA standard, which outline how the agency ensures all residents, including those with disabilities and resident who are limited English proficient (LEP) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The steps include ensuring effective communication with all residents through utilizes PREA handouts and professional interpreting services on an as needed basis. The contracts provided in the OAS include current contracts between TCJS and Language Line Interpreting Services and Hired Hands, and the contracted entities are able to provide both over the phone and on-site interpreting services for resident with disabilities and those who are LEP.

The agency also utilizes a Spanish PREA video for all resident who only speak and/or understand Spanish. The video is titled, "Safeguarding Your Sexual Safety," and was published by the Texas Juvenile Justice Department (TJJD). Furthermore, the agency utilizes staff who are highly qualified to provide effective and age appropriate PREA information and education during the intake process when youth are first admitted into the facility. The Intake Officers in the facility are required to possess a bachelor's degree from an accredited university and complete at least 80 hours of training in order to be certified by TJJD to work at the facility. In addition, all facility staff are required to complete PREA training on how to effectively work with residents with disabilities and those who are LEP, with this training curriculum provided to the auditor in the OAS.

The auditor was provided a list of residents who received special education services through the contracted Fort Worth ISD while in the facility and residents who were identified as LEP, and these lists were used to select the targeted residents during the onsite as well as to document on the Post Audit Questionnaire the required data for residents with disabilities and those who were identified as LEP. The documents further proved how the agency identifies residents who may require additional services to ensure they have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

**Conclusion:**

	<p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.317</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Acknowledgement and Ongoing Duty to Disclose PREA Employment Standard Violations</li> <li>- Contracts for Contractor Services for the Agency (4)</li> <li>- Texas Department of Public Safety (DPS) Criminal History Reports</li> <li>- Department of Family Protective Services (DFPS) Child Abuse History Reports</li> <li>- Institutional Reference Checks</li> <li>- Memo from PC Regarding Background Checks on Volunteers</li> <li>- DPS and DFPS Background Check Documents for Volunteers</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Human Resource (HR) Coordinator, and she sufficiently explained the agency's procedures related to the requirements of this PREA standard. The HR Coordinator was knowledgeable of the hiring, employee appraisal, employee promotion process, and the multiple background checks that are required to be conducted for all employees, volunteers, and contractors who may have contact with residents in the facility. She explained how all individuals who may have contact with residents are initially fingerprinted for the initial background investigation, subscribed to the FACT subscription service with the Department of Public Safety (TX), and processed through the TX Department of Family and Protective Services for a child abuse registry check. The criminal history background includes the Rap Back Program of Texas that runs a state (TX) and national (FBI) criminal history check for all individuals and notifies authorized entities when a person who has fingerprints on file with the FBI is arrested or has criminal activity associated with those fingerprints. Additionally, the HR Coordinator explained how all security staff member's backgrounds are validated before each officer's two-year re-certification process with TJJD. This validation process verifies each officer is clear of criminal history, and volunteers and contractors are also validated periodically to ensure no individuals who have contact with residents have any disqualifying criminal history. The HR Coordinator also explained how the agency includes the three required PREA questions on the agency's application and on a separate form that is completed by all new staff, volunteers, and contractors, as well as completed by all staff during each staff member's annual appraisal.</li> </ul>

Lastly, the hiring process includes assessing for any prior sexual harassment incidents or allegations, with the agency's Chief reviewing and making the final determination if any questionable past behavior related to sexual harassment is discovered.

**Explanation of determination:**

**115.317 (a-h):**

**(a):**

The agency's PREA Policy on page 4 includes the disqualifying criminal history pursuant to this PREA provision (1-4), as verified by the auditor during the pre-on-site phase of the audit. In addition, the PC provided the auditor with the agency's "Acknowledgement and Ongoing Duty to Disclose PREA Employment Standard Violations" form, which includes the following statement and requirement for all new employees, contractors, and volunteers to complete before having contact with residents in the facility:

"In compliance with the Federal Prison Rape Elimination Act (PREA) standards, employees must respond to the below questions and acknowledge their ongoing duty to report any conduct that would result in an affirmative answer to the below questions. This form must be completed during the hiring process and during the performance evaluation process."

NOTE: The questions included on this form are the PREA questions that correspond with the requirements pursuant to provisions (a) and (f) of this PREA standard. In addition, the following important notice is also included on the bottom of the form:

- "If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for employment or continued employment with TCJS. If you are hired or if you are a current TCJS employee, you have a continuing affirmative duty to immediately disclose to TCJS human resources any misconduct that would result in a "yes" answer to any of the above three questions. Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process."

**(b):**

The agency's PREA Policy also includes the requirement of this PREA provision, as verified by the auditor.

**(c):**

The agency's PREA Policy on page 4 requires the Training Quality and Development Unit to conduct the following background checks prior to hiring new employees:

- Perform a criminal background records check using the State of Texas Department of Public Safety fingerprint system (FAST system). The system will notify the Training, Quality and Development Unit of any arrest for criminal activity of current employees, contractors and volunteers/interns who may have contact with residents.
- Consult the child abuse registry maintained by the Texas Department of Family and Protective Services (DFPS) Centralized Background Check system.
- Consistent with Federal, State, and local law, the hiring authority or designee shall make the best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In addition, the agency's PREA Policy also states, "the DFPS Child Registry check will be conducted before hiring new employees and before enlisting the services of any contractors, interns and volunteers who may have direct contact with residents. The Child Registry check will be conducted every five years from the initial registry check or upon an employee promoting to a supervisory position (change in job responsibilities /duties)."

**(d):**

The agency's PREA Policy indicates on pages 4 and 5 that criminal background records checks (FAST) system using the DPS and FBI databases and child abuse registries will be conducted prior to enlisting the services of any contractor who may have contact with residents. In addition, the Policy also states, "the DFPS Child Registry check will be conducted before hiring new employees and before enlisting the services of any contractors, interns and volunteers who may have direct contact with residents. The Child Registry check will be conducted every five years from the initial registry check or upon an employee promoting to a supervisory position (change in job responsibilities /duties)."

**(e):**

As noted in subsection (c) above, the agency utilizes the FAST system with DPS, which is a criminal history subscription services that notifies the Training, Quality and Development Unit of any arrest for criminal activity of current employees, contractors and volunteers/interns who may have contact with residents.

**(f), (g), & (h):**

The agency's PREA Policy includes the PREA language from these three provisions on page 5, as verified by the auditor.

In addition, as noted in subsection (a), the PC provided the auditor with the agency's "Acknowledgement and Ongoing Duty to Disclose PREA Employment Standard Violations" form, which includes the following statement and requirement for all new

employees, contractors, and volunteers to complete before having contact with residents in the facility:

"In compliance with the Federal Prison Rape Elimination Act (PREA) standards, employees must respond to the below questions and acknowledge their ongoing duty to report any conduct that would result in an affirmative answer to the below questions. This form must be completed during the hiring process and during the performance evaluation process."

NOTE: The questions included on this form are the PREA questions that correspond with the requirements pursuant to provisions (a) and (f) of this PREA standard. In addition, the following important notice is also included on the bottom of the form:

"If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for employment or continued employment with TCJS. If you are hired or if you are a current TCJS employee, you have a continuing affirmative duty to immediately disclose to TCJS human resources any misconduct that would result in a "yes" answer to any of the above three questions. Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process."

**Onsite File Review:**

The auditor randomly selected nine (9) officer personnel files and two (2) volunteers to assess for compliance with this PREA standard in practice at the facility. Upon the auditors review of the nine staff files, 100% of these files included the required proof documentation that demonstrated full compliance with all elements of this PREA standard. Additionally, it is important to note that the auditor was provided documentation that demonstrated how the agency utilized their best efforts to conduct institutional reference checks for two applicable employees. However, as a recommendation of best practice, the auditor provided the PC with a form that may be used to improve the documentation aspect of ensuring all applicable staff with prior institutional work experience are properly vetted for past inappropriate behavior pursuant to the requirements of this PREA standard. The PC advised the auditor that this form will be modified and used going forth, and after the onsite, a copy of the agency's newly developed Institutional Reference Check form was provided to the auditor.

The PC advised the auditor during the onsite file review that there was an issue with the background checks for the two volunteers who provide religious services to residents in the facility (*\*the only volunteers who enter the facility at this time and have contact with residents*). The PC explained that the background proof documentation was mistakenly shredded for one of the volunteers and the other volunteer, who has been providing religious services for the agency for over 20 years, does not have an updated background and is not currently subscribed to the FACT Rap Back Program. The PC and HR Coordinator both advised the auditor during the onsite that this issue is being addressed immediately and both volunteers will be required to submit new fingerprints in order for the agency to run

each volunteer's criminal history check and subscribe them to the subscription service with DPS. Additionally, a child abuse registry check will be completed.

Before the final report was due to the agency, the PC provided the auditor with proof documentation that the required criminal history and child abuse registry checks were conducted for each of the two volunteers identified above. The documentation also proved that each of the two volunteers were successfully added to the state's Rap Back Subscription Services, and the agency was found by the auditor to be fully compliant with all elements of this PREA standard within the 45 days after the last day of the onsite.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.318</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Tarrant County Juvenile Center Project Security Electronics Review Comments</li> <li>- Tarrant County Juvenile Center Project Door Hardware Comments</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Director and asked him questions related to how the recent facility expansion was planned to include how to protect residents from sexual abuse. The Director explained how building plans and the construction process involved ensuring maximum safety of residents and staff and how the new housing units allowed for improved supervision practices due to the configuration of the individual rooms and large dayroom area. Additionally, the Director expressed how the video monitoring technology in both the old and new areas of the facility helped to eliminate and/or greatly reduce blind spots on camera and significantly enhanced the video review quality.</li> <li>- The auditor also interviewed the agency's FA, who explained how the element of PREA safety was included in the recent building expansion and additional video monitoring equipment. The upgrade of transitioning from the old 1970s wing (hallway) constructed housing units to multiple modern-day pod housing units, with 16 individual rooms, significantly increased how residents can be safely and effectively supervised at all times. Additionally, the addition of cameras to the newly constructed areas of the facility enhances not only the ability of the facility to protect residents from sexual abuse and sexual harassment through deterrence of inappropriate behavior and swift accountability, but it also allows facility leadership and supervisors to view in real time any area of the facility to respond immediately to any serious incident or situation. The FA also expressed how cameras are used to review situations that involved any type of alleged sexual abuse or sexual harassment, such as during PREA related investigations.</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor observed all areas of the facility to include the new and old housing units that are constructed as pods of 16 individual rooms for residents. The inside of each room is off camera view; however, the pod cameras have coverage of the front of each room (the door). It is important to note that the new constructed was completed in the summer of 2022, and the auditor was able to determine that each housing unit was constructed to eliminate blind spots and each pod allows for safe spacing of residents. The improvements made from the old hallway style housing units, which were in the process of being demolished when</li> </ul>



the auditor was onsite, to the newly constructed modern pod style housing units significantly increased the agency's ability to protect residents from sexual abuse and sexual harassment.

**Explanation of determination:**

**115.318 (a-b):**

The agency has made substantial expansions to its secure facility since their last PREA audit in 2019, with the newly constructed housing units and other new areas of the facility opened for resident use in the summer of 2022. The documentation provided of the designing and construction phases of the new areas of the facility included comment reports that included discussions about emergency intercoms, blind spots, camera placements and type of cameras to install, door accessibility and type, microphone placement and type, touchscreen door security system, door hardware, alarm system, and card readers. This documentation was uploaded in the OAS and provided the auditor with proof evidence that the agency considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. In addition, the installation of the additional surveillance cameras in the new construction enhanced the agency's ability to protect residents from sexual abuse.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.321</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS Institutional Response Team Protocol for Sexual Assault</li> <li>- Signed Memo between Chief Deputy with Tarrant County Sherriff's Department (TCSD) &amp; TCJS</li> <li>- International Association for Identification (evidence protocol) website</li> <li>- Memo Describing Administration Reporting Protocols</li> <li>- MOU between TCJS &amp; John Peter Smith Hospital</li> <li>- Three Sexual Abuse Internal Investigation Reports</li> <li>- MOU between TCJS &amp; Women's Center of Tarrant County (WCTC)</li> <li>- Texas State Board of Examiners of Psychologists Licenses</li> <li>- JPS Hospital Website (SANE Program)</li> <li>- WCTC Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the SANE Manager over Forensic Nursing Services with JPS Hospital in Fort Worth, TX, who has the following credentials: BSH, RN, SANE-A, &amp; CA-SANE. The SANE explained that her specialized nursing unit provides forensic exams for TCJDC residents who have made an outcry of sexual assault (<i>including sexual abuse</i>). Referrals for forensic examinations can be made by TCJS or law enforcement contacting the in-house Forensic Nursing Department directly M-F 8am-2am {number provided}. Weekends &amp; after 2am weeknights the ER Team Lead is contacted {number provided} to page the unit's on call forensic nurse &amp; advocates to report to the hospital. In addition, the hospital utilizes an on-call nurse who provides 24/7 availability, and the on-call team has a one (1) hour response time to the hospital (<i>including a nurse and a victim advocate</i>). She described the training required to be a SANE at JPS Hospital, which requires all nurses to be licensed to practice nursing in the state of Texas by the Texas Board of Nursing, minimum of 2 years of practicing nursing, and complete training for adolescent and adult sexual assault exams and certified by the Texas Office of the Attorney General as a CA-SANE or Board Certified by the International Association of Forensic Nurses SANE-A. The SANE indicated in her interview that the evidence protocol for</li> </ul>

conducting exams is 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. She further advised that the hospital's best practice model for conducting sexual assault examinations is based on the National Protocol, as well as ensuring continued up to date education on local and state jurisdictional policies, Texas evidence collection procedures, IAFN best practice and education guidelines and CDC guidelines for administering medication prophylaxis. The SANE clarified that all victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services when referred to the hospital, and upon arrival all patients are provided with a medical screening exam by an ER physician for any medical emergencies and for sexual assault exams if not in house already. She advised that it is standard hospital protocol to offer timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (*as well as tests for sexually transmitted infections as medically appropriate*). It was further explained that, as appropriate for the individual victim, all medications are given at the hospital and STI testing is provided during the visit, with the treatment plan based on the history of events and medical history of the patient. Lastly, the SANE described how patients at the hospital receive information regarding the risk of pregnancy, offered pregnancy testing and educated on emergency contraception as prevention of pregnancy with the understanding that this medication would not be indicated with a positive pregnancy test result. If the pregnancy test is positive, the medical staff would refer them for follow up with an OBGYN.

- The auditor also interviewed the Director with the Tarrant County Women's Center to assess for the level of cooperation with TCJS and the services provided to a resident victim of sexual abuse. The Director advised that if a resident at the Tarrant County Juvenile Detention Center (TCJDC) is a victim of sexual abuse, appropriate staff at TCJDC would notify The Women's Center (TWC) through TWC's 24-hour hotline that an advocate is needed either at the forensic exam site or at the TCJDC facility. If for some reason the TCJDC staff forget this step, the forensic exam site staff will notify TWC. A trained staff advocate would respond. TWC also now has master-level advocates stationed at John Peter Smith Hospital (JPSH) for many days of the week and partial evenings, so they could respond as well. The Director also explained the victim services that her organization provides, which includes: a 24-hour hotline for victims of sexual assault and advocates offer crisis intervention, emotional support, and information/referrals at forensic exam sites. If requested, follow up calls, case management services, and brief counseling sessions may be offered. It was clarified by the Director that all advocates are required to go through the Office of the Attorney General training for sexual assault programs (consisting of 40+ hours of classroom and on the job training), and advocates remain throughout the process unless the victim requests them not to do so. Additionally, TWC provides aftercare support services, crisis intervention, trauma care/therapy (as requested by the victim). TWC is not a long-term mental health care facility, so the

survivor may be referred to a local agency/facility for care beyond our level of expertise. Also, there could be a wait list delay for long-term therapy, depending on when the event occurred (if less than a year ago, therapy services may be offered on an emergency basis). Lastly, the Director indicated that unless a mandatory reporting obligation dictates otherwise, all conversations are confidential. TWC utilizes a secure database to maintain client data. Conversations with others in regard to the victim may only occur with a signed release by the legal custodian of a child or by the client if said client is 18 or older. All rape crisis advocates in the state of Texas are also protected by privilege, based in recent law changes.

- The auditor interviewed 13 random staff members while onsite, and each of the staff sufficiently explained the agency's investigative process, evidence protocols, and first responder duties. The staff were knowledgeable of the individuals and agencies responsible for conducting criminal and administrative investigations, the process of referring victims of sexual abuse to the local hospital for forensic examinations and other medical treatment and services, and the ability for the agency to provide victim advocates and mental health services.

**Explanation of determination:**

**115.321 (a-h):**

The auditor confirmed that all the applicable requirements of this PREA standard (a-h) are included in the agency's PREA Policy. Additionally, the documented evidence used to assess for compliance in the practice is explained below for each provision. The auditor also reviewed three sexual abuse administrative investigative reports for each of the three sexual abuse allegations reported from within the facility in the past 12 months. Upon the auditor's review of each report, it was evident that all the applicable requirements of this PREA standard were followed, with no issues to note.

**(a & b):**

The auditor was provided the auditor with the agency's Institutional Response Team Protocol for Sexual Assault, which outlines the agency's coordinated response to a situation involving sexual assault/sexual abuse within the facility. The protocols are compliant with all elements of this PREA standard and provide an effective and safe coordinated response to sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Institutional Response document also includes a checklist of actions that first responders, supervisors, and investigators review and initial to ensure all necessary protocols are complied with. The auditor confirmed that the agency's Institutional Response Plan was appropriate for youth; however, this plan is only pertaining to the administrative investigative protocols for evidence preservation and collection. The criminal investigative elements are the responsibility of the Tarrant County Sheriff's Department (TCSD), with the TCSD providing an official letter from the Tarrant County Office Criminal Investigations Division (TCOCID) that outlines the uniformed evidence protocols as explained below:

- As approved and signed by the Chief Deputy of the TCOCID and dated September 16, 2022, the letter reaffirms the TCOCID's responsibility to criminally investigate sexual assault offenses/allegations that originate from the TC Juvenile Detention Facility in accordance with PREA Standard 115.321 {Evidence protocol and forensic medical examinations (a-e)}. The letter also outlines the Criminal Investigation Division's procedures for conducting a criminal investigation at the juvenile facility, which includes the applicable PREA standard requirements of this standard.

Note: The PC noted in the PAQ that the TCSD follows the International Association for Identification protocol.

**(c):**

The auditor was provided an executed MOU between TCJS and John Peter Smith (JPS) Hospital, which outlines the responsibilities of each party for ensuring all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations are required, per the MOU, to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

The PC indicated in the PAQ that out of the three resident sexual abuse allegations made in the past 12 months from the facility, one involved the agency transporting the alleged victim to JPS Hospital for a forensic medical examination. The auditor confirmed through the documentation provided for this case that the alleged victim was provided the exam by a SANE at the hospital at no cost. It is important to note that the administrative investigation into this allegation concluded as unfounded, and the alleged victim was released from the facility to another state before the administrative investigation was completed.

The auditor also reviewed JPS Hospital's website, which includes a webpage that describes the SANE Program and what this program entails for victims of sexual abuse, as explained below:

- "John Peter Smith Hospital is pleased to be a part of the Tarrant County Sexual Assault Response Team and has provided care for adolescents and adult sexual assault victims of all races and populations since the early 1990's. The SANE Team provides this service for more than 50 police jurisdictions in seven North Texas counties including Tarrant, Wise, Parker Johnson, Hood, Erath and Somervell. The program is staffed by registered nurses who have advanced education and instruction in medical forensic examination and in psychological and emotional trauma. SANE nurses may also provide expert testimony in a court of law. Our staff realizes this is a frightening, traumatic time for victims. Our SANE nurses are dedicated to providing comprehensive, compassionate care in a safe and private environment. Our SANE philosophy of nursing encourages patients to be

involved in their plan of care, including:

- Emotional support
- Physical examination and wellness check
- Collection of medical-forensic evidence
- Assistance with reporting the crime to police, when requested (mandatory reporting for children under 17)
- Assistance with concerns about sexually transmitted infection and pregnancy and post assault medication administration
- Assistance with safety planning
- Development of a medical follow-up plan
- Our SANEs are also available to speak to groups and organizations about sexual assault. For more information email Connie Housley RN, BSN, CA-SANE at [chousley@jpshealth.org](mailto:chousley@jpshealth.org)."

**(d & e):**

The auditor was provided the MOU with JPS Hospital, as described above, and a MOU between the agency and The Women's Center of Tarrant County (WCTC). Upon the auditor's review of each active contract, it was clear that the MOU's include victim advocate services pursuant to the requirements of this provision.

Additionally, the agency also employs full-time highly qualified mental health professionals, including two psychologists, who all can provide victim advocacy services and mental health treatment to any resident who is a victim of sexual abuse from the facility. Furthermore, as noted in section 115.335 of this report, the MHPs from the agency are fully licensed by the state of Texas and are professionally qualified to provide victim advocacy services on an as needed basis throughout a resident's stay in the facility. Lastly, it is important to note that the JPS and WCTC MOU's, as well as the agency's PREA Policy, include the requirement that (as requested by the victim) the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The auditor also reviewed WCTC's website, which includes a webpage that describes the services provided to a victim of sexual abuse, as outlined below:

- Crisis Hotline: 24 hours a day, seven days a week, every day of the year, our team is here to help. It doesn't matter if an assault occurred that day or decades prior, our caring advocates will provide support to help survivors take the next step.
- Rape Exam Support: The Women's Center victim advocates are on call 24/7 to support survivors as they visit Tarrant County hospitals for forensic rape exams. More than just a helping hand, our advocates act as a liaison between the survivor, family members, law enforcement, and the hospital staff. Our job is to guide survivors through this difficult journey.

- In-Person Crisis Intervention & Advocacy: We provide in-person care and support to survivors and their loved ones with no appointment necessary. From 9 am to 5 pm, Monday – Friday, you can walk in and speak directly to our team.
- Case Management: Our on-site case managers connect survivors with resources for their immediate needs, such as transportation, housing, and assistance in applying for Crime Victims’ Compensation.
- Individual Counseling: Master’s level therapists provide counseling for survivors of all ages who are victims of rape, sexual abuse, and other violent crimes.
- Group Therapy & Classes: Support groups, therapy groups, and trauma classes are available at a variety of times & locations.
- Legal Services: Legal counsel and representation are provided to survivors of sexual harassment, sexual assault and abuse, domestic/dating violence, and stalking.
- Criminal Justice Accompaniment: Dealing with the criminal justice system can leave survivors feeling unheard, scared, and challenged. That’s why highly qualified staff members and volunteers work closely with the district attorney’s office to prepare children and adults for court proceedings, and accompany any victim through a variety of criminal justice processes, including interviews, law enforcement procedures and trials.

**(f):**

The criminal investigative elements are the responsibility of the Tarrant County Sheriff's Department (TCSD), with the TCSD providing an official letter from the Tarrant County Office Criminal Investigations Division (TCOCID) that outlines the uniformed evidence protocols as explained below:

As approved and signed by the Chief Deputy of the TCOCID and dated September 16, 2022, the letter reaffirms the TCOCID's responsibility to criminally investigate sexual assault offenses/allegations that originate from the TC Juvenile Detention Facility in accordance with PREA Standard 115.321 {Evidence protocol and forensic medical examinations (a-e)}. The letter also outlines the Criminal Investigation Division's procedures for conducting a criminal investigation at the juvenile facility, which includes the applicable PREA standard requirements of this standard.

Note: The letter described above demonstrates how the agency ensures the investigating agency (TCSD) follows the requirements of paragraphs (a) through (e) of this section.

**(g):**

N/A

**(h):**

As detailed in section 115.335 of this report, the qualified agency staff members

designated as possible victim advocates have been screened by the agency for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**



<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.322</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS Institutional Response Team Protocol for Sexual Assault</li> <li>- Signed Memo between Chief Deputy with Tarrant County Sherriff's Office (TCSO) &amp; TCJS</li> <li>- Memo Describing Administration Reporting Protocols</li> <li>- Sexual Abuse Internal Investigation Reports (3)</li> <li>- Email from TCSO Investigator</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Director, and the Director sufficiently explained the agency's policies on how sexual abuse and sexual harassment allegations/incidents are reported to TJJD, TCSO, and agency administrators. The Director indicated that the PC is designated as the agency's prime investigator for all PREA related matters, and the PC is the liaison between the agency and all other investigative agencies. It was also confirmed that the agency's PREA Policy on investigative requirements are posted on the agency's website.</li> <li>- The auditor also interviewed the PC, who is the agency's administrator who is assigned to all sexual abuse and sexual harassment internal administrative investigations. The PC confirmed her role as the PREA investigator for the department and explained the steps involved in conducting a full internal investigation, which included being the liaison with all other investigative agencies (TJJD and TCSO).</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.322 (a-e):</b></p> <p><b>(a-c):</b></p> <p>The auditor confirmed that the applicable requirements of this PREA standard (a-c) are included in the agency's PREA Policy. In addition, the auditor was provided the three sexual abuse investigative reports for the three sexual abuse allegations made within the facility in the past 12 months, and upon the auditor's analysis of each report, it was evident that the agency conducted a prompt and thorough administrative investigation for each allegation, as required by this PREA standard.</p>

In addition, in each case of alleged sexual abuse, the TCSO was contacted in order for the Sheriff's Office to conduct their own criminal investigation, as deemed appropriate by the Criminal Investigations Division. The auditor also confirmed that the agency's PREA Policy, as well as a YouTube PREA educational video that is specific to the agency's PREA policies and procedures, is posted on the agency's website. The publications sufficiently describe the responsibilities of both TCJS and TCSO pursuant to the requirements of this PREA standard, as verified by the auditor. The information can be viewed on the following TCJS website:

- <https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html>

Lastly, the auditor was also provided an email thread between the PC and a criminal investigator with the TCSO, and these emails document the criminal investigative disposition of the two sexual abuse criminal allegations made in the past 12 months at the facility. These communications further demonstrate how the PC remains informed of investigations conducted by local law enforcement with the jurisdiction to conduct criminal investigations at the facility.

**(d & e):** Not Applicable

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1037 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 376"><b><u>115.331</u></b></p> <p data-bbox="280 416 1316 452"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1484 990" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- PREA Training Curriculum (PowerPoint)</li> <li>- Current Facility Staff List</li> <li>- PREA Training Dates for 2020, 2021, and 2022</li> <li>- PREA Training Sign-In Sheets for 2021 and 2022 PREA Training</li> <li>- Samples of Completed PREA Training Verification Forms</li> <li>- Memo Regarding PREA Standard 115.331- Employee Training / PREA Refresher Info 2020</li> </ul> <p data-bbox="280 1025 459 1061"><b>Interviews:</b></p> <ul data-bbox="280 1097 1476 1639" style="list-style-type: none"> <li>- The auditor interviewed 13 randomly selected security staff, which included a selection of new and veteran staff from each shift. All the staff interviewed clearly articulated and sufficiently explained the PREA training they have received, which included the topics required to be provided by this PREA standard. The training was described as a PowerPoint presentation that was provided by the agency's PC, with the PC explaining each slide in detail to ensure all staff understand the different PREA topics presented. The staff were asked open ended questions by the auditor related to the material provided in the PREA training, and each staff explained in their own words the PREA information they remembered being provided in the trainings. All the staff advised that PREA education is provided frequently during scheduled block trainings (<i>at least annually</i>), and all the staff hired since PREA was first implemented at the facility in 2016 remembered completing PREA training when they were first hired during Officer Basic Training.</li> </ul> <p data-bbox="280 1675 758 1711"><b>Explanation of determination:</b></p> <p data-bbox="280 1747 507 1783"><b>115.331 (a-d):</b></p> <p data-bbox="280 1818 1484 2065">The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on pages 6 and 7. In addition, the PC uploaded several documents to demonstrate how the agency ensures full compliance with this PREA standard in practice. Each supplemental training document are listed and described below and provides the auditor with sufficient proof evidence that the agency complies with all elements of this PREA standard in policy and practice:</p>

- Memo signed by the Director, Deputy Director, Facility Administrator, and PREA Coordinator, which, due to the COVID pandemic, authorized the agency to provide facility staff with a PREA training hand-out that was sent through email to all staff. This was the preferred method of training in 2020 as a means of mitigating the spread of COVID-19 and ensuring all staff were provided the PREA information pursuant to the requirements associated with PREA Standard 115.331.
- PREA and related training schedule for Detention Staff (2020-2022).
- PREA Training sign-in sheets for PREA training provided in 2021 and 2022.
- Examples of completed Training Verification Forms, which ensure the staff who attended the PREA training understand the training they received. This form includes a section that staff are required to completed that allows for the participant to document at least one element of the training and how it can be beneficial to their current role. Lastly, this form also has an acknowledgement of understanding statement, which further ensures the staff member signing the form was provided and fully comprehends the PREA information presented.
- PREA PowerPoint Presentation, which includes all the eleven training elements of provision (a). The training is tailored to the unique needs, attributes, and gender of the residents in the facility and includes topics related to common developmental issues, negative side effects of incarceration, trauma, trust issues, neglect, dynamics of female and male risk factors, and gender non-conforming risk factors.

With the PREA training verification documents provided for staff who worked in the facility in years 2021 and 2022 (*sign-in sheets & training verifications*), the auditor was able to sufficient determine that the agency trains all employees annually on the PREA required training elements of this PREA standard. In addition, the auditor also conducted a training file review for eight (8) randomly selected full-time security staff and one (1) randomly selected part-time staff member, and upon the auditor's analysis of these PREA training documents, it was evident that 100% of the selected training files included the required initial PREA training verification forms and any required subsequent annual PREA training refresher verifications. The documents in each staff member's training file included PREA sign-in sheets and training verification forms that ensured each staff member received and understood the PREA material provided in each training. This further demonstrated to the auditor how the agency substantial exceeds the requirements of this PREA standard by providing a comprehensive, in-person PREA training to all their employees at least annually, and in some cases three to four times a year.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.**

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.332</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1209 801" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Memo from the PC- Volunteer &amp; Contractor Training Information</li> <li>- PREA Training Sign-In Sheets</li> <li>- PREA Training Verification Forms</li> <li>- List of all 14 Volunteers and Contractors</li> </ul> <p data-bbox="280 844 459 878"><b>Interviews:</b></p> <ul data-bbox="280 916 1445 1323" style="list-style-type: none"> <li>- The auditor interviewed one contractor, the Educational Director for the contracted independent school district (Fort Worth ISD), and one volunteer, the Chaplain for New Day Services. Each of these individuals have direct contact with residents in the facility and are provided PREA training by the PC. The ED and Chaplain explained in their individual interviews their responsibilities under the agency's PREA Policy, and each of them understood their obligations regarding reporting sexual abuse and sexual harassment to the proper authorities and department administrators, the agency's zero tolerance PREA Policy, how to keep residents safe, and their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</li> </ul> <p data-bbox="280 1361 759 1395"><b>Explanation of determination:</b></p> <p data-bbox="280 1433 504 1467"><b>115.332 (a-c):</b></p> <p data-bbox="280 1505 1481 1749">The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard, with this Policy outlining how the agency ensures all volunteers and contractors who may have contact with residents within the facility are trained on their responsibilities under the agency's PREA Policy to prevent, detect, and respond to sexual abuse and sexual harassment. This training is provided before any volunteer or contractor has contact with residents.</p> <p data-bbox="280 1787 1481 2031">In addition to the agency's procedures outlined in their PREA Policy, the PC uploaded several proof documents in the OAS that sufficiently demonstrate how the agency ensures all sixteen (16) of the volunteers and contractors who enter the facility have been trained and understand their responsibilities under the PREA standard and agency policy. The auditor was provided the following training documents to evaluate the level of compliance with this PREA standard in practice at the facility:</p>

- A memo from the PC explaining the safety limitations implemented in 2020 to mitigate the spread of COVID-19, which remains to be the current practice to date. Per this memo, in April of 2020, due to the outbreak of COVID-19, volunteers and contractors were no longer allowed in the Detention Facility. This practice has remained in effect with the exception of the Fort Worth ISD teachers and MHMR psychologist. The two chaplains with the New Day Services meet with detention residents in the court visiting rooms and have completed the PREA training. The memo also indicates the seven Fort Worth ISD teachers who enter the facility every school day to provide formal education to all the residents, and all have completed their annual PREA training in August 2022.
- PREA Training sign-in sheets for PREA training provided in 2021 and 2022.
- Examples of completed Training Verification Forms, which ensure the staff who attended the PREA training understand the training they received. This form includes a section that staff are required to complete that allows for the participant to document at least one element of the training and how it can be beneficial to their current role. Lastly, this form also has an acknowledgement of understanding statement, which further ensures the staff member signing the form was provided and fully comprehends the PREA information presented.
- PREA PowerPoint Presentation, which includes the required training elements of this PREA standard. The auditor confirmed that the presentation included, at a minimum, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The agency indicated on the PAQ that there are a total of 16 volunteers and contractors who enter the facility and/or have contact with residents within the facility, with seven being Fort Worth ISD teachers, two being contracted MHMR psychologist, and two being New Day Chaplains. The agency uploaded PREA training verification documents for each of the 16 volunteers and contractors, which sufficiently demonstrates to the auditor that 100% of the volunteers and contractors are fully trained and fully understand the PREA training received.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.333</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Detention Center Orientation Documents</li> <li>- Resident Orientation Handout</li> <li>- TCJS Facilitator's Guide for Residential Orientation Video, "Safeguarding Your Sexual Safety."</li> <li>- TCJS Comprehensive PREA Resident Education 115.333 (b) / Training Verification Forms</li> <li>- TCJS Comprehensive PREA Resident Education Training Sign-In Sheets</li> <li>- Pictures of PREA Signage Posted in the Facility</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed 13 randomly selected security staff members who work with residents in the facility, and each of the 13 staff advised that the agency has a language line professional service for ensuring all residents are provided the required PREA information in a language they understand. Additionally, the staff members described how bilingual staff are available to assist on an as needed basis within the facility. Each staff member interviewed were asked by the auditor how residents are provided PREA information while in the facility, and it was explained that all residents are provided a PREA orientation when they first arrive at the facility during the intake process (<i>within a few hours and before leaving the intake unit</i>) and a PREA video is shown to all residents every Saturday or Sunday, depending on which shift is assigned to play the video on specific weekends. The staff described how intake staff will review the PREA information verbally with each resident, as well as have residents read the information being provided and sign to ensure all the information is fully understood.</li> <li>- The auditor interviewed a bilingual staff member who assisted with interpreting for a LEP resident who was selected to be interviewed by the auditor. This staff member spoke and understood Spanish and English, confirmed that residents are not used to interpret for other residents, and verified that professional interpreting services are used in all instances to ensure confidentiality and resident safety.</li> <li>- The auditor interviewed one LEP resident (<i>spoke only Spanish</i>) and one resident who the contracted school district identified as receiving special education services</li> </ul>

through the contracting school district. Each resident sufficiently explained in their individual interviews how they were provided and understood the PREA information provided by the agency, with no issues identified by the auditor regarding the resident's level of understanding with reporting and understanding the basis of PREA.

- The auditor interviewed a total of 16 residents while onsite and asked each resident if they remember being provided PREA information when they first arrived at the facility and at any other time while detained. The residents all stated that they were provided a PREA orientation during the intake process when they first arrived, and most of the residents remembered staff going over the PREA information with them during the intake process within a few hours of being admitted into the facility. The residents also clarified that a PREA video was shown within a few days after being admitted into the facility, on the first weekend they were detained. The residents also indicated that they signed forms after the PREA information was provided and copies of the intake PREA orientation documents were allowed to be taken to the pods with them; however, some of the residents interviewed acknowledged they threw the documents away because they were no longer needed. Each resident was asked by the auditor what they knew and understood about PREA and their associated rights, and the residents demonstrated to the auditor a basic understanding of what PREA is, the agency's zero tolerance policy of sexual abuse and sexual harassment, and their PREA related rights. The residents also explained why it is important to know what to report, how to report, and provided examples of how to stay safe while in the facility. The residents described multiple methods available for reporting a PREA related situation/ allegation, which included calling one of the reporting hotlines (*TJJD or Women's Center*), telling a staff member or adult they trust (*with several examples of who they can report to provided*), writing the allegation on a grievance or another form or piece of paper, or telling their parents/guardians/attorney who can report on their behalf. The residents also stated that they are able to report anonymously by calling the hotline or writing a grievance without giving their name. Furthermore, all the residents interviewed understood the questions being asked by the auditor and provided sufficient responses, which adequately demonstrated to the auditor that the representative sample of residents interviewed were provided PREA information and comprehensive PREA education in a manner that each resident could understand.

**Site Review Observations:**

- During the onsite, the auditor observed several PREA related signs posted in each housing unit, in the hallways throughout the facility, in the multi-purpose areas, in the visitation and intake areas, and in the cafeteria. The PREA signage included several "End the Silence" posters that document the agency's zero tolerance policy and information on how to contact the TJJD Reporting Hotline, as well as Tarrant County Women's Center information posters that includes their 24-7 rape crisis hotline number and contact information. Additionally, the auditor observed the facility's intake area and how juveniles are processed through the intake process, which includes certified juvenile probation officers conducting most the intake



process from within offices that provide for a safe and private setting for the residents and intake staff. The intake offices are in the intake area, next to the main control room, and each office has large windows that allow for the control room staff and other staff members in the area to view in the office but not listen to the conversations being held within. The auditor also observed the two intake shower rooms, and these rooms did not have cameras inside; however, cameras are positioned in the hallway outside the shower intake rooms to monitor who enters and exits these rooms. While onsite, the auditor was unable to observe a resident being processed through the entire intake process due to one intake being showered in at the time the auditor asked to observe an intake, and another intake later on during the onsite was involved in a restraint situation due to displaying aggressive behavior toward staff. However, the auditor did examine the entire intake area and intake staff demonstrated to the auditor how the screening process is conducted, and how residents are provided PREA information before being transported from the intake area to the assigned housing unit. Furthermore, the auditor successfully completed two hotline reporting test calls while onsite, one to TJJD and one to the Tarrant County Women's Center. Each call were made from a resident housing unit, and the auditor made the calls using the same phones that residents are able to use. The numbers for each agency were posted in each housing unit, and the auditor was able to call directly out to each agency. The TJJD and Women's Center hotline operators answered the calls within a few rings, and each operator advised that they are able to accept reports of abuse or harassment from residents from within the juvenile detention facility. Additionally, the Women's Center is also able to provide emotional support services as needed and as requested by residents in the facility. Lastly, the auditor observed secure grievance boxes in each housing unit (*with blank grievance forms in envelopes on the boxes*), which provides residents access to submitting a grievance in a confidential and private manner.

**Explanation of determination:**

**115.333 (a-f):**

The auditor confirmed that the PREA language from this standard is included in the agency's PREA Policy, which outlines agency specific procedures on how all residents admitted are provided the agency's zero tolerance policy and standard required PREA information during the intake process. In addition, the agency's PREA Policy also explains the protocols for providing all residents a more comprehensive PREA Education within ten (10) days of being admitted into the facility, which is provided within seven (7) days via a PREA video and staff review of the information from the video.

The PC uploaded the following proof documentation, which sufficiently demonstrated to the auditor how the agency complies with this PREA standard in practice within the facility.

- Detention Center Orientation: includes three pages of expected resident

behavior; behavioral level system; basic resident rights; how to maintain a safe environment; how to minimize risk of becoming a victim of sexual assault, abuse, or harassment; how to report any PREA related incident or behavior; confidentiality; where such information is posted within the facility; staff prohibitions; programming schedule and expectations; and an acknowledgement of understanding statement. This form also includes a section for the resident and staff to sign, date, and document the time.

- Resident Orientation Handout: this document includes information on basic rights for all residents, how to maintain a safe environment, zero tolerance statement, PREA definitions, how to minimize risk of sexual victimization, how to report, and the negative consequences of making a false report.
- Facilitator's Guide for Residential Orientation Video: documents the materials needed for providing residents the PREA education and what to verbally discuss with each resident related to providing a comprehensive PREA education.
- Comprehensive PREA Resident Education 115.333 (b): this form is as a training verification form, which documents the resident who was provided the comprehensive PREA education, the course provided, a brief description of what was provided, dates in attendance, name of instructor/provider, location, acknowledgement of understanding statement, and the resident's and staff member's signature, with the date.

In order to assess for the agency's level of compliance with the requirements of this PREA standard in practice, the auditor was provided a large sample size of completed Comprehensive PREA Resident Education documents from calendar years 2021 and 2022. Out of the 1,042 residents admitted in past 12 months who were given this information at intake, the PC uploaded 279 examples of completed PREA educational training verification forms in the OAS. Each form includes the resident's name, the course title, a brief description of the PREA education provided, the dates in attendance, the instructor/provider's name, the location, an acknowledgement of understanding statement, and the resident's and detention staff member's name, with the date. Lastly, it is important to note that the PC documented in the PAQ that 1,042 juveniles were provided the PREA orientation material during the intake process in the past 12 months, and 791 of these residents were provided the comprehensive PREA education, as required by provision (b). The PC indicated that all residents who were in the facility for at least 10 days were provided the comprehensive PREA education, with the 251 who did not receive the 10-day education from the 1,042 youth admitted being those residents who were released from the facility within 10 days of being admitted.

In addition, the auditor also selected and reviewed a random number of resident detention files while onsite, to include a total of eight (8) residents who were admitted into the facility within the past 24 months. Each of the files included resident PREA orientation and comprehensive PREA education proof documentation, including PREA intake orientation and comprehensive PREA education documents with dates and resident and staff signatures. Upon the auditor's analysis of each of the PREA education proof documents reviewed, the initial PREA orientation and

comprehensive PREA education were presented to each resident within the time frames required per this PREA standard. As noted above, the proof documents reviewed include an acknowledgement of understanding statement to ensure each resident understood the material provided. Additionally, it is important to note that the agency has instituted a practice of conducting the initial PREA orientation within a few hours after a decision is made to detain a resident in the facility, and the comprehensive PREA education is provided to each admitted resident within 7 days after being admitted by showing the PREA video to the newly admitted residents every weekend.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.334</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1315 949" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TJJD Investigator's Conference Schedule of Events</li> <li>- TJJD Investigator's Conference Pre-Registration Conference Participants</li> <li>- TCJS Training Verification Form</li> <li>- TJJD Certification for Credit (Investigator's Conference)</li> <li>- Email Detailing the Investigator Training Location &amp; Agenda</li> <li>- TJJD Certification of Completion</li> </ul> <p data-bbox="280 987 459 1021"><b>Interviews:</b></p> <p data-bbox="280 1059 1481 1675">           - The auditor interviewed the PC, who is the agency's administrator who is assigned as the primary investigator for all sexual abuse and sexual harassment internal administrative investigations. The PC confirmed her role as the PREA investigator for the department and explained the steps involved in conducting a full internal investigation, which included being the liaison with all other investigative agencies (TJJD and TCSO). Additionally, the PC explained the training she received by TJJD related to conducting sexual abuse or sexual harassment allegations in a confinement setting, and she sufficiently described techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Additionally, the PC provided the auditor with the PREA investigative files for each of the three sexual abuse investigations she conducted in the past 12 months at the facility, and the PC provided the auditor with a summary the investigative steps involved with each investigation.         </p> <p data-bbox="280 1713 759 1747"><b>Explanation of determination:</b></p> <p data-bbox="280 1785 507 1818"><b>115.334 (a-d):</b></p> <p data-bbox="280 1856 1465 2058">           The auditor verified that the agency's PREA Policy includes the requirements of this PREA standard on page 18. In addition, the PC indicated in the PAQ that the PC is the administrator who the agency designates to conduct PREA related internal/ administrative investigations. The PC provided the auditor with several training verification documents, as listed above, and each document sufficiently         </p>

demonstrated to the auditor that the PC has attended and understands the specialized training required by this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.335</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Training Sign-In Sheets</li> <li>- Training Verification Forms</li> <li>- National Institution of Correction Certificates</li> <li>- TCJS PREA Training Outline</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- While onsite the auditor interviewed one of the agency's fulltime medical professionals, who is a fully licensed registered nurse who has worked for the agency for over 17 years. The RN advised she receives annual PREA training from the agency's PC and sufficiently explained her responsibilities for reporting a PREA related allegation and ensuring residents are provided medical care and treatment that is at or above the community level of care. She expressed that no resident has ever made an allegation to her about being a victim of sexual abuse or sexual harassment while in the facility; however, the RN did advise that if such an outcry were made, she would immediately report this to the on-duty supervisor, TJJD, and law enforcement, if necessary, while ensuring the resident's safety. She was also aware of the procedures for providing a resident victim of sexual abuse a forensic medical examination at John Peter Smith Hospital in Fort Worth, TX, as well as victim advocacy services that are provided by the Tarrant County Women's Center.</li> <li>- The auditor also interviewed the agency's Clinical Director of Psychological Services, who has worked fulltime for TCJS for over 18 years. This administrator is a licensed Psychologist, and during her interview, she sufficiently explained how her and her team of psychologists and counselors are provided PREA training annually by the agency's PC. The Psychologist provided an overview of what PREA is and explained the agency's PREA Policy on zero tolerance. She was aware of what to report and who to report to and described how the Tarrant County Women's Center would be contacted to provide victim advocacy services and support. The mental health crisis referral process was explained, which provides staff and residents a way to report directly to the psychological unit any mental health issues that a resident may be experiencing. Additionally, the Psychologist advised she has never experienced a situation in which a resident alleged sexual abuse within the facility; however, she did describe a situation involving an allegation of resident-on-resident sexual harassment that was alleged to have occurred in the facility. This allegation</li> </ul>

was immediately reported to the PC, and the PC conducted an internal investigation into the allegation. The Doctor advised that her psychological services unit provides general medical health needs to residents and acute crisis intervention, and if further mental health services or treatment is necessary, a resident would be referred to John Peter Smith Hospital or the Women's Center. Lastly, it was explained to the auditor how the Psychological Unit receives every resident's Behavioral Screening form, and for any resident whose Behavioral Screen indicates they are at risk of being a victim or perpetrator of sexual abuse, the processing intake officer will submit an agency's "Mental Health Crisis Referral" form (MHCR) directly to the Psychological Unit. A Psychologist will then document this referral in a log and provide a follow-up meeting within a few days. The follow-up meeting is then documented on a "Response from Mental Health Provider" form.

**Explanation of determination:**

**115.335 (a-d):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on page 7, which outlines the training required for specialized mental health and medical staff who work regularly in the facility. The PC indicated in the PAQ that there are a total of 7 full-time MHP and medical staff who work in the facility, with PREA specialized training provided to each professional on an annual basis. The PC uploaded the PREA training curriculum that is provided, which includes the following topics:

- PREA goals (prevent, detect, and respond)
- PREA's zero tolerance requirement (standard 115.311)
- TCJS's zero tolerance policy
- The purpose of PREA
- Specialized training required for medical and mental health care workers (115.335)
- How to fulfil their PREA related reporting requirements and associated responsibilities
- The requirements associated with obtaining information from residents (115.341)
- How to detect signs of sexual abuse
- How to respond to a victimized resident
- Disclosure requirements
- How residents can access outside support services and legal representation (115.353)
- Agency protection duties (115.362)
- Staff first responder duties (115.364)
- Resident access to emergency medical and mental health services (115.382)

The PC also provided the auditor with the agency's most up-to-date training verifications for each of the seven medical and mental health professionals. This PREA training was conducted in September of 2022, and the training proof

documentation includes a TCJS PREA Training for Medical and Mental Health Staff Sign-In Sheet and a completed TCJS Training Verification form for each professional. The training verification forms include not only an acknowledgement of understanding statement, but also a section that each attendee completed that explains how at least one element of the training pertains to their job responsibilities.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**



<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.341</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS Institutions Policy (Behavioral Screening: Intake/Admissions/Release)</li> <li>- Intake Behavioral Screening Form</li> <li>- Random List of Residents</li> <li>- Thirty-Two Completed Intake Behavioral Screening Forms</li> <li>- List of Completed Behavioral Screening Reassessments</li> <li>- Eighteen Total Completed Behavioral Screening Reassessments for Eight Residents</li> <li>- PREA Intake Training Curriculum for Detention Intake Officers</li> <li>- Training Memo Regarding Scheduled PREA Training</li> <li>- Training Verification Forms Completed for Eight Detention Intake Officers</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's Intake Supervisor while onsite, and this supervisor explained how her intake unit conducts the agency's Behavioral Screening form for all admitted youth within a few hours after the decision is made to detain. The screening was identified as containing the questions required by this PREA standard, and all screenings are conducted in an intake officer's office, which provides a confidential and private area to ask the sensitive questions. The Supervisor advised that all Behavioral Screening forms, once completed, are provided to the medical and psychological units. In addition, any screening that indicates the resident may be at risk of sexual victimization or perpetration will require the intake officer to complete a Mental Health Crisis Referral form (MHCR). This referral is submitted to the Psychological Services Unit, and it was explained that a psychologist will meet with the resident within a few days. The Supervisor also described how Psychological Services will conduct the required periodic reassessments on all applicable residents in the facility, as required by this standard. Furthermore, this supervisor provided the auditor with information on how all resident files are securely maintained- in a locked room behind the main control room. She stated that no unauthorized personal are allowed in this secure file room, with the control room responsible for unlocking the file room door to allow</li> </ul>

only authorized access. Lastly, the Supervisor described the process of calling an Operations Manager (*Detention Supervisor*) for all housing and room assignments for residents. The supervisor reviews the intake paper, which includes the Behavioral Screen, and uses this information to determine the safest housing and room assignment for each resident.

- The auditor interviewed a total of 16 residents while onsite, and all the youth confirmed with the auditor that the questions listed on the agency's Behavioral Screen were asked when they were first admitted into the facility. The residents explained how an intake officer asked the questions in the intake office, and the screening process included asking questions related to their own safety, how they identify, if they have experienced past victimization or abusiveness, etc.

Additionally, the residents confirmed they are able to meet with a counselor and nurse by submitting a request and at no time has this been denied.

- The PC explained how the agency's Behavioral Screening form is completed by a trained intake officer on all residents who are admitted into the facility, with the screening being conducted within a few hours after such a decision is made. Additionally, the PC confirmed how resident detention files are secured in the file room behind the main control room, and only staff who have been granted authorized access by administration have access.

**Site Review Observations:**

- During the onsite, the auditor observed the facility's intake area and how juveniles are processed through the intake process, which includes certified juvenile probation officers conducting the intake process from within offices that provide for a safe and private setting for the residents and intake staff. The intake offices are in the intake area, next to the main control room, and each office has large windows that allow for the control room staff and other staff members in the area to view in the office but not listen in to the conversations being held within. While onsite, the auditor was unable to observe a resident being processed through the entire intake process due to one intake being showered in at the time the auditor asked to observe an intake and another intake who was involved in a restraint situation due to displaying aggressive behavior toward staff. However, the auditor did examine the entire intake area and had discussions with staff about the intake process at this time. Intake staff demonstrated to the auditor how the screening process is conducted, and how residents are provided PREA information before being transported from the intake area to the assigned housing unit.

**Explanation of determination:**

**115.341 (a-e):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on page 8. In addition, the agency also outlines the procedures for conducting the required PREA screening tool in the agency's Behavioral Screening/Intake Admission Policy. The auditor was provided an example of the agency's Behavioral Screening form, and upon the auditor's review, it was

determined that this screening tool is an objective screening instrument and compliant with the eleven (1-11) elements of provision (c).

In order to evaluate how the agency ensures compliance with this PREA standard in practice, the auditor reviewed the following proof documents:

- thirty-two (32) completed intake Behavioral Screening forms;
- eighteen (18) total completed Behavioral Screening Reassessments for eight (8) residents; and
- Detention Intake PREA training curriculum and corresponding training verification forms.

Upon the auditor's analysis of each of the proof documents listed above, the auditor determined that the agency conducts initial Behavioral Screenings within 72 hours of each resident's arrival to the facility and a reassessment within 30 days. Furthermore, subsequent reassessments are conducted every 90 days for all applicable residents. In addition, the auditor reviewed each of the Behavioral Screening forms provided to evaluate for any PREA related identified risks, in which two residents were identified as experiencing prior sexual victimization and one resident documented as being charged as an alleged perpetrator of sexual abuse. Each of the three residents were referred to an Operations Manager and the mental health unit to determine the safest plan of action for housing and room location. The auditor also reviewed each of the eighteen (18) Behavioral Screening Reassessments provided, in which each were conducted by one of the agency's psychologist or another licensed mental health provider. The practice of a licensed MHP, a psychologist, conducting the periodic reassessments exceeds the minimum requirements of this PREA standard for the periodic element of provision (a), and this practice ensures that each resident's periodic risk reassessment is conducted by the most qualified professional available within the facility.

The PREA Behavioral Screening training curriculum provided to the auditor outlines the agency's topics presented to each Detention Intake Officer. This training includes a policy review, a Behavioral Screening review, the specific PREA requirements, applicable PREA definitions, how to set the stage when asking the questions on the Behavioral Screening, recommended questions to ask, and subjective questions for interviewer to take note of. The training ensures that the information the intake officer is able to extract is accurate and useful in identifying any potential risk factors or red flags that may require a heightened need of supervision, additional safety precautions, or separation from certain residents. Additionally, the training ensures that intake staff understand how to properly gather the information to complete the Behavioral Screening form, which includes having a conversation with the resident and reviewing all pertinent intake information (i.e., case management system, police reports, suicide assessments, communications with the parents/guardians and transporting police officer, and other relevant documentation).

Note: The agency's Behavioral Screening form requires the information on the form

to be reviewed and taken into consideration by the facility's on-duty Operations Manager (*Shift Supervisor*) in determining the initial housing assignment of the resident. In addition, all Behavioral Screening forms are copied and submitted to both the agency's Psychological and Medical Services units.

Furthermore, during the onsite the auditor reviewed eight (8) randomly selected resident detention files to assess the level of compliance with this standard in practice at the facility. Upon the auditor's analysis of the documents included in each file, it was determined that each file included the resident's completed Behavioral Screening form, and each screening was completed within a few hours after each resident being admitted into the facility. In addition, the applicable periodic reassessments that were conducted by one of the agency's fulltime licensed psychologists were also included in the resident files. These sample documents provide further evidence supporting the agency's complete compliance with this provision.

The auditor ultimately determined that the agency substantially exceeds the minimum requirements of this PREA standard through their proven efforts to ensure 100% of the residents who are admitted into the facility are properly screened pursuant to the requirements of this PREA standard, with the initial screening being conducted within a few hours of the resident's being admitted into the facility.

Additionally, the auditor determined the periodic reassessments are conducted in manner that substantially exceeds the minimum requirements of this standard. The periodic reassessments are conducted by a highly qualified MHP, with most being conducted by one of the agency's long tenured psychologist. This high quality of mental health services provided to all residents who are at risk of sexual victimization and perpetration substantially exceeds the minimum requirements of this PREA standard, and it should be added that these services, and high-quality medical services, are available to all residents within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.**

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.342</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS Protective Isolation Policy</li> <li>- Seclusion/Separation Report Form</li> <li>- Memo from PC Regarding Protective Isolations</li> <li>- Disciplinary Seclusion Logs and Random Sample</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's Intake Supervisor while onsite, and this supervisor explained how her intake unit conducts the agency's Behavioral Screening form for all admitted youth within a few hours after the decision is made to detain. The screening was identified as containing the questions required by this PREA standard, and all screenings are conducted in an intake officer's office, which provides for a secure and confidential setting for residents and intake staff. The Supervisor advised that all Behavioral Screening forms, once completed, are submitted to the medical and psychological units. In addition, any screening that indicates the resident may be at risk of sexual victimization or perpetration will require the intake officer to complete a Mental Health Crisis Referral form (MHCR). This referral is submitted to the Psychological Services Unit, and it was explained that a psychologist will meet with the resident within a few days. Lastly, the Supervisor described the process of calling an Operations Manager (Detention Supervisor) for all housing and room assignments for residents. The supervisor reviews the intake paper, which includes the Behavioral Screen, and uses this information to determine the safest and most practical housing and room assignment for each resident.</li> <li>- The auditor interviewed a total of sixteen (16) residents while onsite, and all the youth confirmed with the auditor that the questions listed on the agency's Behavioral Screen were asked when they were first admitted into the facility. Additionally, the residents confirmed they are able to meet with a counselor by submitting a request and at no time has this been denied. None of the residents interviewed identified any safety issues with their room or housing assignment, and none of the youth indicated knowing of any resident secluded due to a PREA related incident.</li> <li>- One of the sixteen (16) residents interviewed identified as transgender, and this</li> </ul>

resident was asked questions about the resident's safety and programming. The youth indicated that the youth felt safe and is able to shower alone, with no issues described to the auditor about the care and supervision being provided in the facility.

- The PC explained how the agency's Behavioral Screening form is completed by a trained intake officer on all residents who are admitted into the facility, with the screening being conducted within a few hours after such a decision is made.

Additionally, the PC confirmed that the agency does not use isolation to protect residents, and the PC described further how facility management is able to move residents to different housing units to optimize the safety of the residents while ensuring full participation in programming.

- The auditor interviewed one of the agency's fulltime registered nurses and the Director of Psychological Services, who both confirmed in their individual interviews how all residents, regardless of their behavior or status in their room, are provided direct access to mental and medical health services. Both professionals confirmed that they are able to meet and speak with any resident in the facility, regardless of the room status or behavior.

- The FA of the facility was also interviewed, and he confirmed that all housing assignments are determined by a detention supervisor. Furthermore, the FA advised the facility does not utilize isolation as a means of protection due to the ability to move residents to multiple housing, and transgender/intersex residents are provided the opportunity to shower alone.

**Site Review Observations:**

- During the onsite the auditor did not view any areas of the facility that were used to isolate residents other than those residents who were being isolated due to disciplinary reasons, with none of these youth serving a disciplinary seclusion for a PREA related situation.

**Explanation of determination:**

**115.342 (a-i):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on page 8, with specific procedures related to protective isolations included in the agency's Protective Isolation Policy. In addition, the agency also outlines the procedures for conducting the required PREA screening tool in the agency's Behavioral Screening/Intake Admission Policy. The auditor was provided an example of the agency's Behavioral Screening Form, and upon the auditor's review, it was determined that this screening tool is used to obtain the information required in PREA standard 115.341 and 115.342 and, subsequently, to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse and sexual harassment.

In order to evaluate how the agency ensures compliance with this PREA standard in practice, the auditor reviewed the following proof documents:

- thirty-two (32) completed intake Behavioral Screening Forms; and
- Detention Intake PREA training curriculum and corresponding training verification forms.

Upon the auditor's analysis of each of the proof documents provided, the auditor determined that the agency conducts initial Behavioral Screenings within 72 hours of each resident's arrival, and each Behavioral Screening form includes a section for documenting how the information obtained on the screening is used to make housing, bed, programming, and educational work assignments (the agency does not assign work assignments to any resident).

The PREA Behavioral Screening training curriculum provided to the auditor outlines the agency's topics presented to each Detention Intake Officer. This training includes a policy review, a Behavioral Screening review, the specific PREA requirements, applicable PREA definitions, how to set the stage when asking the questions on the Behavioral Screening, recommended questions to ask, subjective questions for interviewer to take note of, and how to use the information ascertained from the screening to determine the safest housing and bed assignment. The training ensures that the information the intake officer is able to extract is accurate and useful in identifying any red flags that may require a heightened need of supervision, additional safety precautions, or separation from certain residents. Additionally, the training ensures that intake staff understand how to properly gather the information to complete the Behavioral Screening form, which includes having a conversation with the resident and reviewing all pertinent intake information (i.e., case management system, police reports, suicide assessments, communications with the parents/guardians and transporting police officer, and other relevant documentation).

The PC indicated in the PAQ that there has not been a situation involving using protective isolation in the facility due to a PREA related incident or allegation; therefore, no such documentation was available to submit for the audit. Additionally, the PC was provided an official memo from the agency that confirmed that no reports of sexual harassment, imminent risk of sexual victimization, or actual sexual victimization have been made by any resident since the last PREA audit date of November 2019. Pursuant to PREA standard 115.342, the Tarrant County Juvenile Detention Center (TCJDC) has not placed any resident in isolation to protect them from sexual victimization. If a report was made by a resident, the memo states that procedures in the PREA Policy would be followed.

In addition, the auditor was provided the agency's Seclusion/Separation Report Form, which would be used to document a resident who is deemed at risk of sexual victimization.

Note: The agency's Behavioral Screening form requires the information on the form to be reviewed and taken into consideration by the facility's on-duty Operations

Manager (Shift Supervisor) in determining the initial housing assignment of the resident. In addition, all Behavioral Screening forms are copied and submitted to both the agency's Psychological Services and Medical Services units.

Lastly, the auditor was provided the agency's disciplinary seclusion logs for calendar year 2021 and 2022, in which the auditor reviewed for any PREA related behavior.

The auditor reviewed the incident description for each seclusion documented in the logs and selected fourteen (14) that may have involved PREA type behavior. The auditor was provided the 14 disciplinary reports selected for this targeted sample size and examined each report for any PREA related behavior that may have led to disciplinary action, including seclusion. Out of the 14, one involved inappropriate touching of the buttocks area by one resident to another resident, and this incident was labeled as a PREA incident in the log. Per the disciplinary report provided for this incident, the resident who was the perpetrator of the inappropriate touching was secluded; however, the seclusion was temporary and less than eight hours.

This resident was allowed normal programming after the seclusion ended on the same day it began. Furthermore, none of the reports reviewed indicated a victim of sexual abuse or imminent sexual abuse was ever isolated in a room due to a PREA related incident or allegation within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**



<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.351</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS Resident Grievance Process Policy</li> <li>- TCJS Resident Orientation Handout</li> <li>- TCJS Detention Center Orientation</li> <li>- PREA Signage in Facility</li> <li>- Staff Reporting Training Curriculum</li> <li>- Mandatory Reporting Protocols</li> <li>- PREA Administrative Investigative Files</li> <li>- Grievance Log and Random Samples</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed a total of 16 residents while onsite and asked each resident if they remember being provided PREA information when they first arrived at the facility and at any other time while detained. The residents all stated that they were provided a PREA orientation during the intake process when they first arrived, and most of the residents remembered staff going over the PREA information with them during the intake process within a few hours of being admitted into the facility. The residents also clarified that a PREA video was shown within a few days after being admitted into the facility, on the first weekend they were detained. The residents also indicated that they signed forms after the PREA information was provided and copies of the intake PREA orientation documents were allowed to be taken to the pods with them; however, some of the residents interviewed acknowledged they threw the documents away because they were no longer needed. Each resident was asked by the auditor what they knew and understood about PREA and their associated rights, and the residents demonstrated to the auditor a basic understanding of what PREA is, the agency's zero tolerance policy of sexual abuse and sexual harassment, and their PREA related rights. The residents also explained why it is important to know what to report, how to report, and provided examples of how to stay safe while in the facility. The residents described multiple methods available for reporting a PREA related situation/ allegation, which included calling one of the reporting hotlines (TJJD or Women's Center), telling a staff member or adult they trust (with several examples of who</li> </ul>

they can report to provided), writing the allegation on a grievance or another form or piece of paper, or telling their parents/guardians/attorney who can report on their behalf. The residents also stated that they are able to report anonymously by calling the hotline or writing a grievance without giving their name. In addition, the residents were aware of the secure grievance box located on each housing unit (*pod*), and the residents advised they can write and submit a grievance anonymously if so desired.

- The auditor interviewed a total of 13 security staff while onsite, and each staff sufficiently explained the multiple ways residents and staff can report sexual abuse or sexual harassment, which includes calling the TJJJ Hotline, filing a grievance, reporting directly to a supervisor or administrator, calling the Sheriff's Office or local Police Department, or residents can report directly to their parents or another trusted adult in the facility. The staff advised that a verbal report made by a resident would be documented on an agency incident report and a written statement may be required, as well.

**Site Review Observations:**

- During the onsite, the auditor observed several PREA related signage and secure grievance boxes in each housing unit and throughout the entire facility. The PREA signage posted throughout the facility include "End the Silence" posters that document the agency's zero tolerance policy and the TJJJ Reporting Hotline, as well as Tarrant County Women's Center information posters that includes their 24-7 rape crisis hotline number and contact information. Furthermore, the auditor successfully completed two hotline reporting test calls while onsite, one to TJJJ and one to the Tarrant County Women's Center. Each call was made from a resident housing unit, and the auditor made the calls using the same phones that residents are able to use. The numbers for each agency were posted in each housing unit, and the auditor was able to call directly out to each agency. The TJJJ and Women's Center hotline operators answered the calls within a few rings, and each operator advised that they are able to accept reports of abuse or harassment from residents from within the juvenile detention facility. Additionally, the Women's Center is also able to provide emotional support services as needed and as requested by residents in the facility.

**Explanation of determination:**

**115.351 (a-e):**

The auditor verified that all the requirements of this PREA standard are included in the agency's PREA Policy on pages 10 and 11. In addition, the PC provided the auditor with the agency's Resident Grievance Policy, which includes agency specific procedures for the resident grievance process. The policies reviewed include a detailed plan for ensuring residents are able to report sexual abuse and sexual harassment pursuant to the requirements of this PREA standard.

The auditor was also provided several supplemental proof documents, which demonstrate further how the agency complies with this PREA standard in practice at

the facility. The PC uploaded the following proof documents in the OAS:

- TCJS Resident Orientation Handout
- TCJS Detention Center Orientation
- PREA Signage in Facility
- Staff Reporting Training Curriculum
- Mandatory Reporting Protocols

The Resident Orientation Handout and Detention Center Orientation are provided to each resident upon entering the facility, and the documents outline multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Additionally, the orientation documents include information on how residents are able to contact the TJJJ Reporting Hotline call center, which is a public state entity that is not part of the agency and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials (*resident can remain anonymous upon request*). This was verified by the auditor through conducting a successful test call with the TJJJ hotline call center while on-site. The orientation material also outlines the agency's resident grievance process, which includes allowing all residents in the facility the right to participate in a formalized grievance process and prohibiting any staff member from denying the opportunity for a resident to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility. Furthermore, it is the agency's policy to ensure residents have full access to the grievance process, including forms and methods of submission. If the resident cannot read or otherwise understand the grievance process, a staff member or translator will be made available to read and explain the process to the resident.

The PC also provided the auditor with pictures of the PREA related reporting signage that is posted throughout the facility. The posters are in English and Spanish, and provide information on the agency's zero tolerance policy on sexual abuse and sexual harassment and how to report PREA related conduct.

To ensure all staff are aware of their responsibilities of accepting and immediately reporting all PREA related reports made verbally, in writing, anonymously, and from third parties; the PC uploaded documentation of reporting procedures that are trained to all staff during all PREA trainings. The training slides outline the agency and staff's requirements for reporting any PREA related allegations made by residents in the facility. Additionally, staff are trained on how they can privately report sexual abuse or sexual harassment of residents to local law enforcement, state child abuse reporting agency (DFPS), TJJJ, direct supervisors, FA, Assistant FA, or the PC.

The auditor also reviewed three sexual abuse administrative investigative files from the past 12 months, and two out of the three investigative reports indicated the alleged resident victims made the initial sexual abuse report to the TJJJ Hotline.

The investigative reports demonstrate that the TJJD Hotline was available and used by two residents who requested to call the state entity to report the alleged sexual abuse. TJJD was then able to contact TCJS administration to advise of the allegation and, subsequently, the administrative investigations was promptly initiated by the PC. This also led to TCJS contacting the Tarrant County Sheriff's Department (TCSD) to report the allegation to law enforcement officials who have criminal jurisdiction to conduct a criminal investigation at the facility.

Lastly, the auditor was provided the agency's 2021 and 2022 Grievance Log. This log was used by the auditor to randomly select eight (8) grievances to review for PREA related allegations or incidents. Out of the eight grievances reviewed, none involved any PREA related allegations or behavior.

Note: The PC indicated in the PAQ that the agency does not detain residents solely for civil immigration purposes.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 411 376"><b><u>115.352</u></b></p> <p data-bbox="280 416 1318 452"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 959 878" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Review of PREA Investigative Files (3)</li> <li>- Memo from the PC</li> <li>- TCJS Detention Orientation Center Orientation</li> <li>- Resident Orientation Handout</li> <li>- Grievance Log</li> </ul> <p data-bbox="280 913 459 949"><b>Interviews:</b></p> <p data-bbox="280 985 1469 1563">- During the onsite the auditor interviewed several administrative staff (Director, FA, PC, etc.), and all the administrators interviewed confirmed that all sexual abuse allegations, including such allegations reported through the agency's internal grievance process, are immediately reported to law enforcement and TJJJ in order for these outside agencies to conduct their own criminal investigations. The testimony provided by the administrators interviewed, as well as the proof documentation provided for the three sexual abuse investigations, verifies that the agency immediately reports all sexual abuse allegations in practice, including grievances alleging any type of sexual abuse, to law enforcement (TCSO) and TJJJ. Additionally, the auditor confirmed that TCSO and TJJJ both have the legal authority to conduct their own independent criminal investigation into any allegation of sexual abuse at the facility. In addition, the administrators confirmed in their interviews that such allegations are also immediately investigated administratively by the PC.</p> <p data-bbox="280 1599 759 1635"><b>Explanation of determination:</b></p> <p data-bbox="280 1671 507 1706"><b>115.352 (a-g):</b></p> <p data-bbox="280 1742 1477 2074">Upon the auditor's review of the agency's PREA Policy, the resident orientation documents, and sexual abuse investigative files; the auditor determined the agency is exempt from the requirements of this PREA standard due to the agency demonstrating that as a matter of written policy, grievances related to sexual abuse or allegations of sexual abuse (<i>i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse</i>) are immediately converted to investigations that are outside of the agency's administrative remedies process, and are not considered by the agency to be grievances. The auditor</p>

determined that it is agency policy and institutionalized practice to report all allegations related to any type of sexual abuse to the TCSO and TJJD immediately, as well as the agency promptly conducts an internal administrative investigation into any such allegation reported or conduct observed. This was also confirmed in conversations with the PC and other administrators from the facility.

Additionally, the PC indicated in the PAQ that the facility has not had a resident submit a grievance alleging sexual abuse in the past 12 months, and the auditor's review of grievances submitted by residents in the past 12 months and an analysis of the sexual abuse investigative files provided confirms this information.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the requirements of this PREA standard do not apply to the agency; therefore, the agency is found in full compliance and no corrective action is required.**

<p><b>115.353</b></p>	<p><b>Resident access to outside confidential support services and legal representation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b><u>115.353</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TJCS Telephone Access &amp; Access to Attorney Policy</li> <li>- Detention Center Orientation</li> <li>- TCJS Resident Support Services Flyer</li> <li>- Pictures of Posted Resident Support Services</li> <li>- TCJS MOU with Women's Center of Tarrant County</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's FA and PC, with both administrators confirming that the agency does not detain residents solely for civil immigration purposes, and all residents are provided access to mental health services and victim advocates for emotional support services. The Women's Center of Tarrant County is contracted to provide emotional support services from a trained advocate, and a Women's Center Rape Crisis 24-7 Hotline is accessible to all residents. The auditor also confirmed that his information is posted on each housing unit.</li> <li>- The auditor interviewed a total of sixteen (16) residents while onsite, and all the residents were aware of the Women's Center form that is posted next to the End the Silence posters on each housing unit. Some of the residents were unfamiliar with the type of victim services the Women's Center provides; however, all the residents were aware that the Women's Center sign was posted on their pod and believed this type of emotional support was available. Each resident explained the family and attorney visitation rules, which allows all residents to speak and meet with their parents at least once per week (<i>more frequently depending on behavioral level</i>) and their attorneys at any time. All the residents described how the detention supervisor asks all residents every morning if they want to speak with their attorney and will document who wants to speak to their attorney on a list. The list is then used for staff to call the resident's attorneys, and then it is up to each youth's attorney to answer or call them back. Lastly, the residents all advised that meetings with a counselor and their attorney are conducted in a private and confidential setting, much like how the auditor interviewed the residents in the assessment room in the facility.</li> </ul> <p><b>Site Review Observations:</b></p>
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- During the onsite, the auditor observed several PREA related signage and secure grievance boxes in each housing unit and throughout the entire facility. The PREA signage posted throughout the facility include "End the Silence" posters that document the agency's zero tolerance policy and the TJJD Reporting Hotline, as well as Tarrant County Women's Center information posters that includes their 24-7 rape crisis hotline number and contact information. Furthermore, the auditor successfully completed two hotline reporting test calls while onsite, one to TJJD and one to the Tarrant County Women's Center. Each call was made from a resident housing unit, and the auditor made the calls using the same phones that residents are able to use. The numbers for each agency were posted in each housing unit, and the auditor was able to call directly out to each agency. The TJJD and Women's Center hotline operators answered the calls within a few rings, and each operator advised that they are able to accept reports of abuse or harassment from residents from within the juvenile detention facility. Additionally, the Women's Center is also able to provide emotional support services as needed and as requested by residents in the facility.

**Explanation of determination:**

**115.353 (a-d):**

Upon review of the agency's PREA Policy, it was determined that the agency includes the requirements of this PREA standard on page 14. In addition, the agency also provided the auditor with the agency's Telephone Access and Access to Attorney Policy, which outlines how residents are provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The PC uploaded the following supplemental proof documents, which helped to further demonstrate to the auditor how the agency complies with this PREA standard in practice:

- Detention Center Orientation: provided to each resident upon their admission into the facility and describes how victim services are provided to a resident victim of sexual abuse.
- TCJS Resident Support Services Flyer: is posted throughout the facility and include information on The Women's Center (local rape crisis center) and how residents can contact this non-profit agency for victim services and/or emotional support services related to sexual abuse. The flyer details the agency's name, contact information, 24/7 Hotline number, regular business hours number, and address.
- Pictures of Posted Resident Support Services: The Women's Center flyer is posted in each housing unit.
- TCJS MOU with Women's Center of Tarrant County: outlines each party's responsibilities of ensuring residents have access to outside victim advocates for emotional support services related to sexual abuse pursuant to all the applicable requirements of this PREA standard.

Note: The auditor confirmed that the agency does not detain residents solely for



civil immigration purposes.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.354</b>	<b>Third-party reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 376"><b><u>115.354</u></b></p> <p data-bbox="280 416 1315 452"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1477 819" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Third-Party Reporting Postings</li> <li>- TCJS Website (<a href="https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html?linklocation=Iwantto&amp;linkname=Information%20about%20PREA">https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html?linklocation=Iwantto&amp;linkname=Information%20about%20PREA</a>)</li> <li>- Texas Administrative Code (TAC)</li> </ul> <p data-bbox="280 855 699 891"><b>Site Review Observations:</b></p> <ul data-bbox="280 927 1477 1585" style="list-style-type: none"> <li>- During the onsite, the auditor observed several PREA related signage and secure grievance boxes in each housing unit and throughout the entire facility. The PREA signage posted throughout the facility include "End the Silence" posters that document the agency's zero tolerance policy and the TJJD Reporting Hotline, as well as Tarrant County Women's Center information posters that includes their 24-7 rape crisis hotline number and contact information. Furthermore, the auditor successfully completed two hotline reporting test calls while onsite, one to TJJD and one to the Tarrant County Women's Center. Each call was made from a resident housing unit, and the auditor made the calls using the same phones that residents are able to use. The numbers for each agency were posted in each housing unit, and the auditor was able to call directly out to each agency. The TJJD and Women's Center hotline operators answered the calls within a few rings, and each operator advised that they are able to accept reports of abuse or harassment from residents from within the juvenile detention facility. Additionally, the Women's Center is also able to provide emotional support services as needed and as requested by residents in the facility.</li> </ul> <p data-bbox="280 1621 759 1657"><b>Explanation of determination:</b></p> <p data-bbox="280 1693 421 1729"><b>115.354:</b></p> <p data-bbox="280 1765 1477 2056">The auditor confirmed that the agency's PREA Policy includes the third-party requirements of this PREA standard. In addition, the auditor confirmed that the agency's website includes the procedures for how an individual from outside the facility can report resident sexual abuse and sexual harassment to the proper authorities and administrators within the agency to ensure all such allegations are immediately addressed and investigated. The auditor also was provided pictures of posters that are posted throughout the facility and in public areas outside the</p>

secure facility that outline the agency's zero tolerance policy and how an individual can report on behalf of a resident, which is through calling the TJJD Hotline or contacting the agency directly.

Note: The auditor reviewed information from the TJJD website regarding the TJJD Hotline, with the following information included on the TJJD website:

"The TJJD Abuse Hotline is (866) 477-8354. This hotline is answered 24/7 by personnel from the Office of the Inspector General (OIG). TJJD has ZERO TOLERANCE for criminal behavior."

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.361</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Sexual Abuse Investigative Reports (3)</li> <li>- PREA Staff Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed thirteen (13) randomly selected security staff, and all the staff interviewed confirmed that they are required by agency policy to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, all the staff interviewed advised they are mandatory reporters, as required by Texas Statute, and all juvenile information is strictly confidential and only shared with staff and investigators who have a professional responsibility to be advised of the situation.</li> <li>- The auditor interviewed the agency's Clinical Director and the Medical Services Supervisor while onsite, and each professional confirmed in their individual interviews that they are required to report resident allegations of sexual abuse and sexual harassment to one of the agency's operational managers and the agency's FA, as well as to TCSO and TJJD, as required by applicable mandatory reporting laws and agency policy. In addition, the interviewed practitioners explained that they are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality, which is conducted verbally.</li> <li>- The auditor interviewed the agency's FA, and the FA confirmed that he will ensure allegations of sexual abuse and sexual harassment are reported to the necessary agencies and internally up the chain of command. All sexual abuse allegations or incidents are immediately reported to TCSO and TJJD, and the FA explained further that the PC will be assigned as the administrator investigator for the agency's internal investigation. Additionally, he clarified that the alleged victim's parents or legal guardians, and a child protective service assigned caseworker if in their custody, will be notified within 24 hours of the report. The FA advised that the resident's assigned Juvenile Probation Officer would notify the alleged victim's attorney or other legal representative of record within 14 days of receiving the allegation. Lastly, the FA confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported up the chain</li> </ul>

of command so that the PC can be officially assigned to the internal investigation.

**Explanation of determination:**

**115.361 (a-f):**

The auditor confirmed that the requirements of this PREA standard are included in the agency's PREA Policy on page 13. Additionally, the auditor was provided PREA training materials that are provided annually to the facility's security staff and medical and mental health practitioners. This training includes the requirements of all staff and medical and mental health practitioners to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor was also provided the sexual abuse investigative reports that were conducted in the past 12 months (3), and the investigations that were conducted indicate that the reports made of alleged sexual abuse were immediately reported to the proper authorities (TJJD and TCSO) and TCJS administrative staff. In addition, the actions made after the initial report were according to agency policy. Furthermore, the investigative reports for each of the three investigations indicate that the alleged victim's parents were notified on the same day that the initial allegation was reported.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.362</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Director, FA, and thirteen (13) random security staff while onsite, and all individuals interviewed confirmed how it is agency policy and practice to take immediate action to protect any resident who is subject to a substantial risk of imminent sexual abuse. Each individual interviewed provided the auditor with examples of how protective measures would be taken to ensure the alleged victim of the threat is kept safe and protected from harm. Some examples that were provided included, but was not limited to: move the alleged threat to another location, talk with the alleged victim to determine the level of threat and to learn details of the situation, move the alleged victim as a last resort, place the alleged perpetrator on a seclusion, communicate the problem with other staff and supervisors to ensure all involved are aware, document the threat on the logbook and/or incident report, etc.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.362:</b></p> <p>The auditor confirmed that the agency's PREA Policy includes the protection duties of this PREA standard. In addition, the PC indicated in the PAQ that there has not been a situation involving a resident subjected to risk of substantial imminent sexual abuse in the past 12 months; however, if a determination was made, immediate action would be taken pursuant to the applicable policy requirements.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.363</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- TCJS PREA Standard 115.363 Document</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Director and FA, and both administrators advised that if a resident in their facility alleges being sexually abused at another facility, the situation is taken very seriously and handled as required by agency policy. The facility where the allegation alleged to have occurred is notified within 72 hours, and to ensure the allegation is properly investigated, TCJS will also notify the law enforcement agency who has jurisdiction and TJJJ. The report would be documented in emails, facility incident reports and on a TJJJ Incident Report that is submitted to TJJJ.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.363 (a-d):</b></p> <p>The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on page 16. In addition, the PC uploaded a document that describes three incidents involving residents who were involved in a sexual abuse investigation that allegedly occurred at another facility. The document is titled, "TCJS PREA Standard 115.363," and this form describes how each incident was reported and investigated by the proper authorities. In each case, TCJS notified the head of the facilities where the report was alleged to have occurred within 72 hours, and each case was investigated according to the applicable PREA standards. The disposition of each investigation is documented on the form, and the auditor determined that the documentation sufficiently demonstrates how TCJS complies with the requirements of this PREA standard in practice.</p> <p>Additionally, the auditor randomly selected eight (8) resident files to assess for compliance with the requirements of this PREA standard in practice at the facility, and out of the 8 files reviewed, zero included any documentation suggesting the resident made an allegation of sexual abuse that alleged to have occurred at another facility.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this</b></p>

	<b>standard. No corrective action is required.</b>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.364</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1023 663" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Sexual Abuse Administrative Investigative Files (3)</li> <li>- Protocol for First Responders</li> </ul> <p data-bbox="280 701 459 734"><b>Interviews:</b></p> <ul data-bbox="280 772 1474 1473" style="list-style-type: none"> <li>- The auditor interviewed thirteen (13) randomly selected security staff, who are all trained in first responder duties pursuant to the elements of this PREA standard. Each of the staff interviewed explained the protocols for responding to a sexual abuse incident or allegation, which includes separating the alleged victim and perpetrator, preserving and protecting any usable physical evidence, and to notify the alleged victim and perpetrator to not take any action that could damage or destroy physical evidence. All the 13 staff interviewed advised they have never been involved in a sexual abuse situation at the facility; however, each staff sufficiently explained the first responder protocols that are compliant with this PREA standard. Some specific examples of first responder duties were provided, such as: removing the alleged perpetrator and secluded this individual in a room until the investigation can be completed; roping off the scene where the alleged sexual abuse occurred to ensure all evidence is protected; allowing the TCSO to enter the facility to collect the evidence and conduct a criminal investigation; notifying the alleged victim and perpetrator to not brush their teeth, shower, change out, use the restroom, or eat and drink; and document the entirety of the situation on an agency's Incident Report.</li> </ul> <p data-bbox="280 1512 759 1545"><b>Explanation of determination:</b></p> <p data-bbox="280 1583 507 1617"><b>115.364 (a-b):</b></p> <p data-bbox="280 1655 1458 1984">The auditor confirmed that the agency's PREA Policy includes the first responder requirements of this PREA standard on pages 16 and 17. In addition, the auditor was provided a document that outlines the agency's protocols to follow for when a resident reports abuse or harassment to a public or private entity or office that is not part of the agency. The auditor determined that the agency is compliant with the requirements of this PREA standard in policy, and in order to evaluate compliance in practice the auditor examined PREA training documents and four (4) sexual abuse investigative files.</p> <p data-bbox="280 2022 1481 2056">The PREA training that is provided to all individuals who have contact with residents,</p>

both security and non-security staff members, includes first responder duties pursuant to the elements required by this PREA standard. In addition, the auditor confirmed that the staff who received this training understand their first responder duties through verifying that each staff member signed a training acknowledgement form.

The auditor's review of the three provided sexual abuse investigations from the past 12 months also confirmed that each situation involved staff taking action to protect the victim, as applicable to the situation, that included the first responder protocols set forth in this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.365</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- First Responder Protocols</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's FA and PC were interviewed by the auditor, and each administrator advised that the agency has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The FA and PC advised that the plan outlines how these individuals are required to work together in response to a sexual abuse incident or allegation, and all actions are taken pursuant to all the applicable PREA standard requirements.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.365:</b></p> <p>The auditor confirmed that the agency's PREA Policy includes a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, as required by this PREA standard. Additionally, as noted in subsection 115.364, the agency also has a document that outlines the agency's protocols to follow for when a resident reports abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>The auditor's review of three (3) of the submitted sexual abuse investigations from the last 12 months also confirmed that each situation involved following the agency's written institutional plan and the coordination of first responders, medical and mental health practitioners, investigators, and facility leadership (as applicable to each situation).</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.366</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's Director, the Chief Juvenile Probation Officer, while onsite, and the Director advised that the agency has never been involved in any type of collective bargaining agreement with staff.</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite, the auditor did not observe any posted language describing any type of union affiliation for the staff who work at the facility.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.366 (a-b):</b></p> <p>The PC indicated in the PAQ that TCJS has not entered into collective bargaining with any other agency or governmental entity. Therefore, the requirements of this PREA standard do not apply to TCJS.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.367</u></b></p> <p data-bbox="280 416 1318 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 898 658" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Three Sexual Abuse Investigative Reports</li> <li>- Memo from PC</li> </ul> <p data-bbox="280 701 459 734"><b>Interviews:</b></p> <ul data-bbox="280 772 1481 1585" style="list-style-type: none"> <li>- The auditor interviewed the agency's Director, and the Director confirmed that the agency has instituted protective measures in their agency's PREA Policy for protecting residents and staff from retaliation. The Director explained how staff who are alleged to be a perpetrator of sexual abuse are immediately placed on administrative paid leave during the investigation to ensure the safety of all involved. In addition, alleged resident victims can be moved housing units to ensure optimal safety, and the FA will be assigned as the administrator in charge of retaliation monitoring for at least 90 days. All such actions are taken to prevent retaliation and to keep residents and staff safe.</li> <li>- The auditor also interviewed the agency's FA, who has been designated as the administrator in charge of monitoring retaliation. The FA advised that the retaliation monitoring begins when the allegation is first received and will last at least 90 days. The FA clarified that retaliation monitor may continue as long as the alleged victim is in the facility, if needed. The retaliation monitoring process was explained to included periodic (<i>daily or weekly</i>) face-to-face check-ins with the alleged victim and other individuals involved, a review of behavior reports and other applicable resident documentation, housing and room movement, and staff disciplinary reports. Lastly, the FA advised that the agency has a form that is used to document the retaliation monitoring.</li> </ul> <p data-bbox="280 1628 759 1662"><b>Explanation of determination:</b></p> <p data-bbox="280 1700 501 1733"><b>115.367 (a-f):</b></p> <p data-bbox="280 1771 1465 2011">The auditor confirmed that the agency includes the requirements of this PREA standard in their PREA Policy on pages 14 and 15. In addition, the auditor analyzed three (3) sexual abuse administrative reports from the three sexual abuse allegations that were investigated in the past 12 months. Two (2) of the investigations were determined by the administrative investigator as unfounded, with the third documented as unsubstantiated.</p> <p data-bbox="280 2049 1445 2083">The one sexual abuse investigation determined to be unsubstantiated involved an</p>

allegation of resident-on-resident sexual abuse that allegedly occurred during the victim's previous stay in detention (*3 months prior*). The report was made by the resident during the intake process and the administrative and criminal investigation began within 24 hours. The PC provided the auditor with the administrative investigative report and a memo from the PC describing the timeline of events that took place after the allegation was first reported to the intake officer. The memo designated the Deputy Assistant Director of Institutional Services (FA) as the designee in charge of monitoring the situation for retaliation pursuant to the requirements of this PREA standard, as well as clarifies that the alleged victim was released from the facility within 72 hours of the initial report being made. The retaliation monitoring was stopped upon the alleged victim's release.

Additionally, the auditor randomly selected nine (9) staff files to assess for compliance with the requirements of this PREA standard in practice at the facility, and out of the 9 files reviewed, zero (0) included any documentation suggesting any of the 9 staff made an allegation of sexual abuse, which would require retaliation monitoring.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 376"><b><u>115.368</u></b></p> <p data-bbox="280 416 1318 452"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 994 878" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Memo from the PC</li> <li>- TCJS Protective Isolation Policy</li> <li>- Seclusion/Separation Report Form</li> <li>- Memo from PC Regarding Protective Isolations</li> <li>- Disciplinary Seclusion Logs and Random Sample</li> </ul> <p data-bbox="280 913 459 949"><b>Interviews:</b></p> <ul data-bbox="280 985 1473 1496" style="list-style-type: none"> <li>- The PC was interviewed by the auditor onsite and confirmed that the agency does not use isolation to protect residents. The PC described how facility management is able to move residents to different housing units to optimize the safety of the residents while ensuring full participation in programming.</li> <li>- The auditor interviewed one of the agency's fulltime registered nurses and the Director of Psychological Services, who both confirmed in their individual interviews how all residents, regardless of their behavior or status in their room, are provided direct access to mental and medical health services.</li> <li>- The FA of the facility was also interviewed, and he confirmed that the facility does not utilize isolation as a means of protection due to the ability to move residents to multiple housing.</li> </ul> <p data-bbox="280 1532 699 1568"><b>Site Review Observations:</b></p> <ul data-bbox="280 1603 1465 1765" style="list-style-type: none"> <li>- During the onsite the auditor did not view any areas of the facility that were used to isolate residents other than those residents who were being isolated due to disciplinary reasons, with none of these youth serving a disciplinary seclusion for a PREA related situation.</li> </ul> <p data-bbox="280 1800 759 1836"><b>Explanation of determination:</b></p> <p data-bbox="280 1872 421 1908"><b>115.368:</b></p> <p data-bbox="280 1944 1473 2069">The auditor reviewed the agency's PREA Policy and concluded that the agency includes the requirements of this PREA standard on pages 8, 9, and 15. In addition, the PC provided the auditor with a memo that confirmed the information included in</p>

the PAQ, which explains the following:

"Pursuant to 115.368, the Tarrant County Juvenile Detention Center has not placed a resident in isolation due to alleging to have suffered sexual abuse, sexual harassment or being at risk of sexual victimization."

Additionally, the PC indicated in the PAQ that there has not been a situation involving using protective isolation in the facility due to a PREA related incident or allegation; therefore, no such documentation was available to submit for this standard. Additionally, the PC was provided an official memo from the agency that confirmed that no reports of sexual harassment, imminent risk of sexual victimization, or actual sexual victimization have been made by any resident since the last PREA audit date of November 2019. Pursuant to PREA standard 115.342, the Tarrant County Juvenile Detention Center (TCJDC) has not placed any resident in isolation to protect them from sexual victimization. If a report was made by a resident, the memo states that procedures in the PREA Policy would be followed.

In addition, the auditor was provided the agency's Seclusion/Separation Report Form, which would be used to document a resident who is deemed at risk of sexual victimization.

Lastly, the auditor was provided the agency's disciplinary seclusion logs for calendar year 2021 and 2022, in which the auditor reviewed for any PREA related behavior.

The auditor reviewed the incident description for each seclusion documented in the logs and selected fourteen (14) that may have involved PREA type behavior. The auditor was provided the 14 disciplinary reports selected for this targeted sample size and examined each report for any PREA related behavior that may have led to disciplinary action, including seclusion. Out of the 14, one involved inappropriate touching by one resident to another resident, and this incident was labeled as a possible PREA incident in the log. Per the disciplinary report provided for this incident, the resident who was the perpetrator of the inappropriate touching was secluded; however, the seclusion was temporary and less than eight hours. This resident was allowed normal programming after the seclusion ended on the same day it began. Furthermore, none of the reports reviewed indicated a victim of sexual abuse or imminent sexual abuse was ever isolated in a room due to a PREA related incident or allegation within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**



<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.371</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Memo From the PC Regarding Investigative Outcomes</li> <li>- Memo From the PC Regarding Reporting Protocols</li> <li>- Letter from the Tarrant County Sheriff's Office Criminal Investigations Division</li> <li>- Three Sexual Abuse Investigative Reports</li> <li>- Specialized Training in Sexual Abuse Investigations (Training Verifications and Certificates)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who is the administrator designated as the agency's PREA administrative investigator. The PC outlined how she conducts administrative investigations into allegations of sexual abuse and sexual harassment at the facility, which includes conducting a prompt, thorough, and objective investigation for all allegations related to PREA, including third-party and anonymous reports. The PC explained the specialized investigator training she received by the TJJJ, as described in section 115.334 of this report. She advised that usable physical evidence would be collected by the TCSO criminal investigators, with the responsibility of TCJS being to preserve and protect the evidence and the crime scene. The PC explained how all individuals involved in a sexual abuse or sexual harassment allegation would be interviewed and required to write a statement. In addition, video monitoring evidence would be reviewed and saved for both an administrative investigation and, if applicable, any criminal investigation at the facility. The PC advised that the internal investigation would continue to the end, regardless if the source of the allegation recants or is released from the facility. The decision to refer the case to a criminal prosecutor would be the discretion of the TCSO criminal investigating unit, and the PC advised truth telling devices are not used for the administrative investigation. It was further explained that the administrative investigation also assesses if staff actions or failures to act contributed to the abuse, and the entirety of the investigation is documented on an Internal Investigative Reporting Form. Lastly, the PC confirmed that she is the agency's liaison between the TCSO and TCJS for criminal investigations, and she has a criminal investigator contact with TCSO who is normally assigned to conduct any type of criminal investigation at the facility.</li> </ul>

**Site Review Observations:**

- During the onsite, the auditor observed all areas of the facility, and at no time did the auditor observe any resident files or sensitive information being in jeopardy of breaching the agency's confidentiality requirements. The resident file room is secure and behind the facility's main control room, and the electronic data is only accessible to authorized staff who are required to type in a secure password.

**Explanation of determination:****115.371 (a-m):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on pages 19 and 20. Additionally, the PC provided the auditor with three (3) sexual abuse investigative reports for the three sexual abuse allegations made by residents in the past 12 months, and each report demonstrates how the agency complies with the administrative and applicable criminal investigative requirements of this PREA standard in practice. It is important to note that two (2) of the administrative investigations resulted in outcomes of unfounded, with the third being determined as unsubstantiated. The investigative reports describe the timeline of events in chronological order, the evidence gathered, the interviews conducted, the referral to law enforcement for the initial report, a detailed account of the investigative steps performed, and the summary of findings. Upon the auditor's review of all the sexual abuse investigative documents provided, the auditor determined there is no evidence to suggest that the agency did not comply with any of the applicable investigative elements of this PREA standard. Furthermore, the PC also provided the auditor with two memo's that confirm the following information:

- The Tarrant County Juvenile Detention Center has not substantiated any allegations of conduct that appear to be criminal that were referred for prosecution since the last audit date of November 2019.
- Explanation of collaboration with criminal investigators from the Tarrant County Sheriff's Department:
  - Upon receiving an abuse, neglect, or exploitation allegation, per policy Tarrant County Juvenile Services makes a police report to the Tarrant County Sheriff's Department regarding all allegations. A detective from the Tarrant County Sheriff's Office is assigned to the juvenile department to conduct the criminal investigation.
  - TCJS maintain contact through phone, email and face to face visits on an as needed basis based on the needs and requirements of the investigation. Both parties, TCJS and the Tarrant County Sheriff's Office, are prompt in communication and willing to assist one another during the investigative process.

The auditor confirmed that the administrative investigator, who was the PC for each of the three sexual abuse administrative investigations in the past 12 months, received the special training in sexual abuse investigations involving juvenile

victims pursuant to PREA Standard §115.334, as is elaborated on in subsection 115.334 of this report.

Lastly, the PC provided the auditor with an official letter from the Tarrant County (TC) Sheriff's Office Criminal Investigations Division, which is signed by the Chief Deputy of this TC criminal division and dated September 16, 2022. The letter reaffirms the TC Criminal Investigative Division's responsibility to criminally investigate sexual assault offenses/allegations that originate from the TC Juvenile Detention Facility in accordance with PREA Standard 115.321 {Evidence protocol and forensic medical examinations (a-e)}. The letter also outlines the Criminal Investigation Division's procedures for conducting a criminal investigation at the juvenile facility, which includes the applicable PREA standard requirements of this standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.372</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Three Sexual Abuse Investigative Reports</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who is the designated PREA internal investigator, and she confirmed how it is a requirement to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.372:</b></p> <p>The auditor reviewed the agency's PREA Policy and confirmed the requirement of this PREA standard is included on page 19. In addition, upon the auditor's analysis of the three (3) sexual abuse administrative investigative reports uploaded in the OAS, it should be noted that none of the sexual abuse allegations were substantiated.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.373</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.373</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1445 846" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Three Sexual Abuse Investigative Reports</li> <li>- Summary of Allegations of Sexual Abuse/Sexual Contact from September 2021 - August 2022</li> <li>- Document Template of Notification of Compliant Form</li> <li>- Two Mailed Letters of Notifications</li> </ul> <p data-bbox="280 889 459 922"><b>Interviews:</b></p> <ul data-bbox="280 960 1469 1117" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC and FA, and each of the administrators confirmed in their individual interviews that the PREA requirements associated with informing a resident of the outcome of an investigation are adhered to and included in the agency's PREA Policy.</li> </ul> <p data-bbox="280 1155 756 1189"><b>Explanation of determination:</b></p> <p data-bbox="280 1227 501 1261"><b>115.373 (a-f):</b></p> <p data-bbox="280 1299 1477 1917">The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included on pages 19 and 20. Additionally, the PC uploaded several proof documents that sufficiently demonstrate how the agency complies with the applicable requirements of this standard in practice. The auditor was provided the three (3) sexual abuse investigative reports for the three sexual abuse allegations made by residents in the facility in the past 12 months. Upon the auditor's review, it was evident that the agency complied with all applicable notification requirements of this standard, and provided the auditor with copies of two notification letters that were each mailed to the alleged victim's parent. The letters were used to notify each parent and each alleged victim of the outcome of the investigations, and it should be noted that each of the two alleged victims were released from the facility prior to the conclusion of the investigations. The third investigative report indicates that the alleged victim was released and transported to another state prior to the conclusion of the investigation and, therefore, no letter of notification was able to be sent.</p> <p data-bbox="280 1955 1477 2074">Lastly, it is important to clarify that the PC reported to the auditor that there has <u>not</u> been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.</p>

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.376</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Memo from the PC</li> <li>- Three Sexual Abuse Investigative Reports</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.376 (a-d):</b></p> <p>The auditor confirmed that each element of this PREA standard is included in the agency's PREA Policy on page 21. In addition, the PC indicated in the PAQ that there has not been a situation involving a staff member who violated agency sexual abuse or sexual harassment policies. The PC also provided the auditor with a memo that confirms that pursuant to 115.376, the TCJDC has not terminated or sanctioned a staff member for violations of agency sexual abuse or sexual harassment policies. However, if such disciplinary action takes place, the violation will be reported to law enforcement.</p> <p>In order to assess the level of agency compliance with this PREA standard in practice at the facility, the auditor reviewed the sexual abuse investigative reports for the three (3) sexual abuse allegations made in the facility in the past 12 months. Two of the investigations were as a result of two resident-on-resident allegations of sexual abuse, with the third being reported by a resident as a staff-on-resident allegation of sexual assault that allegedly occurred at the facility. This staff-on-resident allegation was fully investigated by the agency, as well as reported to the TCSO and TJJD. The investigative report indicates that the alleged staff perpetrator was placed on administrative leave during the administrative investigation and returned to normal duties upon the investigator's finding of unfounded.</p> <p>Additionally, the auditor also reviewed nine (9) randomly selected employee files while onsite, and out of the 9 reviewed, zero included any documentation suggesting that any of the staff were involved in any type of disciplinary action or sanction for violating agency sexual abuse or sexual harassment policies.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.377</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Memo from the PC</li> <li>- Three Sexual Abuse Investigative Reports</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's FA, who confirmed that he is not aware of any situation involving a volunteer or contractor being involved in any type of sexual abuse or sexual harassment allegation in the facility. Additionally, the FA advised that if such a situation would to occur, the alleged volunteer or contractor perpetrator would be immediately escorted out of the facility and not allowed access back into the facility unless the result of the investigation is determined to be unfounded. This would also be immediately reported to TCSO and TJJD.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.377 (a-b):</b></p> <p>The auditor verified that the requirements of this PREA standard are included in the agency's PREA Policy on page 21. In addition, the PC provided the auditor with a memo that confirms the agency has not had a situation involving a contractor or volunteer who was reported to law enforcement for engaging in sexual abuse of residents. Per this memo, pursuant to 115.377, the Tarrant County Juvenile Detention Center has not reported to law enforcement that a contractor or volunteer engaged in sexual abuse of residents. The facility would take appropriate and remedial measures to prohibit further contact with residents.</p> <p>In order to ensure the agency is fully compliant with this PREA standard in practice, the auditor examined the investigative reports for the three (3) sexual abuse allegations that were reported in the facility in the past 12 months. The auditor confirmed that none (0) of the three allegations involved a contractor or volunteer as the perpetrator.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>



<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.378</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1129 801" style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Agency's Resident Discipline Plan</li> <li>- Memo from the PC</li> <li>- 2021 and 2022 Seclusion Logs</li> <li>- Fourteen Seclusion Reports and Supplemental Documents</li> </ul> <p data-bbox="280 844 459 878"><b>Interviews:</b></p> <ul data-bbox="280 916 1477 1563" style="list-style-type: none"> <li>- The auditor interviewed the agency's FA, and he confirmed that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The FA elaborated further in explaining that he has never been made aware of such an incident; however, if a resident is placed on a disciplinary seclusion for a PREA related matter, a review process would be immediately conducted and the youth would be provided the opportunity for daily large muscle exercise and any legally required education. In addition, all residents, regardless if secluded in a room or active in the program, are able to be seen by medical and mental health staff on an as needed basis.</li> <li>- The auditor interviewed one of the agency's fulltime registered nurses and the Director of Psychological Services, who both confirmed in their individual interviews how all residents, regardless of their behavior or status in their room, are provided direct access to mental and medical health services.</li> </ul> <p data-bbox="280 1606 699 1639"><b>Site Review Observations:</b></p> <ul data-bbox="280 1677 1477 1789" style="list-style-type: none"> <li>- During the onsite, the auditor did not observe any areas of the facility that housed residents who were isolated for involvement in a PREA related incident or allegation.</li> </ul> <p data-bbox="280 1832 756 1865"><b>Explanation of determination:</b></p> <p data-bbox="280 1908 507 1942"><b>115.378 (a-g):</b></p> <p data-bbox="280 1980 1477 2092">The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on page 15. In addition, the PC documented in the PAQ that the facility has not had an administrative or criminal finding of resident-on-resident</p>

sexual abuse in the past 12 months. However, if such an allegation was substantiated by an administrative or criminal investigation, the agency would offer the perpetrator of the abuse the PREA required therapy, counseling, and other helpful interventions that are designed to address and correct the underlying reasons or motivations for the abuse, as required by this PREA standard. Furthermore, the PC clarified in the PAQ that access to general resident programming or education is not conditional on the resident's participation in any sex offender intervention type treatment or counseling.

In order to assess the level of compliance with this PREA standard in practice at the facility, the auditor reviewed the three (3) sexual abuse investigative reports for the three sexual abuse allegations reported in the facility in the past 12 months. Upon the auditor's review, two out of the three cases involved alleged resident-on-resident sexual abuse; however, one of two resulted in a finding of inconclusive and the other resulted in a finding of unfounded. Additionally, it is important to note that the unfounded resident-on-resident investigation involved two residents who were making PREA allegations of inappropriate touching against each other. The initial allegations made resulted in no disciplinary action; instead, the residents were separated on different female housing units and placed on a "do not associate" status in order to ensure the safety of all involved throughout each resident's stay in the facility.

Lastly, the auditor was provided the agency's disciplinary seclusion logs for calendar year 2021 and 2022, in which the auditor reviewed for any PREA related behavior. The auditor reviewed the incident description for each seclusion documented in the logs and selected fourteen (14) that may have involved PREA type behavior. The auditor was provided the 14 disciplinary reports selected for this targeted sample size and examined each report for any PREA related behavior that may have led to disciplinary action, including seclusion. Out of the 14, one involved inappropriate touching by one resident to another resident, and this incident was labeled as a PREA incident in the log. Per the disciplinary report provided for this incident, the resident who was the perpetrator of the inappropriate touching was secluded; however, the seclusion was temporary and less than eight hours. This resident was allowed normal programming after the seclusion ended on the same day it began.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.381</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Thirty-Two Samples of Random Behavioral Screening Forms</li> <li>- Proof Documentation for Three 115.381 MHP Follow-Ups (Mental Health Crisis Referrals &amp; Response from MHP)</li> <li>- TCJS Psychological Services Detention Assessment Log</li> <li>- Samples of Completed Screening Reassessments</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's Intake Supervisor while onsite, and this supervisor explained how her intake unit conducts the agency's Behavioral Screening form for all admitted youth within a few hours after the decision is made to detain. The screening was identified as containing the questions required by this PREA standard, and all screenings are conducted in an intake officer's office, which provides for a confidential and private setting. The Supervisor advised that all Behavioral Screening forms, once completed, are provided to the medical and psychological units. In addition, any screening that indicates the resident may be at risk of sexual victimization or perpetration will require the intake officer to complete a Mental Health Crisis Referral form (MHCR). This referral is submitted to the Psychological Services Unit, and it was explained that a psychologist will meet with the resident within a few days. The Supervisor also described how Psychological Services will conduct the required periodic reassessments on all applicable residents in the facility, as required by this standard. Furthermore, this supervisor provided the auditor with information on how all resident files are securely maintained- in a locked room behind the main control room. She stated that no unauthorized personal are allowed in this secure file room, with the control room responsible for unlocking the file room door to allow only authorized access.</li> <li>- The auditor interviewed two (2) residents who were identified as victims and/or perpetrators of sexual abuse from outside the facility, and each resident confirmed in their individual interviews that they had a face-to-face meeting with a counselor within two weeks of being admitted into the facility.</li> <li>- The auditor interviewed the facility's Medical Services Supervisor, who confirmed that all Behavioral Screening and Health Screening completed forms are provided to her medical unit and reviewed by a nurse onsite. The Medical Supervisor also</li> </ul>

explained how any resident who is found to be a victim or perpetrator of sexual abuse is referred to the Psychology Unit immediately, with a Mental Health Crisis Referral (MHCR) form is completed.

- The auditor interviewed the agency's Clinical Director, and she confirmed that all residents are screened for past victimization and abusiveness through use of the Intake Unit's Behavioral Screening form. If the intake officer learns any admitted resident is a victim or perpetrator of sexual abuse, the Clinical Director advised that a MHCR form is completed by the intake officer and submitted to the Psychology Unit. One of the Unit's psychologists will then meet with the referred resident within 24 to 72 hours and document the follow-up meeting on a MHCR Response form.

- The PC also explained how the agency's Behavioral Screening form is completed by a trained intake officer on all residents who are admitted into the facility, with the screening being conducted within a few hours after a decision to detain is made by a supervisor. Additionally, the PC confirmed how resident detention files are secured in the file room behind the main control room, and only staff who have been granted authorized access by administration have access.

**Site Review Observations:**

- During the onsite, the auditor observed all areas of the facility, and at no time did the auditor observe any resident files or sensitive documentation in jeopardy of breaching any confidentiality requirement.

**Explanation of determination:**

**115.381 (a-d):**

The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included on page 15. In addition, the PC provided the auditor with several proof documents that sufficiently demonstrate how the agency complies with this PREA standard in practice at the facility, as explained below:

- Out of the thirty-two (32) random Behavioral Screening sample forms provided to the auditor, two (2) indicated the residents had experienced prior sexual victimization and one (1) indicated the resident had previously perpetrated sexual abuse.
- The auditor was provided the agency's mental health referral forms and subsequent mental health response forms for each of the three (3) residents. Upon the auditor's review, the proof documentation proved that each resident was offered and provided a face-to-face follow-up meeting with a MHP within 14 days of being admitted into the facility.
- The agency's Psychological Services Detention Assessment Log was reviewed by the auditor and includes all mental health referrals made in the facility in the past 12 months (*September 2021 - September 2022*). During this time period, the agency had 98 residents referred due to experiencing prior sexual victimization and 29 referred for previously perpetrating sexual

abuse. For each of the 127 PREA related entries, all resident's received the applicable mental health referral and meeting with a MHP within the 14 day time period required by this PREA standard, unless the resident was released within the 14 day period and before such a meeting could be provided.

Additionally, the auditor randomly selected eight (8) resident files while onsite, and out of the 8 reviewed, zero (0) included documentation suggesting the any of the residents were victims or perpetrators of sexual abuse.

The auditor ultimately determined that the agency substantially exceeds the minimum requirements of this PREA standard through their proven efforts to ensure 100% of the residents who are admitted into the facility who have experienced prior sexual victimization or abusiveness are provided a follow-up with a MHP within a very short time period, with most being seen within 48 to 72 hours. Additionally, the high quality mental healthcare provided is apparent through the employment of multiple fulltime psychologist who provide the PREA related mental health counseling and treatment to all residents in the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.**

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.382</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Psychological Services Detention Assessment Log</li> <li>- Mental Health Crisis Referral Form</li> <li>- Response From Mental Health Provider</li> <li>- MOU between TCJS &amp; John Peter Smith Hospital</li> <li>- Three Sexual Abuse Internal Investigation Reports</li> <li>- MOU between TCJS &amp; Women's Center of Tarrant County</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the SANE Manager over Forensic Nursing Services with JPS Hospital in Fort Worth, TX, who has the following credentials: BSH, RN, SANE-A, &amp; CA-SANE. The SANE explained that her specialized nursing unit provides forensic exams for TCJDC residents who have made an outcry of sexual assault (including sexual abuse). Referrals for forensic examinations can be made by TCJS or law enforcement contacting the in-house Forensic Nursing Department directly M-F 8am-2am {number provided}. Weekends &amp; after 2am weeknights the ER Team Lead is contacted {number provided} to page the unit's on call forensic nurse &amp; advocates to report to the hospital. In addition, the hospital utilizes an on-call nurse who provides 24/7 availability, and the on-call team has a one (1) hour response time to the hospital (including a nurse and a victim advocate). She described the training required to be a SANE at JPS Hospital, which requires all nurses to be licensed to practice nursing in the state of Texas by the Texas Board of Nursing, minimum of 2 years of practicing nursing, and complete training for adolescent and adult sexual assault exams and certified by the Texas Office of the Attorney General as a CA-SANE or Board Certified by the International Association of Forensic Nurses SANE-A. The SANE indicated in her interview that the evidence protocol for conducting exams is 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. She further advised that the hospital's best practice model for conducting sexual assault examinations is based on the National Protocol, as well as ensuring continued up to date education on local and state jurisdictional polices, Texas evidence collection</li> </ul>

procedures, IAFN best practice and education guidelines and CDC guidelines for administering medication prophylaxis. The SANE clarified that all victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services when referred to the hospital, and upon arrival all patients are provided with a medical screening exam by an ER physician for any medical emergencies and for sexual assault exams if not in house already. She advised that it is standard hospital protocol to offer timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (as well as tests for sexually transmitted infections as medically appropriate). It was further explained that, as appropriate for the individual victim, all medications are given at the hospital and STI testing is provided during the visit, with the treatment plan based on the history of events and medical history of the patient. Lastly, the SANE described how patients at the hospital receive information regarding the risk of pregnancy, offered pregnancy testing and educated on emergency contraception as prevention of pregnancy with the understanding that this medication would not be indicated with a positive pregnancy test result. If the pregnancy test is positive we would refer them for follow up with an OBGYN.

- The auditor also interviewed the Director with the Tarrant County Women's Center to assess for the level of cooperation with TCJS and what type of victim services are provided to a resident victim of sexual abuse. The Director advised that if a resident at the Tarrant County Juvenile Detention Center (TCJDC) is a victim of sexual abuse, appropriate staff at TCJDC would notify The Women's Center (TWC) through TWC's 24-hour hotline that an advocate is needed either at the forensic exam site or at the TCJDC facility. If for some reason the TCJDC staff forget this step, the forensic exam site staff will notify TWC. A trained staff advocate would respond. TWC also now has master-level advocates stationed at John Peter Smith Hospital (JPSH) for many days of the week and partial evenings, so they could respond as well. The Director also explained the victim services that her organization provides, which includes: a 24-hour hotline for victims of sexual assault and advocates offer crisis intervention, emotional support, and information/referrals at forensic exam sites. If requested, follow up calls, case management services, and brief counseling sessions may be offered. It was clarified by the Director that all advocates are required to go through the Office of the Attorney General training for sexual assault programs (consisting of 40+ hours of classroom and on the job training), and advocates remain throughout the process unless the victim requests them not to do so. Additionally, TWC provides aftercare support services, crisis intervention, trauma care/therapy (as requested by the victim). TWC is not a long-term mental health care facility, so the survivor may be referred to a local agency/facility for care beyond our level of expertise. Also, there could be a wait list delay for long-term therapy, depending on when the event occurred (if less than a year ago, therapy services may be offered on an emergency basis). Lastly, the Director indicated that unless a mandatory reporting obligation dictates otherwise, all conversations are confidential. TWC utilizes a secure database to maintain client data. Conversations with others in regard to the victim may only occur with a signed release by the legal

custodian of a child or by the client if said client is 18 or older. All rape crisis advocates in the state of Texas are also protected by privilege, based in recent law changes.

- The auditor interviewed thirteen (13) random staff members while onsite, and each of the staff sufficiently explained the agency's first responder duties. The staff were knowledgeable of the process of referring victims of sexual abuse to the local hospital for forensic examinations and other medical treatment and services and the ability for the agency to provide victim advocates and mental health services. The staff advised that the medical and mental health staff at the facility are able to provide emergency crisis services; however, if it is a situation of a resident who has been sexual abused or sexually assaulted, 911 would be called to ensure the most effective medical and mental health services can be provided as soon as possible.

- The auditor interviewed the agency's Clinical Director and Medical Services Supervisor, who both advised in their individual interviews how their respective units are able to provide crisis health services within the scope of each professional's professional judgement and training, as well as follow-up care as prescribed by a licensed physician. The professionals also explained how the local hospital, John Peter Smith, and Tarrant County Women's Center are contracted by the agency for providing victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

**Explanation of determination:**

**115.382 (a-d):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on pages 12, 13, 17, and 18. In addition, the agency's PC provided the auditor with the following documents that sufficiently demonstrated how the agency complies with this PREA standard in practice at the facility:

- Psychological Services Detention Assessment Log: Used to document each resident referral to the agency's psychological services unit.
- Mental Health Crisis Referral Form: Used to document the initial resident's referral to psychological services.
- Response From Mental Health Provider: Documents the MHP's response to the referral (the follow-up meeting & recommended behavioral interventions).
- MOU between TCJS & John Peter Smith Hospital: The auditor was provided an executed MOU between TCJS and John Peter Smith (JPS) Hospital, which outlines the responsibilities of each party for ensuring all residents who experience sexual abuse are provided the medical and mental health treatment, crisis intervention services, and information about and access to emergency contraception and sexually transmitted infections prophylaxis. The auditor confirmed that the agreed upon contractual language included



in this MOU includes all the applicable requirements of this PREA standard.

- MOU between TCJS & Women's Center of Tarrant County: Upon the auditor's review of this active and fully executed contract, it was clear that victim advocacy services pursuant to the requirements of this PREA standard are included therein. Additionally, the agency also employs full-time highly qualified mental health professionals, including two psychologists, who all can provide victim advocacy services and mental health treatment to any resident who is a victim of sexual abuse from the facility. Furthermore, as noted in section 115.335 of this report, the MHPs from the agency are fully licensed by the state of Texas and are professionally qualified to provide victim advocacy services on an as needed basis throughout a resident's stay in the facility. Lastly, it is important to note that the JPS and WCTC MOU's, as well as the agency's PREA Policy, include the requirement that (as requested by the victim) the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- The PC indicated in the PAQ that out of the three resident sexual abuse allegations made in the past 12 months from the facility, one involved the agency transporting the alleged victim to JPS Hospital for a forensic medical examination. The auditor confirmed through the documentation provided for this case that the alleged victim was provided the exam by a SANE at the hospital at no cost. Due to this case being concluded as unfounded and the alleged victim being released to another state before the conclusion of the investigation, no further medical or mental health treatment or services was provided.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<p><b>115.383</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b><u>115.383</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Psychological Services Detention Assessment Log</li> <li>- Mental Health Crisis Referral Form</li> <li>- Response From Mental Health Provider</li> <li>- MOU between TCJS &amp; John Peter Smith Hospital</li> <li>- Three Sexual Abuse Internal Investigation Reports</li> <li>- MOU between TCJS &amp; Women's Center of Tarrant County</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the SANE Manager over Forensic Nursing Services with JPS Hospital in Fort Worth, TX, who has the following credentials: BSH, RN, SANE-A, &amp; CA-SANE. The SANE explained that her specialized nursing unit provides forensic exams for TCJDC residents who have made an outcry of sexual assault (including sexual abuse). Referrals for forensic examinations can be made by TCJS or law enforcement contacting the in-house Forensic Nursing Department directly M-F 8am-2am {number provided}. Weekends &amp; after 2am weeknights the ER Team Lead is contacted {number provided} to page the unit's on call forensic nurse &amp; advocates to report to the hospital. In addition, the hospital utilizes an on-call nurse who provides 24/7 availability, and the on-call team has a one (1) hour response time to the hospital (including a nurse and a victim advocate). She described the training required to be a SANE at JPS Hospital, which requires all nurses to be licensed to practice nursing in the state of Texas by the Texas Board of Nursing, minimum of 2 years of practicing nursing, and complete training for adolescent and adult sexual assault exams and certified by the Texas Office of the Attorney General as a CA-SANE or Board Certified by the International Association of Forensic Nurses SANE-A. The SANE indicated in her interview that the evidence protocol for conducting exams is 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. She further advised that the hospital's best practice model for conducting sexual assault examinations is based on the National Protocol, as well as ensuring continued up to</li> </ul>
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date education on local and state jurisdictional polices, Texas evidence collection procedures, IAFN best practice and education guidelines and CDC guidelines for administering medication prophylaxis. The SANE clarified that all victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services when referred to the hospital, and upon arrival all patients are provided with a medical screening exam by an ER physician for any medical emergencies and for sexual assault exams if not in house already. She advised that it is standard hospital protocol to offer timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (as well as tests for sexually transmitted infections as medically appropriate). It was further explained that, as appropriate for the individual victim, all medications are given at the hospital and STI testing is provided during the visit, with the treatment plan based on the history of events and medical history of the patient. Lastly, the SANE described how patients at the hospital receive information regarding the risk of pregnancy, offered pregnancy testing and educated on emergency contraception as prevention of pregnancy with the understanding that this medication would not be indicated with a positive pregnancy test result. If the pregnancy test is positive we would refer them for follow up with an OBGYN.

- The auditor also interviewed the Director with the Tarrant County Women's Center to assess for the level of cooperation with TCJS and what type of victim services are provided to a resident victim of sexual abuse. The Director advised that if a resident at the Tarrant County Juvenile Detention Center (TCJDC) is a victim of sexual abuse, appropriate staff at TCJDC would notify The Women's Center (TWC) through TWC's 24-hour hotline that an advocate is needed either at the forensic exam site or at the TCJDC facility. If for some reason the TCJDC staff forget this step, the forensic exam site staff will notify TWC. A trained staff advocate would respond. TWC also now has master-level advocates stationed at John Peter Smith Hospital (JPSH) for many days of the week and partial evenings, so they could respond as well. The Director also explained the victim services that her organization provides, which includes: a 24-hour hotline for victims of sexual assault and advocates offer crisis intervention, emotional support, and information/referrals at forensic exam sites. If requested, follow up calls, case management services, and brief counseling sessions may be offered. It was clarified by the Director that all advocates are required to go through the Office of the Attorney General training for sexual assault programs (consisting of 40+ hours of classroom and on the job training), and advocates remain throughout the process unless the victim requests them not to do so. Additionally, TWC provides aftercare support services, crisis intervention, trauma care/therapy (as requested by the victim). TWC is not a long-term mental health care facility, so the survivor may be referred to a local agency/facility for care beyond our level of expertise. Also, there could be a wait list delay for long-term therapy, depending on when the event occurred (if less than a year ago, therapy services may be offered on an emergency basis). Lastly, the Director indicated that unless a mandatory reporting obligation dictates otherwise, all conversations are confidential. TWC utilizes a secure database to maintain client data. Conversations

with others in regard to the victim may only occur with a signed release by the legal custodian of a child or by the client if said client is 18 or older. All rape crisis advocates in the state of Texas are also protected by privilege, based in recent law changes.

- The auditor interviewed thirteen (13) random staff members while onsite, and each of the staff sufficiently explained the agency's first responder duties. The staff were knowledgeable of the process of referring victims of sexual abuse to the local hospital for forensic examinations and other medical treatment and services and the ability for the agency to provide victim advocates and mental health services. The staff advised that the medical and mental health staff at the facility are able to provide emergency crisis services; however, if it is a situation of a resident who has been sexual abused or sexually assaulted, 911 would be called to ensure the most effective medical and mental health services can be provided as soon as possible.

- The auditor interviewed the agency's Clinical Director and Medical Services Supervisor, who both advised in their individual interviews how the agency offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Each of the professionals advised that the level of care provided to residents is at or above the community level of care, and all the PREA victim requirements related to pregnancy and sexually transmitted diseases as a result of sexual abuse would be provided. Both the Clinical Director and Medical Supervisor advised that they have never been made aware of a resident alleging being a victim of sexual abuse while in the facility; however, if such a situation were to occur, both professionals advised all the necessary PREA victim services would be provided. Lastly, the Clinical Director advised that the Psychology Services Unit does not provide sex offender treatment; however, such services would be offered by Women's Center or another contracted mental health provider.

**Explanation of determination:**

**115.383 (a-h):**

The auditor confirmed that the agency's PREA Policy includes the requirements of this PREA standard on pages 12 & 13. In addition, the agency's PC provided the auditor with the following documents that sufficiently demonstrated how the agency complies with this PREA standard in practice at the facility:

- Psychological Services Detention Assessment Log: Used to document each resident referral to the agency's psychological services unit.
- Mental Health Crisis Referral Form: Used to document the initial resident's referral to psychological services.
- Response From Mental Health Provider: Documents the MHP's response to the referral (the follow-up meeting & recommended behavioral interventions).
- MOU between TCJS & John Peter Smith Hospital: The auditor was provided an executed MOU between TCJS and John Peter Smith (JPS) Hospital, which

outlines the responsibilities of each party for ensuring all residents who experience sexual abuse are provided the medical and mental health treatment, crisis intervention services, and medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. The auditor confirmed that the agreed upon contractual language included in this MOU includes all the applicable requirements of this PREA standard, including follow-up and referrals for medical and mental health services after being released.

- MOU between TCJS & Women's Center of Tarrant County: Upon the auditor's review of this active and fully executed contract, it was clear that victim advocacy services and mental health treatment and evaluation, including referrals to outside services, pursuant to the requirements of this PREA standard are included therein. Additionally, the agency also employs full-time highly qualified mental health professionals, including two psychologists, who all can provide victim advocacy services and mental health treatment to any resident who is a victim of sexual abuse from the facility.

Furthermore, as noted in section 115.335 of this report, the MHPs from the agency are fully licensed by the state of Texas and are professionally qualified to provide victim advocacy services on an as needed basis throughout a resident's stay in the facility. Lastly, it is important to note that the JPS and WCTC MOU's, as well as the agency's PREA Policy, include the requirement that (as requested by the victim) the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

- The PC indicated in the PAQ that out of the three resident sexual abuse allegations made in the past 12 months from the facility, one involved the agency transporting the alleged victim to JPS Hospital for a forensic medical examination. The auditor confirmed through the documentation provided for this case that the alleged victim was provided the exam by a SANE at the hospital at no cost. Due to this case being concluded as unfounded and the alleged victim being released to another state before the conclusion of the investigation, no further medical or mental health treatment or services was provided.

Note: The agency also employs fulltime medical staff, who are able to provide medical services, including evaluation and treatment, to any resident within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.386</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency PREA Policy</li> <li>- Three Sexual Abuse Investigation Reports</li> <li>- Sexual Abuse Incident Review (SAIR) Report</li> <li>- Agenda and Sign-In Sheet for SAIR</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the agency's FA, who is a member of the agency's Sexual Abuse Incident Review (SAIR) Team. The FA confirmed the agency's policy and practice of conducting a SAIR after an investigation is completed for all sexual abuse cases that are found to be substantiated or unsubstantiated, which is conducted within 30 days of the conclusion of the internal investigation. The FA advised that in the past 12 months, the agency had one allegation of sexual abuse that required the incident review team to meet and conduct the review, with the outcome of this investigation being unsubstantiated. The FA described the elements of the incident review process, which includes all the requirements of this PREA standard.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.386 (a-e):</b></p> <p>The auditor verified that the agency's PREA Policy includes all the requirements of this PREA standard on pages 21 and 22. In addition, the auditor examined the three (3) sexual abuse investigative reports provided for the three sexual abuse allegations made from the facility in the past 12 months, and upon the auditor's review, it was determined that one (1) of the three investigations required a SAIR to be conducted due to the outcome of unsubstantiated (<i>other two were unfounded</i>).</p> <p>The auditor was provided a completed agency SAIR Report for the unsubstantiated sexual abuse investigation conducted in the past 12 months, and the report was completed within 30 days of the completion of the investigation. Furthermore, the SAIR Team included the agency's Deputy Assistant Director of Institutional and Educational Services, the Deputy Director, the Senior Casework Supervisor, and the agency's PC (Quality Development Senior Supervisor). As documented in this report, the SAIR team members met to consider, examine, and assess the requirements prescribed in provision (d) (1-6) of this PREA standard, and the report included a summary of the team's findings. Lastly, the report indicates that no</p>

recommendations for improvement were determined by the team.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.387</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- TCJS 2020 &amp; 2021 Annual PREA Data Report, Findings, and Corrective Action</li> <li>- Allegations of Sexual Abuse/Sexual Contact (September 2021 - September 2022)</li> <li>- Data Review for Corrective Action &amp; Publication</li> <li>- 2021 Letter from U.S. Department of Justice to the PC with TCJS (SSV)</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.387 (a-f):</b></p> <p>Upon the auditor's review of the agency's PREA Policy, the auditor confirmed that the agency includes the requirements of this PREA standard on page 22. Additionally, the PC provided the auditor with the following documents, which sufficiently demonstrated to the auditor how the agency complies with this PREA standard in practice at the facility:</p> <ul style="list-style-type: none"> <li>• <u>TCJS 2021 Annual PREA Data Report, Findings, and Corrective Action:</u> Outlines the aggregate PREA required data for the agency and contracted agencies and describes the agency's progress in the prevention, detection, and response to sexual abuse and sexual harassment. This form is also published on the agency's website at: <a href="https://www.tarrantcounty.com/en/juvenile-services/division-listing/detection/detention-visitation-schedule/PREA.html?linklocation=Iwantto&amp;linkname=Information%20about%20PREA">https://www.tarrantcounty.com/en/juvenile-services/division-listing/detection/detention-visitation-schedule/PREA.html?linklocation=Iwantto&amp;linkname=Information%20about%20PREA</a>. The auditor confirmed that the agency's PREA page includes the agency's PREA Annual Reports from 2015 to 2021, as verified by the auditor.</li> <li>• <u>Allegations of Sexual Abuse/Sexual Contact (September 2021 - September 2022):</u> Details the three sexual abuse allegations in the past 12 months involving residents in the facility.</li> <li>• <u>Data Review for Corrective Action &amp; Publication:</u> Includes a detained breakdown of the PREA sexual abuse and sexual harassment allegations, which is based on the Annual Survey of Sexual Violence for TCJS. This document is also used by the agency to document how the PREA data aggregated annually is reviewed by the administrative team in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training (as required by 115.388).</li> </ul>



- 2021 Letter from U.S. Department of Justice to the PC with TCJS (SSV):  
Describes the announcement of the start of the 2020 Survey of Sexual Victimization (SSV), and instructions for how to submit the SSV forms to the DOJ. This letter confirms that the agency submitted the SSV form on in October of 2021.

Lastly, the auditor was provided twenty (20) executed contracts between Tarrant County Juvenile Services (TCJS) and residential treatment centers (RTC) that house juvenile offenders. The RTC's are able to accept juveniles that are under the jurisdiction of the Tarrant County Juvenile Court, and each contracted entity is contractually required to adopt and comply with the applicable PREA standards, as well as submit to a Department of Justice PREA audit every three (3) years beginning August 20, 2016. The contract language also allows for TCJS to monitor any new contract or contract renewal to ensure the contractor is complying with the PREA standards, which includes, in addition to self-monitoring, for TCJS to conduct announced and unannounced compliance monitoring visits. Lastly, the contract's PREA section requires the provider to agree to submit to the Chief Probation Officer of TCJS, no later than June 30th of each year, all incident-based and aggregate data reports from the previous year for every allegation of sexual abuse at its facility or facilities. The failure to comply with the PREA standards and related TCJS policies, per the contracts provided to the auditor, may result in termination of the contract.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.388</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 411 376"><b><u>115.388</u></b></p> <p data-bbox="280 416 1318 452"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 488 1457 734" style="list-style-type: none"> <li>- TCJS 2020 &amp; 2021 Annual PREA Data Report, Findings, and Corrective Action</li> <li>- Allegations of Sexual Abuse/Sexual Contact (September 2021 - September 2022)</li> <li>- Data Review for Corrective Action &amp; Publication</li> <li>- 2021 Letter from U.S. Department of Justice to the PC with TCJS (SSV)</li> </ul> <p data-bbox="280 775 459 810"><b>Interviews:</b></p> <ul data-bbox="280 846 1477 1872" style="list-style-type: none"> <li>- The auditor interviewed the agency's Director, and the Director explained how the PREA aggregated data collected from his own facility, as well as from the contracted placement facilities, are used to assess and enhance the effectiveness to protect residents from sexual abuse and sexual harassment. The Director confirmed that agency leadership continually examines reports, policy and practice statistical data, and behaviors to identify potential problem areas or vulnerabilities. The Director also clarified that the PC, as well as other high-ranking administrators, meet periodically throughout the year and prepare an annual report pursuant to the requirements of this PREA standard. The Director advised he reviews all such reports and authorizes the reports to be posted on the agency's website. Lastly, personal identifiers are not included on any documentation posted for public viewing.</li> <li>- The auditor also interviewed the agency's PC, and she advised that the facility's administrative team meets periodically throughout the year to review PREA related data to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. The review is held with the FA, AFA, and PC, at a minimum, and the team will examine PREA related data from the TCJDC and contracted facilities, agency policy and practice related to PREA, physical plant potential vulnerabilities, and other major issues of concern. The PC advised that the review includes a comparison of previous years' data and a written assessment of the agency's progress in addressing sexual abuse and sexual harassment within the facility. The PC confirmed that the annual PREA aggregate data report is approved by the agency's Director and published on the agency's website. All personal identifiers are removed from all public documents.</li> </ul> <p data-bbox="280 1953 759 1989"><b>Explanation of determination:</b></p> <p data-bbox="280 2024 507 2060"><b>115.388 (a-d):</b></p>

Upon the auditor's review of the agency's PREA Policy, the auditor confirmed that the agency includes the requirements of this PREA standard on page one (1) of the agency's PREA Institutional Services Policy. Additionally, the PC provided the auditor with the following documents, which sufficiently demonstrated to the auditor how the agency complies with this PREA standard in practice at the facility:

- TCJS 2020 and 2021 Annual PREA Data Report, Findings, and Corrective Action: Outlines the aggregate PREA required data for the agency and contracted agencies and describes the agency's progress in the prevention, detection, and response to sexual abuse and sexual harassment. This form is also published on the agency's website at: <https://www.tarrantcounty.com/en/juvenile-services/division-listing/detection/detention-visitation-schedule/PREA.html?linklocation=lwantto&linkname=Information%20about%20PREA>. This page includes the agency's PREA Annual Reports from 2015 to 2021, as verified by the auditor. The reports are annually reviewed & approved by the following administrators: Quality Development Senior Supervisor (PC), Deputy Assistant Director of Institutional & Residential Services/FA, Deputy Director, and Director.
- Allegations of Sexual Abuse/Sexual Contact (September 2021 - September 2022): Details the three sexual abuse allegations in the past 12 months involving residents in the facility. The three allegations were confirmed by the auditor to be included in the applicable annual PREA report required by this PREA standard.
- Data Review for Corrective Action & Publication: Includes a detailed breakdown of the PREA sexual abuse and sexual harassment allegations, which is based on the Annual Survey of Sexual Violence for TCJS. This document is also used by the agency to document how the PREA data aggregated annually is reviewed by the administrative team pursuant to the requirements of this PREA standard in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. This document is also published on the agency's website, as verified by the auditor.
- 2021 Letter from U.S. Department of Justice to the PC with TCJS (SSV): Describes the announcement of the start of the 2020 Survey of Sexual Victimization (SSV), and instructions for how to submit the SSV forms to the DOJ. This letter confirms that the agency submitted the SSV form on in October of 2021.

Upon the auditor's review of all the PREA documents the agency has published on the TCJS website, it was clear that all personal identifiers are redacted to ensure complete confidentiality of the residents and staff.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.389</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- TCJS 2020 &amp; 2021 Annual PREA Data Report, Findings, and Corrective Action</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The agency's PC explained in her interview how all sensitive resident information and data collected pursuant to PREA standard 115.387 are securely retained. It is the agency's policy and practice to maintain all confidential and sensitive information within the agency's secure facility and, if electronically saved, securely saved on the county's secure network. The PC explained how resident files are securely stored next to the facility's control room, with this file room secured with a locked door and housing locked filing cabinets. The PC advised that all aggregate sexual abuse data are readily available to the public through its website, and all personal identifiers are removed on all documents provided to the public.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.389 (a-d):</b></p> <p>Upon the auditor's review of the agency's PREA Policy, the auditor confirmed that the agency includes the requirements of this PREA standard on pages 1 and 2 of the agency's PREA Institutional Services Policy. Additionally, the PC provided the auditor with the following documents, which sufficiently demonstrated to the auditor how the agency complies with this PREA standard in practice at the facility:</p> <ul style="list-style-type: none"> <li>• TCJS 2020 and 2021 Annual PREA Data Report, Findings, and Corrective Action: Outlines the aggregate PREA required data for the agency and contracted agencies and describes the agency's progress in the prevention, detection, and response to sexual abuse and sexual harassment. This form is also published on the agency's website at: <a href="https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html?linklocation=lwantto&amp;linkname=Information%20about%20PREA">https://www.tarrantcounty.com/en/juvenile-services/division-listing/detention/detention-visitation-schedule/PREA.html?linklocation=lwantto&amp;linkname=Information%20about%20PREA</a>. This page includes the agency's PREA Annual Reports from 2015 to 2021, as verified by the auditor.</li> </ul> <p>Upon the auditor's review of all the PREA documents the agency has published on the TCJS website, it was clear that all personal identifiers are redacted to ensure complete confidentiality of the residents and staff.</p> <p><b>Conclusion:</b></p>

	<p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.401</u></b></p> <p><b>Explanation of determination:</b></p> <p><b>115.401:</b></p> <p>The auditor verified that the agency's last PREA audit was completed in November 2019, which fell within the time frame of the 3rd audit cycle, and this current audit will be completed in first year of the 4th audit cycle. During the on-site the auditor was provided access to all areas of the facility's complex, and there were no restrictions of any kind to note in this report. The PC provided the auditor with copies of all relevant documents requested, as well as answered all the questions asked throughout the entirety of the audit process. The auditor was not mailed any correspondence from either residents or staff during the audit process, and the auditor was able conduct private interviews on-site with staff and residents without any issues. Lastly, the auditor was able to observe how residents are able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with their legal counsel, which is either through the United States Postal Service directly or by placing a letter in the locked grievance boxes that are located in each housing unit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.403</b> <b>Explanation of determination:</b> <b>115.403:</b> The auditor confirmed that the agency's 2016 and 2019 Final PREA Audit Reports are available on the agency's website, at: Prison Rape Elimination Act (tarrantcounty.com) <b>Conclusion:</b> <b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes



<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots"	yes

	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes



<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes



<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes



<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents 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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>Is the agency exempt from this standard?  NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.</p>	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na

<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na



<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes



<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for 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?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes



<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse 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 judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review 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?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes