

PREA Facility Audit Report: Final

Name of Facility: Montgomery County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/18/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: David Lenington	Date of Signature: 02/18/2020

AUDITOR INFORMATION	
Auditor name:	Lenington, David
Address:	
Email:	dglenington@gmail.com
Telephone number:	
Start Date of On-Site Audit:	07/22/2019
End Date of On-Site Audit:	07/23/2019

FACILITY INFORMATION	
Facility name:	Montgomery County Juvenile Detention Center
Facility physical address:	200 Academy Drive, Conroe, Texas - 77301
Facility Phone	936-538-7755
Facility mailing address:	

Primary Contact	
Name:	Derek Henderson
Email Address:	derek.henderson@mctx.org
Telephone Number:	936-538-3221

Superintendent/Director/Administrator	
Name:	Josh Henry
Email Address:	josh.henry@mctx.org
Telephone Number:	936-538-3264

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Dr. Jack Pieniazek
Email Address:	http://conroefamilymedicine.com/
Telephone Number:	(936) 756-6661

Facility Characteristics	
Designed facility capacity:	85
Current population of facility:	35
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	10-17
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	63
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Montgomery County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	200 Academy Drive, Conroe, Texas - 77301
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Derek Henderson	Email Address:	derekc.henderson@outlook.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA onsite audit of the Montgomery County Juvenile Detention Center (MCJDC) in Conroe, Texas was conducted July 22- 23, 2019 by David Lenington of Sanger Texas. David Lenington is certified by the U.S. Department of Justice Certified to conduct PREA audits for juvenile facilities. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards.

Six weeks in advance of the onsite audit, the auditor provided the PREA Coordinator with a notice concerning the PREA audit that was to be posted throughout the facility announcing the upcoming audit. The intent of the notice was to explain the purpose of the audit and provided residents and staff with the contact information for the auditor. The notice was provided in English and in Spanish. Notices were posted in the following areas of the MCJDC: Pods A, B, C, and D; the Gym; the Intake area; all three classrooms; the facility's hallways; and the visitation area. The MCJDC indicated the posting date on the notice as May 16, 2019 and submitted photos to the auditor for verification of notice placement. During the site review (facility tour), the notices were observed by the auditor. The auditor did not receive any correspondence from any of the MCJDC's residents.

The pre-audit preparation included a review and assessment of all documentation and materials submitted by the facility along with the data included in the pre-audit questionnaire. The pre-audit documents were submitted using the PREA Resource Center's Online Automated System or by email as authorized by the auditor. The auditor reviewed and assessed the MCJDC's policies, procedures, forms, education materials, training curriculum and training attendee sign-in sheets, the Montgomery County Juvenile Probation Department's organizational chart, posters, brochures, and other relevant materials that were provided to determine compliance with the PREA standards. The assessment of the documentation provided resulted in questions and requests for additional documentation to complete a thorough evaluation of the MCJDC's compliance with certain PREA standards. The auditor and the PREA Coordinator maintained communication throughout the pre-audit phase. The auditor submitted questions and request for clarification to the MCJPD's PREA Coordinator. Responses to the Auditor were timely and in advance of the onsite audit.

The onsite audit was conducted over a two-day period and with the auditor present in the facility on day one through all three of the MCJDC's shifts. The auditor conducted an entrance meeting with the PREA Coordinator, the Director of the MCJPD, and the Deputy Director of the MCJPD. The Facility Administrator (equivalent to the PREA term "superintendent" and "Facility Administrator is used throughout this audit report) was not present during the audit, but a 2.5 hour interview was conducted by phone with the Facility Administrator during the pre-onsite phase (on 7/5/2019). During the entrance meeting, the auditor discussed the onsite agenda, the audit expectations, the selection of interviews were reviewed with the PREA Coordinator to ensure availability of selected staff, and for the auditor to identify random and targeted residents for interview by the auditor.

An extensive site review (facility tour) was provided to the auditor by the PREA Coordinator and the Director of MCJPD. The facility tour provided a first-hand view of the facility configuration, the opportunity to view security staff supervision of residents. The facility tour included all housing units (occupied and unoccupied), the intake processing area, classrooms, medical unit, visitation area, the central control rooms (2), recreation area, dining area, kitchen, and the administration areas. The auditor observed camera locations. The facility tour provided observation of showering areas, toilet facilities, and resident sleeping quarters (rooms). The auditor was permitted full access to all areas of the facility. Notices of the PREA audit were observed posted in each housing unit, and other areas of the facility accessible to residents and/or MCJPD/MCJDC staff as described above.

The auditor conducted interviews with: MCJPD administrators, MCJDC supervisors, random facility staff across all three shifts operated by MCJDC, one facility volunteer, one SANE/SAFE staff at Children's Safe Harbor, randomly selected residents and residents specifically selected in accordance with PREA audit interview requirements. The interviews were conducted in accordance with the audit expectations as set forth in the PREA Auditor Handbook and the interviews were completed utilizing the Interview Guides and approved interview tools. The auditor was permitted to ask additional and/or probing questions to staff and residents to gain further information the practices of the facility that may not be represented in policies and procedures.

The residents were selected randomly by the auditor for interview using a roster of residents that was current as of July 22, 2019. Ten (10) residents total were selected for interview with seven male and three female residents. As of the first day of the onsite audit, there were 29 residents listed on the population roster. The auditor was able to interview: one resident that identified as bisexual, one resident with an identified cognitive disability, two residents who had reported sexual abuse during the risk screening at intake one resident who had reported an allegation of sexual abuse that occurred within the facility, and one resident with limited English proficiency

Twelve random staff members, both male (5) and female (7), were interviewed representing all three shifts. The auditor selected staff randomly from shift rosters. Specialized staff were also selected for interview from the specialized staff worksheet that was provided to the auditor by the PREA Coordinator prior to the onsite audit. The specialized staff are not included in the 12 random staff interview count. The random staff who were interviewed were also asked the First Responder Duties questions. The auditor interviewed two intake staff, two staff supervisors, and two staff who conducts risk assessments.

The auditor also interviewed the following specialized staff: medical and mental health staff, human resources staff, staff that oversee retaliation, and an MCJPD administrative investigator. The PREA Coordinator, Facility Administrator, Director of MCJPD, the Contracts Administrator, the Human Resources Administrator, a SANE/SAFE staff at Children's Safe Harbor (by phone), and a Sexual Abuse Response Team member were also interviewed. One volunteer was interviewed by phone.

To obtain information about the rape crisis center, advocacy services, and SANE/SAFE providers, the auditor conducted a phone interview with a senior level administrators at Children's Safe Harbor in addition to the phone interview with SANE/SAFE staff. Children's Safe Harbor is the outside agency that provides support services to sexual abuse victims and their families.

While at the facility, the auditor reviewed ten resident files that were randomly selected by the auditor utilizing the resident roster provided on day one of the onsite audit. The purpose of the files review was to

evaluate the MCJDC's screening and intake procedures, the provision of resident education, housing unit assignments and reviews, and any follow up services required to be offered as a result of risk screening.

The auditor randomly selected and reviewed eight (8) employee files and employee training logs to determine the required trainings have been completed in the time frames required and to determine whether criminal and child abuse registry background check procedures were completed prior to hire, promotion, the start of volunteer service, and that criminal history "re-checks" are being conducted or a process is otherwise in place to verify the absence of disqualifying criminal history. The Auditor reviewed training and background files of two volunteers.

On the final day of the onsite audit, an exit meeting was held with the PREA Coordinator and the Director of Montgomery County Juvenile Probation. The purpose of the meeting was to summarize preliminary audit findings, next steps of the audit process, and to provide specific feedback to include strengths and areas of improvement as it relates to PREA standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The mission statement of the Montgomery County Juvenile Probation Department, as stated on its website, is: the "MCJPD strives to assist the Juvenile Court in fulfilling its mission, to assure public safety through supervision, maintain the integrity of the law, and holding juveniles accountable for their actions while assisting them in developing pro-social changes in their behavior."

The Montgomery County Juvenile Probation Department operates the Olen Underwood Juvenile Justice Center, which is identified herein as the Montgomery County Juvenile Detention Center (MCJDC).

Access to the MCJDC is through the Montgomery County Juvenile Probation Department building. The MCJDC serves detained male and female juveniles between the ages of 10 and 17. The MCJDC is currently an 85-bed facility consisting of housing units (referred to as Pods). Pods A-C are 16-bed configurations and Pod D is a 12-bed configuration. Pods A-D are within the newer area of the facility that was completed in 2001. The newer area of the facility consists of 60 general population beds. An original, 21-bed configuration also exists in the area of the facility that was completed in 1986. As of the first day of the onsite, the MCJDC had 29 residents (Pod A – 10; Pod B - 15; Pod C - 4; and Pod D – 0). Four isolation cells/rooms are included in the 85-bed count and are located in the intake area of the facility.

All housing units contain single occupancy rooms/cells for housing residents. The Montgomery County Juvenile Probation Department has not added a new facility nor has the existing facility undergone any substantial renovation since the facility's last PREA audit in 2016. The facility admitted residents in the 12-month period preceding the audit. The facility admitted 755 residents in the 12 months preceding the audit. Of the residents admitted, 672 had a stay of 72 hours or more, and 475 had a stay of 10 days or more. The average daily population was not provided by the MCJDC. The average length of stay for residents is 16 days.

The facility also has two control rooms, one located in each phase of construction. The auditor was provided with a listing of camera deployments throughout the facility. The auditor observed that 56 cameras were identified as being in use on the deployment list. Because the final PREA audit report must be posted on the Montgomery County Juvenile Probation Department's website, the location details regarding camera deployment are not provided for security reason. The camera deployments include internal an external camera coverage. Cameras are monitored by facility staff and the electronic surveillance includes digital recording of the areas covered by the cameras. The external cameras monitor all entrances into the building while the internal cameras monitor hallways, dayrooms, classrooms, Intake processing area, the Intake sally port, training room, gym, and the individual control rooms on the pods. The Director of Juvenile Probation and the PREA Coordinator discussed with...and showed... the auditor their own observations of blind spots leading into the pods and their plan to adjust certain existing cameras so that the identified blind spots are subject to camera coverage.

The facility Intake area is in close proximity to the MCJDC's medical office that contains a private medical

exam room. The MCJDC employs licensed nursing staff to oversee the provision of medical services for residents and the licensed nursing staff also provide the comprehensive PREA education to residents. The facility has an indoor gym and outdoor area for recreational activities. The facility also contains a kitchen, a laundry area, and office areas for facility administration.

Education services provided by certified teachers employed with the Conroe Independent School District. Education services are divided by academic levels. Per the MCJDC Classification Policy (2.7.1), Pod A is for male residents who are in grades 10-12 or who are pursuing a General Equivalency Degree (GED), Pod B is dedicated to male residents in grade 9 or below and for all male residents who need Special Education Services, and Pod C is for all female residents. Pod D is reserved for overflow housing of residents. Pod entrances are clearly marked as being for male or female residents to provide advance reminder to staff of the opposite gender of their duty to have their presence cleared and announced prior to entry. Residents from other jurisdiction may also be held in detention under contract. At the time of the on-site review, there were no intersex or transgender residents housed at the MCJDC.

Detention residents may earn their way through various "levels " based on their behavior. The levels are Freshman, Junior, Senior, and Honor. Each of the levels come with certain privileges (such as additional phone calls and additional visitation time).

The MCJDC employs security staff to provide direct supervision of residents across three eight-hour shifts. Each of the security staff are required to obtain and maintain certification as a Juvenile Supervision Officer (JSO) issued by the Texas Juvenile Justice Department (TJJD)...the state agency responsible for the oversight of juvenile justice programs and facilities.

The detention program provides residents with crisis intervention services, mental health assessments or evaluations, mental health treatment group and individual counseling services, and substance abuse assessments and evaluations. The MCJDC has professional mental health staff available to address the mental health needs detention residents and to provide guidance to supervisors and staff regarding residents with mental health needs.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

The Montgomery County Juvenile Detention Center is found to have met all standards.

Auditor recommendations regarding certain standards have been included in the audit report. The recommendations are not corrective action matters and are intended for the Montgomery County Juvenile Detention Center and Montgomery County Juvenile Probation to consider for the enhancing the success of future audits.

Standards where auditor recommendations appear are as follows:
115.331: It is recommended that the agency ensure that all of the training documentation formats that may potentially be used for documenting PREA trainings/refresher trainings contain an acknowledgment that the staff understand the training received.

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.2 (Monitoring Reporting Abuse Neglect Involving Personnel & Youth Sexual Conduct); 2. Inspected Policy 1.2.23 (Internal Investigation); 3. Inspected Policy 1.2.24 (Sexual Abuse Incident Review); 4. Inspected Policy 1.2.1 Personnel Recruitment, Selection, and Promotion; 5. Inspected Policy 1.2.13 Training and Training Criteria 6. Inspected Policy 2.1.2 Detention Admission Process 7. Interviewed the agency's PREA Coordinator; and 8. Inspected the agency's organizational chart. <p>115.311 (a) -An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>Discussion: the Montgomery County Juvenile Probation Department (MCJPD) has in place Policy 1.2.2. The policy mandates zero-tolerance towards any form of conduct that meets definition of sexual abuse and sexual harassment. The same policy further mandates that the MCJPD must extend all efforts to prevent, detect, respond to sexual abuse and sexual harassment.</p> <p>115.311 (b) - An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>Discussion: Per Policy 1.2.2, the Quality Development Supervisor serves as Facility PREA Coordinator. The position is reflected in the agency's organizational chart as Quality Development Supervisor/PREA Coordinator. The position is in the upper level hierarchy of the MCJPD as evidenced from the agency's organizational chart which indicates that the Quality Development Supervisor reports directly to the Director of the MCJPD. The PREA Coordinator stated that he has sufficient time and authority to develop, implement, and oversee PREA compliance efforts of the MCJPD. The PREA Coordinator indicated that, when there are issues with PREA standard compliance, the administrative team discusses the matter and includes supervisory personnel input when reviewing the compliance issue and establishing a plan and taking determined actions to correct the issue.</p> <p>115.311 (c) - Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Discussion: Not applicable. The Montgomery County Juvenile Probation Department operates a single facility.</p>

Auditor Determination:

The agency meets the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected the agency’s contracts for confinement of juveniles since the previous PREA audit; 2. Inspected incident summary reports from contract confinement facilities; 3. Inspected contract monitoring documentation; and 4. Interviewed the agency’s contract administrator. <p>115.312 (a) - A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>115.312 (b) - Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Discussion: The Montgomery County Juvenile Probation Department (MCJPD) has contracted with five other Texas counties and privately operated post-adjudicated secure correctional facilities for the confinement of juveniles since the prior PREA audit. The auditor inspected the contracts for the five confinement facilities. The contracts contained language that imposed upon the contract confinement facilities the obligation to adopt and comply with the National PREA Standards for Juvenile Facilities.</p> <p>The contracts administrator stated that the MCJPD does monitor the contracts it enters into with other facilities for the confinement of residents. Documented contract monitoring occurs, at minimum, twice a year under requirements set forth by the Texas Juvenile Justice Department (TJJJ). The contracts administrator indicated that the monitoring efforts include receipt of aggregate sexual abuse by reviewing the websites of the contract facilities for the aggregate data reports. The contracts administrator also stated that MCJPD’s placement coordinator conducts onsite visits to inspect and monitor compliance with the terms of confinement contracts, to include compliance with the PREA-related terms. The contracts administrator stated that MCJPD collects incident summary reports annually, regarding sexual abuse incidents, from the contract confinement facilities. The PREA Coordinator provided the auditor with a sample of documented contract monitoring of the confinement facilities by the MCJPD and annual PREA-related incident summary reports.</p> <p>Auditor Determination: The MCJPD has met the requirements of this standard.</p> <p>Corrective Action: None.</p> <p>Auditor Recommendations: To ensure clarity in future PREA audits, the MCJPD may want to consider having more specific language related to contract monitoring contract within the terms of confinement</p>

services contracts. The contract with Nueces County for confinement services contains excellent language regarding contract monitoring and other PREA requirements, including data provisions. The MCJPD may want to consider adding to or requiring such language to be in the contracts that MCJPD enters into regardless of whether the MCJPD is the author of the contract document or is a signatory to the contract document provided by the confinement facility.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Reviewed Policy 2.6.7 (Population Control-Staffing Plan); 2. Inspected Policy 2.6.1 (Shift Responsibilities) 3. Inspected the most recent monitoring visit report issued by the Texas Juvenile Justice Department; 4. Inspected samples of unannounced rounds logs for the 12-month period that preceded the first day of the onsite audit; 5. Inspected Staffing Plan Reviews for calendar years 2017 and 2018; 6. Inspected the annual data collection, findings, and corrective action reports for 2016 and 2018 ; 7. Inspected aggregated sexual abuse and sexual harassment data. 8. interviewed the PREA Coordinator; 9. Interviewed the facility administrator; 10. Interviewed the deputy director of MCJPD; 11. Interviewed the director of MCJPD; 12. Interviewed supervisory staff; 13. Interviewed random staff; and 14. Observed facility operation during the site review (facility tour). <p>115.313 (a) - The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated); (6) The composition of the resident population; 11 (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>115.313 (b) - The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.</p> <p>115.313 (c) - Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.</p>

Discussion: The 11 criteria required by this standard have been considered in the development and reviews of the staffing plan. For generally accepted juvenile detention and correctional/secure residential practices, the Montgomery County Juvenile Detention Center (MCJDC) has aligned its policies, procedures and practices with both the PREA standards and state juvenile justice facility standards codified in Title 37 Part 11 Chapter 343 of the Texas Administrative Code (TAC). No findings of inadequacy have been issued by a judicial entity nor from a federal investigative agency. The MCJDC is audited annually by the Texas Juvenile Justice Department (TJJJ) for compliance with the TAC standards for juvenile justice facilities and the impact of any corrective actions for non-compliance with those standards is considered in assessing the staffing plan. The auditor reviewed the 2017 and 2018 compliance monitoring reports issued by the TJJJ for the MCJDC. There were no TAC non-compliances that affect the staffing plan. Blind spots within the facility and other locations where staff and/or residents may be isolated are considered and the annual staffing plan reviews for the MCJDC contain identified areas where upgrades to its video monitoring system would further enhance its provision for the sexual safety of residents and protect staff. Composition of the resident population and programming that occurs on each shift is accounted for in how the MCJDC determines the number of staff needed and how staff are deployed. In addition to TAC 343 standards for juvenile justice facilities, the MCJDC also adheres to the TAC 358 requirements that govern the reporting and investigation of sexual abuse and sexual harassment allegations.

The facility administrator (superintendent) stated that the staffing plan is reviewed annually by the PREA Coordinator, the Director, the Assistant Deputy Director and the facility administrator. The facility administrator also stated the staffing plan is evaluated multiple times each day to ensure required staffing ratios are met for the various programming activities that occur on a given shift. The facility administrator stated the staffing plan includes ensuring that male and female staff are on duty when the facility is housing male and female residents. The facility administrator indicated that the facility has 10 to 15 part-time staff who do not have a set schedule, but typically work up to three shifts per week. The part-time staff are available to be called in to work and deployed as needed. The facility administrator stated that video monitoring assessment is part of the annual staffing plan reviews. Past video monitoring reviews have indicated: the need for camera replacements, the identification of blind spots needing the adding of cameras or repositioning of existing cameras, and the updating of some cameras from black-and-white to color. The facility administrator indicated that the staffing plan reviews are documented and posted on the Montgomery County Juvenile Probation Department's website. The facility administrator indicated that current Texas Juvenile Justice Department standards and the PREA standards are considered when assessing staffing levels for adequacy. The facility administrator indicated that the composition of the resident population is considered when assessing the staffing plan.

The PREA Coordinator indicated that the staffing plan is reviewed annually. The PREA Coordinator indicated that the staffing plan was developed in accordance with the 11 criteria required by this standard. The sexual abuse and sexual harassment data, to include dispositions of investigations conducted is considered in reviewing the staffing plan.

MCJDC did not report any instances in the past 12 months where the staffing ratio required by this standard was not met. The facility is obligated by regulation (28 CFR 115.313) to maintain

staffing ratios at a minimum of ratio of one security staff (juvenile supervision officer) to eight residents during waking hours and a minimum ratio of one security staff to 16 residents during sleeping hours.

Observations of the MCJDC during the site review and during random security staff interviews indicated that the facility is maintaining a 1:8 ratio of security staff (juvenile supervision officers) who are providing direct resident supervision during waking hours and a 1:16 or better ratio during sleeping hours.

115.313 (d) - Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Discussion:

At least once each year, the agency deputy director, facility administrator and the PREA Coordinator collaboratively review the facility staffing plan to determine whether the staffing plan is in need of revision or adjustment, to assess whether any prevailing staffing plans exist; to assess the deployment of video monitoring technology and the quality of the outputs; to determine whether the MCJDC is need of allocated resources to ensure compliance with the staffing plan. The auditor inspected the facility's documented staffing plan reviews and found that they are reviewed annually. The PREA Coordinator, the facility administrator, and the deputy director participated in these staffing plan reviews and presented the completed reports to the agency head. All are signatories on the completed staffing plan reviews.

115.313 (e) - Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

Discussion:

The MCJDC requires that intermediate level or higher-level staff conduct documented unannounced rounds across all three of the facility's shifts. Shift supervisors are required to conduct two documented unannounced rounds on their shifts. The auditor reviewed a sample of the unannounced rounds logs and found the rounds are occurring on each shift at least monthly and the rounds are conducted in a randomized manner so that staff cannot anticipate the occurrence of such rounds. Agency policy prohibits staff from alerting one another if they become aware that such rounds are in progress.

The rounds are documented using the Guard1 (G1) "pipe" electronic reader system. The G1 system's electronic reader (the "pipe") records the identity of the administrator conducting the round. The system utilizes programmed "buttons" that identify facility locations in the G1 system software. The programmed buttons are then affixed throughout the facility. During the

rounds, the administrator or supervisor touches the pipe to an affixed button. The G1 system then records the date and time (accurate to the second) that administrator was at a specific location during the round. During the site review, the auditor observed the “buttons” affixed throughout the facility, including in areas where blind spots exist. The stored unannounced round data is uploaded to the G1 system software and the reports can be obtained for specified date ranges. Shift supervisors are expected to download data from the “pipe” device daily for the shift that preceded their own to ensure that recorded routine cell checks and the unannounced rounds are retained and retrievable.

Interviews were conducted with intermediate or higher-level staff that conduct unannounced rounds. As stated by the facility administrator, shift supervisors are also required to conduct documented rounds on their respective shifts. The supervisors reported that they randomize their on-shift rounds and that they inquire about the whereabouts of any residents who are not obviously present during the rounds.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Reviewed Policy 2.6.10 (Searches); 2. Reviewed Policy 2.5.11 (Resident Showers); 3. Inspected the training curriculum use to train staff in conducting cross-gender pat down searches; 4. Interviewed randomly selected facility residents regarding searches; 5. Interviewed randomly selected facility staff; and 6. Observed the housing and showering areas during the site review (facility tour). <p>115.315 (a) - The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Discussion:</p> <p>The MCJDC prohibits cross-gender strip and cross-gender pat down searches of residents. The MCJDC further prohibits body cavity searches, unless performed by a medical practitioner, and only when there is documented probable cause to justify such a search and a search warrant has been obtained. Policy 2.6.10 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances and that such searches are to be performed only by a qualified medical practitioner. The policy further requires that all cross-gender strip and visual body cavity searches shall be documented with justification for the search included. The facility reports there were no cross-gender strip and/or cross-gender body cavity searches conducted, by medical staff or otherwise, in the past 12 months and thus no cross-gender search logs or other documentation for the auditor to inspect.</p> <p>115.315 (b) - The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p>115.315 (c) - The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p>Discussion:</p> <p>Policy 2.6.10 prohibits cross-gender pat-down searches. Specifically, the policy requires that any search (strip or pat-down) shall only be conducted by a staff of the same gender and only after the staff have been properly trained in how to conduct a search.</p> <p>The policy prohibits conducting conduct cross-gender pat-down searches except in exigent circumstances and only with Deputy Director approval; in which case properly trained medical staff shall conduct the search in camera view and with an appropriate witness. If medical staff are unavailable, a properly trained detention supervisor or administrator is required to conduct the cross-gender pat-down search if the search must still be conducted in the absence of medical staff.</p>

It is noted by the auditor that the applicable, generally-accepted juvenile justice facility practices in Texas, as codified in Title 37 Part 11 Chapter 343 of the Texas Administrative Code (TAC) are more stringent in the prohibition of cross-gender searches than 28 CFR 115.315. Specifically, TAC 343.260 prohibits the cross-gender strip and pat-down searches of residents and makes no allowance for exigent circumstances. When considered with the gender supervision requirements found in TAC 343.432 and TAC 343.626, which require the MCJDC to have male and female staff on duty across all shifts when the MCJDC houses both male and female residents, it is unlikely that the MCJDC will encounter exigent circumstances that would necessitate a cross-gender pat down search of residents. All staff interviewed reported that cross-gender pat down and strip searches are prohibited.

Staff who were interviewed by the auditor reported viewing a training video on how to properly conduct a cross-gender pat down search. Staff interviewed stated that only medical staff and certain upper level management (administrators) are permitted to conduct cross-gender pat down searches in exigent circumstances (staff used terms such as “emergencies”; “extreme circumstances”; “strange incidents”). Staff clearly articulated that they are not authorized to conduct such searches.

Interviews with randomly selected residents also supports the existence of the prohibition on cross gender strip and pat-down searches. All residents interviewed indicated they had not been subjected to a cross-gender strip search nor to a cross-gender pat-down search and also had not seen or heard of other residents being subjected to such searches.

115.315 (d) - The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Discussion:

Policy 2.5.11 prohibits staff members of the opposite gender from viewing residents during showering routines, the performance of bodily functions, dressing/changing clothes, unless such viewing is incidental to routine room (cell) checks. The policy requires that staff must be of the same gender as residents when supervising shower routines. The policy states that residents shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing a residents breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room observations. The policy requires staff who are of the opposite gender of the residents in a housing to request and obtain clearance from the applicable Control Rooms prior to entering any housing area during shower time or areas where residents may be performing bodily functions, or changing clothing.. The practice is set in place to ensure that the presence of opposite gender staff is announced to the residents prior to the staff entering the area.

During the pre-audit phase, the PREA Coordinator reported (and provided photos of) the

“STOP” signs posted on the doors to housing units that identify the gender of the residents of the unit into which the door leads. During the site review (facility tour), the auditor observed “STOP” signs in place on doors leading into each pod. The PREA Coordinator reported that no camera is positioned in such a way to cover the areas inside of residents’ rooms or the shower areas. As reported by the PREA Coordinator and observed by the auditor, the “STOP” signs identify the housing unit (pod) as male or female and serve as a visual reminder for staff of opposite gender to obtain clearance prior to entering a pod housing residents who are of the opposite gender from the staff who is seeking entry into the pod.

Random staff interviewed by the auditor stated that they must call over the radio to the staff in the pod to obtain clearance from the pod staff before passing through the first door (there are two doors into a pod...one from the main hall into a short hallway and then one from short hallway into the pod itself) leading into the pod where residents of the opposite gender from the staff are housed. Staff interviewed reported that the staff assigned to the pod are required to announce the presence of a staff member of the opposite gender in the pod. Staff interviewed reported that the practice puts the residents on alert to remain covered up.

Random facility residents who were interviewed indicated that staff obtain clearance from the control room, or from staff already in the pod, prior to entering a housing unit where residents are of the opposite gender of the staff seeking entry to the housing unit. Some residents reported that they hear staff calling over the radio to obtain clearance to enter housing units. Some residents reported that staff will advise the residents to remain dressed and if they must use the restroom, to ensure they are facing away from the viewing window in the cell door (in male pods when female staff is present in the pod). It is evident that the MCJDC’s residents are clearly put on notice so that residents have the opportunity to “cover up” to prevent cross gender viewing incidents.

115.315 (e) - The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined 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.

Discussion:

Policy 2.6.10 states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident and the residents guardian/s, 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.

Staff who were interviewed by the auditor reported viewing a training video on how to properly conduct a cross-gender pat down search. Staff interviewed stated that only medical staff and certain upper level management (administrators) are permitted to conduct cross-gender pat down searches in exigent circumstances (staff used terms such as “emergencies”; “extreme circumstances”; “strange incidents”). Staff clearly articulated that they are not authorized to conduct such searches.

Interviews with randomly selected residents also supports the existence of the prohibition on cross gender strip and pat-down searches. All residents interviewed indicated they had not been subjected to a cross-gender strip search nor to a cross-gender pat-down search and also had not seen or heard of other residents being subjected to such searches..

115.315 (f) - The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Discussion:

Policy 2.6.10 requires the facility shall to train all certified detention and medical staff on how to conduct cross-gender pat-down searches. The policy states that the facility shall not conduct cross-gender pat-down searches except in exigent circumstances and only with approval from a senior administrator. Should a cross-gender pat down search be necessary, the policy requires that properly trained medical staff shall conduct the search in camera view and with an appropriate witness. The policy allows for the cross-gender pat down search to be conducted by a properly trained detention supervisor or administrator when medical staff are unavailable. The policy requires that such a search be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The policy requires all searches of residents to be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The policy requires that staff conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Communication by staff during the search shall be limited to the verbal instructions and requests necessary to conduct an effective and efficient search and to provide for resident, staff and facility safety. The auditor inspected the training curriculum used by the MCJDC to train staff in conducting cross-gender pat down searches. The curriculum is entitled "Cross-Gender Pat Searches and Searches of Transgender and Intersex Inmates: Quadrant Method". The curriculum meets the training requirements of this standard.

All staff interviewed reported that cross-gender pat down and strip searches are prohibited. Staff interviewed reported viewing a training video on how to properly conduct a cross-gender pat down search. Staff interviewed stated that only medical staff and also stated that they know they are not authorized to conduct such searches.

Interviews with randomly selected residents also supports the existence of the prohibition on cross gender strip and pat-down searches. All residents interviewed indicated they had not been subjected to a cross-gender strip search nor to a cross-gender pat-down search and had not seen or heard of other residents being subjected to such searches.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations: None.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 2.5.9 (Disabled and Limited English Proficient Youth); 2. Inspected Policy 2.1.2 (Detention Admission Process); 3. Interviewed the Director of Montgomery County Juvenile Probation; 4. Inspected the in-force contract with The Language Line for translation services; 5. Inspected the facility’s Spanish edition of the detention handbook; 6. Interviewed one resident with a cognitive disability; and 7. Interviewed a random sample of staff. <p>115.316 (a) - The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>15.316 (b) - The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>115.316 (c) - The agency shall not rely 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.</p> <p>Discussion:</p> <p>Policy 2.5.9 was inspected and found to require that residents with limited English proficiency or 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. The policy indicates that Disabled youth , including residents who are deaf or hard of hearing, those who are blind or have low vision, those who have intellectual psychiatric or speech disabilities, and limited English proficient youth will be properly oriented to the facility. Policy</p>

2.1.2 (Detention Admission Process) is found to require that the detention orientation be provided in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The policy requires intake staff to provide detention orientation to the juvenile in his or her own language within 12 hours of admission unless a communication barrier exists, in which case the orientation shall be provided within 48 hours. Department personnel trained in the applicable form of communication may be utilized to assist in interpreting the orientation material. When an interpreter is not available at the department, intake may utilize the Language Line interpreter service. The policy prohibits the facility from relying on resident interpreters except in cases where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of a first responder or an investigation of any resident's allegations. The policy indicates that residents with cognitive or intellectual disabilities are referred to the agency's mental health staff.

The PREA Coordinator reported that the MCJDC has a contract for interpretive services with the Language Line Service and that the facility offers the detention handbook in Spanish. The PREA Coordinator reported that the MCJDC employees several staff who are fluent in Spanish and those staff are permitted provide assistance to Spanish-speaking residents.

The auditor interviewed the Director of Montgomery County Juvenile Probation regarding how the agency provides residents with limited English proficiency or with disabilities equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Director stated that the staff will work with residents to ensure they understand the rules of the facility. The Director reported that the agency has a contract for interpretive services with Language Line, a phone based translation service. The Director also indicated that facility staff are available to provide translation assistance, particularly with Spanish-speaking residents.

The auditor interviewed one resident identified as having a cognitive disability. The resident stated the facility provided the resident information about sexual abuse and sexual harassment that was understandable for the resident. The resident further articulated the ways that the facility provided the resident with information about sexual abuse and sexual harassment. The resident stated that a video on facility rules was provided during the intake process and that staff also provided a verbal explanation of the rules. The resident reported being provided with a copy of the rule book. The resident stated that staff and teachers are able to assist residents with understanding rules, but the resident stated that such assistance has not been needed.

During the site review (facility tour), the auditor observed postings throughout the facility, in both English and Spanish, that provide residents with limited English proficiency the opportunity to view the information in Spanish.

The auditor interviewed randomly selected staff regarding how the MCJDC provides residents with disabilities, or with limited English proficiency, the equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All staff interviewed were familiar with the Language Line telephone-based translation service as a means to provide translation services for residents whose primary language is other than English or Spanish. Random staff interviewed indicated

that the MCJDC employs bi-lingual staff who can assist with the English-to-Spanish/Spanish-to-English communication needs. Staff interviewed indicated that facility does not permit residents to translate verbal communication to residents who are limited in English proficiency nor does the facility permit residents to translate and read written material to residents who are limited in English proficiency.

Auditor Determination:

The MCJDC has demonstrated compliance with this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.1 (Personnel Recruitment, Selection, and Promotion); 2. Inspected Policy 1.1.8 (Roles of Consultants, Contract Employees); 3. Inspected background check verification documentation or contract employees; 4. Inspected employee records; 5. Inspected the letter of intent used to apply for promotions; and 6. Interviewed Administrative (Human Resources) Staff. <p>115.317 (a) - The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Discussion:</p> <p>The auditor reviewed the files for eight randomly selected employees. Three employees were hired prior to the adoption of the PREA standards. One employee was hired 13 days prior to the onsite audit. For the five employees hired after the effective date of the standards, the screening for conduct listed in this standard is completed by way of questions included in the MCJDC’s employment interviewing process. For employees hired in 2016 or later, the screening questions are included in the employment application. Four of employees were observed to have received a promotion during their employment. The auditor noted that Policy 1.2.1 states the agency will not promote anyone who may have contact with residents who has been found to have engaged in the conduct listed in 115.317 (a).</p> <p>115.317 (b) - The agency shall 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.</p> <p>Discussion:</p> <p>The auditor determined that 1.2.1 establishes that the MCJDC does not hire or promote any employee who affirms to have engaged in any of the conduct enumerated under 115.317 (a). The policy requires the MCJDC to consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. The policy further states that the MCJDC will not enter into contracts with service providers who may have contact with residents when a potential contract service provider affirms having engaged in any of the conduct enumerated under 115.317 (a). The policy requires the MCJDC to consider any incidents of sexual harassment in determining whether to enlist the services of a contractor who may have contact with residents. The policy requires the MCJDC, before it hires any new employees who may have contact with residents, to: (a) conduct criminal</p>

background record checks, (b) consult any child abuse registry maintained by the state or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

The auditor interviewed the Montgomery County Juvenile Probation Department's human resources administrator. The human resources administrator indicated that the MCJDC conducts fingerprint based criminal record background checks on all employees prior to hire or promotion. The HR administrator also confirmed that the MCJDC checks the child abuse registry, maintained by the Texas Department of Family Protective Services, prior to hiring or promoting an employee. The HR administrator indicated that the FBI Civil Rapback program is subscribed to for all employees of the agency. The HR administrator stated the agency processes the criminal history checks and child abuse registry checks for contractors, volunteers and interns prior to enlisting the services of the contractor or permitting volunteers and interns to begin serving at the MCJDC. The HR administrator stated that criminal background checks are conducted on contractors who will be not be providing services as directly to residents such as maintenance work on the facility.

115.317 (c) - Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

Discussion: The auditor inspected 1.2.1 and found that the policy requires the MCJDC to make its best efforts to contact all prior institutional employers for any information on substantiated allegations of abuse or whether the applicant resigned from employment amid an investigation of sexual abuse. The auditor interviewed the human resources administrator. The human resources administrator reports that both state and federal background criminal background checks, and state child abuse registry checks are conducted prior to hiring any new employee. The human resources administrator stated that prior institutional employers are contacted to determine if the employment applicant has any substantiated allegation of sexual abuse in their institutional employment history or had resigned during any sexual abuse allegation investigation. Of the eight employee files selected by the auditor, one had prior institutional employment after the effective date of the standards. The employee's file contained documentation that the prior institutional employers had been contacted for an institutional reference check prior to the employment begin date.

115.317 (d) - The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

Discussion:

The auditor interviewed the Montgomery County Juvenile Probation Department's human resources (HR) administrator. The HR administrator indicated that the MCJDC conducts fingerprint based criminal record background checks on all contractors who may have contact

with residents. The HR administrator also confirmed that the MCJDC checks the child abuse registry, maintained by the Texas Department of Family Protective Services, prior to enlisting the services of contractors who may have contact with residents and that the checks are completed prior to the beginning of service provision. The HR administrator stated that criminal background checks are conducted on contractors who will be not be providing services as directly to residents such as maintenance work on the facility.

115.317 (e) - The agency shall 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.

Discussion:

Policy 1.2.1 requires the completion of criminal background checks every two years for agency employees. The human resources administrator reported that employee criminal background checks are verified every two years when juvenile probation officer and/or juvenile supervision officer certification renewals are processed with the Texas Juvenile Justice Department for renewal. The auditor found that all eight of the randomly selected staff files contain documentation evidencing that criminal background checks are being completed every two years. The HR administrator indicated that the FBI Civil Rapback program is subscribed to for all employees of the agency. The Civil Rapback program will provide notification to the agency if an employee is arrested for a criminal offense, charged with a criminal offense, and/or convicted of a criminal offense in any state or U.S. Territory. Computerized criminal background checks are required to be conducted every five years on consultants and contractors per Policy 1.1.8. The auditor inspected documentation that verifies criminal background checks have been conducted on: Criminal background checks have been conducted on: Tri-County staff (mental health crisis agency); the psychologist who provides contract services for the agency; teachers from the local independent school district who provide education services at the MCJDC; the contract physicians who provide medical services for the MCJDC.

115.317 (f) - The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Discussion:

The auditor interviewed the human resources administrator of the Montgomery County Juvenile Probation Department and inspected the Montgomery County Juvenile Probation Department's employment application.

The pre-employment screening process includes questions to screen for the conduct listed in 115.317 (a). The HR administrator stated that employee performance evaluations also include the questions to screen for such conduct. Employees who want to be considered for a promotion opportunity are required to submit a letter of intent to agency administration when requesting a promotion. The auditor inspected the letter of intent and found that it did not include the questions required to be asked under this standard for promotions. The auditor informed the PREA Coordinator and Director of the needed language on the promotion form. The language was added to the form and provided the auditor while onsite to inspect. The

auditor found that the updated form meets the requirements of 115.317 (f) and 115.317 (a).

The auditor found that Policy 1.2.1. places a continuous affirmative duty on MCJDC employees to disclose any sexual misconduct as described in 115.317 (a). The human resources administrator affirmed that employees have the continuous affirmative duty to disclose such conduct to the agency.

115.317 (g) - Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Discussion:

Policy 1.2.1 states that any material omissions of sexual misconduct or provision of materially false information is grounds for termination.

115.317 (h) - Unless prohibited by law, the agency shall 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.

Discussion:

The MCJDC provides information on substantiated allegations of sexual abuse or sexual harassment regarding a former employee upon request from an institutional employer with whom the former employee has applied to work.

Auditor Determination:

The MCJDC has demonstrated compliance with this standard.

Corrective Action:

Employees who want to be considered for a promotion opportunity submit a letter of intent to agency administration when requesting a promotion. The auditor inspected the letter of intent form and found that it did not include the questions required to be asked under this standard for promotions. The auditor informed the PREA Coordinator and Director of the needed language on the promotion form. The language was added to the form and provided the auditor while onsite to inspect. The auditor found that the updated form meets the requirements of 115.317 (f) and 115.317 (a).

Auditor Recommendations:

None.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Interviewed the Director of the Montgomery County Juvenile Probation (agency head); 2. Interviewed the Facility Administrator (Superintendent); and 3. Observed the deployment and use of monitoring technology while on the site review (facility tour). <p>115.318 (a) - When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b) - When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Discussion: The Montgomery County Juvenile Probation Department has not entered into a design phase for a new facility nor has the department acquired any new facility since the previous PREA audit. No major upgrades have been made since 2014 when the P2 electronic check system Guard1 pipe system was implemented throughout the facility. The P2 system ensures that staff are conducting the required room observations and eliminates the ability of staff to falsify cell checks. The auditor noted that the department has not planned any substantial expansions or modifications of the facility's existing layout. No documentation on new facility design or documentation on planned renovations, modifications, or expansions to the facility existed for review.</p> <p>The auditor interviewed the Director of the Montgomery County Juvenile Probation Department regarding considerations facility modifications and the use of monitoring technology to aid in the protection of residents. The Director indicated that blind spots are considered and whether camera installations will be needed to minimize the blind spots. The Director stated that more camera coverage in places such as the agency main lobby is under consideration. The agency has added larger monitors for ongoing camera viewing and replaced cameras in the pods with cameras that have wide angle lenses. The Director indicated that cameras in the small corridors leading into the pods will be re-positioned to cover an identified blind spot in the small corridors. The Director indicated that the facility physical plant's areas of use are constantly assessed and video monitoring technology is evaluated to determine if camera coverages are adequate. The deployment of video monitoring technology is also assessed during annual staffing plan reviews.</p> <p>During the site review (facility tour), the auditor observed the video monitoring system at the facility and camera installations across the facility. The auditor did not observe any issues with the current camera placement or other monitoring technology that prompted technology recommendations from the auditor. The auditor observed that numerous P2 (Guard1) location buttons are installed throughout the facility.</p>

Auditor Determination:

The MCJDC has demonstrated compliance with this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.2 (Monitoring Reporting Abuse Neglect Involving Personnel and Youth Sexual Conduct); 2. Inspected Policy 1.2.23 (Internal Investigation); 3. Inspected Multi-Disciplinary Team Working Protocols for Children’s Safe Harbor (child advocacy center); and Montgomery, San Jacinto, and Walker Counties; 4. Inspected the resident handbook; 5. Interviewed random staff; 6. Interviewed MCJDC medical staff; 7. Interviewed the SANE staff at Children’s Safe Harbor; 8. Interviewed the PREA Coordinator; and 9. Interviewed one resident who reported a sexual abuse during risk screening. <p>115.321 (a) - To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Discussion:</p> <p>Policy 1.2.23 contains the MCJDC’s evidence preservation protocols. The auditor observed that the evidence preservation protocols require: (1) the separation of the alleged abuser and alleged victim; (2) the preservation of the scene of the alleged abuse to protect evidence until it can be collected; (3) that the alleged victim be asked not to take any action that could destroy physical evidence and identifies those actions; and (4) that alleged abuser be prevented from taking any action that could destroy physical evidence and identifies those actions.</p> <p>The auditor interviewed random staff and found that the MCJDC understand their role in the preservation of physical evidence. The random staff interviewed articulated evidence preservation steps that are consistent with evidence protocol set forth in Policy 1.2.23 (Internal Investigation). The interviewed staff identified that following as evidence preservation actions: (1) marking the area as a potential crime scene and preventing access to the abuse incident location; (2) not providing food or drink to the resident; (4) attempting to prevent alleged victims and alleged abusers from urinating or defecating; (4) not disturbing clothing or allowing alleged victims (and alleged abusers who are facility residents) to change clothes; (3) removing the resident from the abuse location; and preventing an alleged victim (and alleged abuser who is a resident) from showering, brushing teeth, and attempting to perform other hygiene activities. The PREA Coordinator has implemented what interviewed staff referred to as the “PREA backpacks” and “blue backpacks”. The backpacks contain the needed materials and equipment for staff first responders to preserve and protect evidence in potential sexual abuse crime scenes. The backpack also contains written instructions on how to properly protect and preserve evidence. Staff interviewed indicated that collection of evidence from the scene is the role of the Conroe Police Department.</p>

115.321 (b) - The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

Discussion:

Policy 1.2.23 contains the MCJDC's evidence preservation protocols. The auditor observed that the evidence preservation protocols require: (1) the separation of the alleged abuser and alleged victim; (2) the preservation of the scene of the alleged abuse to protect evidence until it can be collected; (3) that the alleged victim be asked not to take any action that could destroy physical evidence and identifies those actions; and (4) that alleged abuser be prevented from taking any action that could destroy physical evidence and identifies those actions. The evidence protocol is developmentally appropriate for youth. The PREA Coordinator reported that the evidence protocols were developed as a result of investigator training conducted the Texas Juvenile Justice Department's investigative staff. The training focused on evidence protocols in a juvenile facility. The evidence protocols in Policy 1.2.23 and articulated by interviewed staff are consistent with the Department of Justice publication identified in the standard above.

115.321 (c) - The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Discussion:

The auditor inspected and found that Policy requires the MCJDC to provide forensic medical exams to residents who experience sexual abuse where evidentially and medically appropriate for such exams. Specifically, the policy states that all residents who experience sexual abuse in the facility shall have access to forensic medical exams without cost. The policy requires that such exams be performed by sexual assault forensic examiners (SAFE) or sexual assault nurse examiners (SANE) when possible, and other qualified medical practitioners when not possible. The policy requires the agency to document its efforts to provide SAFEs or SANEs .The PREA Coordinator reported that the forensic medical exams are conducted either at Children's Safe Harbor or Memorial Herman Hospital in the Woodlands.

The auditor interviewed one medical staff who is employed by the agency. The medical staff interviewed verified that she does not conduct SANE or SAFE exams onsite and stated that exams would take place at Memorial Herman Hospital.

The auditor contacted Children's Safe Harbor to interview SANE/SAFE staff. The auditor interviewed SANE/SAFE staff by phone regarding forensic medical exam coordination. The SANE/SAFE staff is a pediatric nurse practitioner certified to perform pediatric SANEs. The SANE/SAFE staff indicated that Children's Safe Harbor contracts with Texas Children's Hospital in The Woodlands for non-acute forensic medical exams. The SANE/SAFE reports to

Children's Safe Harbor on Wednesdays to conduct non-acute sexual abuse forensic exams. The SANE/SAFE staff reported that acute sexual abuse exams (conducted within 96 hours after the sexual assault) are handled through the hospital emergency room and not onsite at Children's Safe Harbor.

The agency reported there were no forensic medical exams or SANE/SAFE exams conducted for facility residents during the 12-month period that preceded the onsite audit.

115.321 (d) - The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

115.321 (e) - 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.

Discussion:

Policy 1.2.2 requires the MCJDC to attempt to make available to the victim an advocate from a rape crisis center or an outside victim advocate. The victim advocate is made available through Children's Safe Harbor (CSH). The auditor inspected the agreed upon protocols for the Multi-Disciplinary Team (MDT) that includes Children's Safe Harbor and Montgomery County Juvenile Probation. The auditor found that victim advocacy services are available to MCJDC residents. MDT protocols stated the CSH provides family advocacy services to assist all child abuse victims. The CSH's advocates are the designated, trained individuals assigned to provide comprehensive victim support and advocacy services. The MDT indicates that the advocates meet with non-offending caregivers at the time of the forensic interview to assess basic needs. The MDT states the advocates meet with the non-offending caregivers and provide extensive education about the coordinated MDT response, rights of a crime victim, dynamics of abuse, the criminal justice system responses to child abuse, and the local community resources available to assist traumatized children and their families. Advocates also provide crisis intervention, follow-up, and on-going support for children and families.

The auditor interviewed an administrator at Children's Safe Harbor regarding the provision of victim advocate services. The administrator confirmed that Children's Safe Harbor will provide a victim advocate to be present with the resident who has suffered sexual abuse. The administrator at Children's Safe Harbor stated the referrals for a sexual abuse examination received from the MCJDC were for sexual abuse that was alleged to have occurred in the community and not within the facility.

The auditor interviewed a resident who had reported a sexual abuse during risk assessment screening. The resident stated that the intake staff contacted mental health staff to speak with the resident by phone regarding the sexual abuse reported during intake risk screening. The resident affirmed having spoken with mental health staff while still at intake.

115.321 (f) - To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Discussion:

The PREA Coordinator stated that criminal investigations are conducted by the Montgomery County Sheriff's Department. It is also possible that the Texas Juvenile Justice Department may conduct its own criminal investigation into an allegation of sexual abuse. Policy 1.2.23 requires that all suspected incidents of abuse, neglect, or exploitation by departmental personnel, volunteers, contractors, and interns or youth sexual conduct (including sexual abuse by one resident to another) shall be reported immediately to the local law enforcement agency with investigative jurisdiction (i.e. Conroe Police Department). The policy further requires the MCJPD to request that the investigating agency follow the investigation requirements set forth in this MCJPD Policy 1.2.2 and MCJPD policy 1.2.23 and all PREA investigative requirements.

115.321 (g) - The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Discussion: Not audited. This standard does not apply.

115.321 (h) - For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Discussion:

This subsection of the standard is found to be not applicable. Victim advocates are available, as discussed in subsection 115.321 (d) and (e), from Children's Safe Harbor.

Auditor Determination:

The agency meets the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Reviewed MCJDC Policy 1.2.2 (Monitoring Report Abuse Neglect Involving Personnel and Youth Sexual Conduct); 2. Reviewed the agency’s website; 3. Reviewed the MCJDC’s responses in the Pre-Audit Questionnaire; 4. Interviewed one of the agency’s administrative (internal) investigators; 5. Interviewed the facility administrator; and 6. Interviewed the Agency Head (Director of Juvenile Probation). <p>115.322 (a) – The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>115.322 (b) The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.</p> <p>115.322 (c) - If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Discussion: The MCJDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PREA Coordinator reported that in the 12- month period that preceded the onsite phase of the audit, there were no allegations of sexual abuse and sexual harassment received. With no allegations of sexual abuse or sexual harassment, there were no allegation and investigation documentation for review as part of this audit.</p> <p>The Director of Montgomery County Juvenile Probation (RCJPD) and the administrative investigator interviewed indicated that the internal investigations are completed for all allegation so sexual abuse or sexual harassment. The Director indicated that the facility administrator tends to be the lead on ensuring investigations are conducted (administrative) or referred out (criminal) to the Conroe Police Department. The Director stated that four or five administrators are trained to conduct administrative investigations.</p> <p>MCJDC Policy 1.2.2 requires the referral of allegations of sexual abuse or sexual harassment to the Conroe Police Department (CPD) when potentially criminal conduct appears to have occurred in a sexual abuse or sexual harassment incident/allegation. The CPD has the legal authority to conduct criminal investigations into sexual abuse and sexual harassment allegations that arise within the MCJDC. The MCJDC refers allegations of sexual abuse and sexual harassment to its operating entity (the Montgomery County Juvenile Probation Department) for administrative (internal) investigation. Further, the MCJDC submits incident reports regarding sexual abuse, sexual harassment, and youth sexual conduct allegations to</p>

the state juvenile justice oversight agency, the Texas Juvenile Justice Department (TJJD), in accordance with Title 37 Texas Administrative Code Chapter 358. It is further noted that Chapter 358 of the Texas Administrative Code requires the MCJDC to report all sexual abuse allegations to a law enforcement agency having jurisdiction over the location of the alleged incident. Incident report forms include the date/time that the Montgomery County Sheriff's Department was notified acute to the allegation.

The MCJDC Policy 1.2.2 is published on the Montgomery County Juvenile Probation Department's website. The auditor observed that law enforcement roles and responsibilities are included in the Multi-Disciplinary Team Working Protocols set in place by Children's Safe Harbor with Montgomery, San Jacinto, and Walker counties. The auditor observed that the Conroe Police Department is a signatory to the working protocols. Section V of the MDTP details the duties of participating law enforcement agencies in the investigation of abuse allegations, to include sexual abuse.

115.322 (d) - Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

Discussion:

It is noted that the TJJD may conduct its own administrative investigation in addition to an administrative investigation conducted by the Montgomery County Juvenile Probation Department and/or any criminal investigation that may be conducted by the Montgomery County Sheriff's Department. The TJJD policy governing the conduct of its investigations is codified in Title 37 Texas Administrative Code Chapter 350.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.13 (Training and Training Criteria); 2. Interviewed randomly selected staff; 3. Inspected a sample of training records for 2018 and 2019; and 4. Inspected the PREA training curriculum. <p>115.331 (a) - The agency shall train all employees who may have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent. <p>Discussion:</p> <p>Policy 1.2.13 requires the Montgomery County Juvenile Probation Department train all new employees who may have contact with residents in the topics mandated under 115.331 (a).</p> <p>The policy requires that the training coordinator or designee document that employees understand the PREA training they have received. Interviews random staff indicated to the auditor that the staff have been trained in the required topics. Documentation of completed training was present in the employee files inspected during the onsite audit and was also provided to the auditor for inspection during the pre-onsite phase.</p> <p>115.331 (b) - Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p>Discussion:</p> <p>Policy 1.2.13 requires that the training be tailored to the unique needs and attributes of juveniles. Each employee shall receive refresher PREA training every year to ensure that all employees know MCJPD current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, MCJPD shall provide refresher information on current sexual abuse and sexual harassment policies.</p>

The auditor inspected the PREA training curriculum and found that the training is tailored to juvenile residential facilities and the genders of population housed at the MCJDC. MCJDC staff are not in positions of assignment in male-only or female-only pods.

115.331 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Discussion:

The auditor inspected a sample of employee training records while onsite at the facility. For employees hired after the effective date of the PREA standards (8/20/2012), the training in the topics required under 115.331 (a) were completed within two weeks or earlier after being hired. The training records inspected indicate that full PREA refresher training is an annual occurrence.

115.331 (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Discussion:

The auditor inspected the PREA refresher training documentation and found various forms (sign-in sheets, verification of review of training to make-up for missed in-person training, and staff basic training form) in use to document the training received by staff. The staff signature serves as acknowledgment that the staff was present for or viewed the training on the agency's network drive and that the duration of training is correctly indicated. The training documentation for PREA trainings/refresher trainings prior to January 2019 did not contain an acknowledgment that the staff understand the training received. Some of the PREA training sheets in service as of January were observed to contain the acknowledgment of understanding.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

It is recommended that the agency ensure that all training documentation formats that are used for documenting PREA trainings/refresher trainings contain an acknowledgment that the staff understand the training received.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.1.8 (Roles of Consultants and Contract Employees); 2. Inspected Policy 1.1.12 (Volunteer and Intern Program); 3. Inspected the MCJDC's PREA training curriculum for volunteers and contractors; 4. Interviewed one volunteer who has contact with residents; and 5. Reviewed a sample of training records for contractors who have contact with residents. <p>115.332 (a) - The agency shall ensure 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.</p> <p>115.332 (b) - 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c) - The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Discussion:</p> <p>The auditor inspected Policy 1.1.12 and finds that the agency requires that all volunteers and contractors who have contact with residents are trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are trained on how to report such incidents. The policy further requires that its volunteers and contractors indicate in writing that they understand the training received. The PREA Coordinator reports a service provider, contractor, volunteer, or intern must complete the PREA acknowledgement of training form prior to being allowed in the facility to meet with a resident.</p> <p>The auditor interviewed one volunteer by phone prior to the onsite audit. The volunteer indicated having been trained on the agency's zero-tolerance policy and the proper way to report sexual abuse and sexual harassment.</p> <p>The auditor inspected a sample of PREA training documentation for contractors and found that the contractors were made aware of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and were made aware of their responsibilities in reporting allegations of sexual abuse and sexual harassment and how to make such reports.</p> <p>Auditor Determination: The agency has met the requirements of this standard.</p> <p>Corrective Action: None.</p>

Auditor Recommendations:

None.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To determine compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 2.1.2 (Detention Admission Process); 2. Inspected the resident handbook in English and Spanish; 3. Inspected the verbal orientation script used by intake staff; 4. Inspected the orientation checklist; 5. Inspected the End the Silence postcard; 6. Inspected a Photograph of the End the Silence wall poster in English and Spanish. <p>To asses compliance with this standard, the auditor reviewed the resident orientation materials provided/utilized at intake: the resident handbook and the script for verbal orientation; conducted resident interviews; conducted intake staff interviews; reviewed Policy 2.1.2 (Detention Admission Process); sought to observe signage and other postings (during the site review) that provide information on the zero-tolerance policy for sexual abuse and sexual harassment and how residents can make a report; and inspected selected resident files for verification that the resident information and comprehensive education had been provided as required by this standard.</p> <p>The MCJDC reported in the pre-audit questionnaire that 755 residents were admitted to the MCJDC in the 12-month period that preceded the first day of the onsite phase of the audit. Of those 755 admissions, 475 residents had a detention stay of 10 or more calendar days. The facility reports in the pre-audit questionnaire that 755 residents received information on the zero-tolerance policy for sexual abuse and sexual harassment and how residents can make a report during the intake process.</p> <p>The Montgomery County Juvenile Detention Center (MCJDC) provides resident with information at during the facility orientation session conducted by intake staff. The orientation is conducted verbally (by way of an orientation video) within 12 hours after a resident is admitted and follows a checklist of topics. The MCJDC’s zero-tolerance policy regarding sexual abuse and how residents can report known or suspected sexual abuse is included in this orientation checklist. The information is provided in an age-appropriate manner. The intake staff conducting the orientation and the resident receiving the orientation both sign and date the orientation checklist. MCJDC Policy 2.1.2 (B)(12) indicates that MCJDC seeks to mitigate barriers in communication during the facility orientation by the use of staff who are fluent in the resident’s language (typically Spanish) or through the use of a telephone-based translation service (Language Line). The Language Line also has video conferencing available for use with deaf residents. Per Policy 2.1.2 (B)(12), resident interpreters are prohibited from use except in circumstances where an extended delay compromise resident safety, first responder duties, or the investigation of allegations. Per Policy 2.1.2, residents diagnosed with or suspected to have a serious mental illness are referred to a facility counselor for assessment and determination of accommodations that may be necessary for the resident during the detention stay.</p> <p>It was noted that the orientation script does not address that the MCJDC has a zero-tolerance</p>

policy regarding sexual harassment. The resident handbook does, however, state that the MCJDC has a zero-tolerance policy regarding sexual abuse and sexual harassment. A copy of the resident handbook is provided to each resident at intake and the resident is permitted to keep a copy in his or her room (cell). The resident handbook is provided as part of a “pod folder” that is issued to the resident at intake and taken with the resident to the pod. The folder also includes: a brochure entitled “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation” and an information form entitled “Abuse is a Crime” that contains information on how to make a report of abuse, to include how to report directly to the Texas Department of Juvenile Justice (TJJD).

The orientation checklist also includes a discussion on zero-tolerance for sexual abuse and sexual harassment (checklist item #5). The resident handbook is immediately available in English and in Spanish. Pages 32-35 of the resident handbook address the zero-tolerance for sexual abuse and sexual harassment, ways residents can stay sexually safe while in the facility, and how residents can report sexual abuse and sexual harassment. The intake staff conducting the orientation and the resident receiving the orientation both sign and date the orientation checklist.

Comprehensive education is conducted in-person with residents by the facility nurse and is typically completed on the same day as the resident’s admission to the facility. The comprehensive education covers residents’ right to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting sexual abuse or sexual harassment and how the MCJDC will respond to reports of sexual abuse, sexual harassment, and retaliation. The facility nurse documents the provision of comprehensive resident education on form #0220 (Resident PREA Education- English/Spanish). The form requires signatures from both the nurse and the resident as well as the date and time the resident education was completed with the resident. See the resident files review for discussion on the documentation regarding the provision of comprehensive education.

Resident interviews: Residents interviewed indicated they were shown the orientation video during intake and that they received a copy of the resident handbook. The residents also indicated that they have seen the zero-tolerance (“End the Silence”) signs in the pods. Residents were able to articulate ways to make a report, including using the “blue phone” (to make a report to the TJJD) and using the grievance system.

Interviews with intake staff: Intake staff indicated that an orientation video is shown to all residents admitted to the MCJDC and that the facility has a checklist that covers the topics discussed in the video. Upon completion, the checklist serves as documentation that the information required by the standard was provided at intake. The video discusses how to report sexual abuse, sexual harassment and retaliation. The orientation is completed no later than 12 hours after admission. Intake staff reported that, while the orientation video covers the zero-tolerance policy regarding sexual abuse and sexual harassment and how to make a report, it is expected that intake staff will also discuss with the resident the ways a report can be made and where the information about reporting is located in the resident’s pod folder. The intake staff also discuss how the facility will respond to report of sexual abuse and sexual harassment. The intake staff reported that the goal is to provide the information required at intake under this standard within one hour of admission, but in no case will a resident be sent

to a pod without the information.

During the site review, the auditor observed information regarding zero tolerance for sexual abuse and sexual harassment posted in the resident pods, classrooms, and throughout the facility. Specifically observed were the "End the Silence" posters that contain the TJJJD hotline number and are posted in both English and Spanish. The resident handbook contains key information about the MCJDC's PREA policies.

Resident files: Ten resident files were selected for review. As part of the resident file review, the information required to be provided at intake and comprehensive education required within 10 days after intake were assessed for completion in compliance with this standard. All ten resident files reviewed contained documentation that the residents were provided, at intake, information on the facility's zero-tolerance policy for sexual abuse and sexual harassment and information on ways to report such. All ten files reviewed indicated that the information was provided within two hours of the resident's admission. Nine of the ten files reviewed contained documentation that the comprehensive resident education was completed within seven calendar days, with eight of the nine comprehensive education sessions being completed on the same day as the resident's admission to the facility. One resident had not yet received the comprehensive education, but the resident had only been in the facility for three days on the date the resident files were reviewed.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

The right to be free from retaliation is covered in orientation video and in the resident handbook but is noted to be missing from the comprehensive education form (#0220). Consider including the topic of being free from retaliation on the comprehensive education form so it can be documented as covered.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.23 (Internal Investigation); 2. Inspected training curriculum for investigators; 3. Interviewed an investigative staff; 4. Inspected Garrity Warning form; and 5. Reviewed training records of investigative staff. <p>115.334 (a) - In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>115.334 (b) Specialized training shall include 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.</p> <p>115.334 (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>Discussion:</p> <p>Policy 1.2.23 requires that investigations shall be conducted by a person who has received specialized investigative training, including specialized training in sexual abuse investigations for all allegations of sexual abuse involving juvenile victims pursuant to PREA §115.334. The agency currently has five staff trained to conduct sexual abuse investigations. The agency maintains documentation of completed investigator training. The agency provided the auditor with training documentation for the investigative staff during the pre-audit phase. The auditor inspected training documentation regarding investigator trainings received by agency staff. All persons who have conducted sexual abuse or sexual harassment investigations have completed the specialized training for sexual abuse investigations.</p> <p>The auditor interviewed the PREA Coordinator using the investigative staff interview protocol. The investigative staff indicated that training specific to sexual abuse and sexual harassment investigations in confinement settings has been received. The specialized sexual abuse investigation training was provided by the Texas Juvenile Justice Department’s Administrative Investigations Division. The auditor verified that the training curriculum included training in 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.</p> <p>115.334 (d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p>

Discussion:
Not audited.

Auditor Determination:
The agency has demonstrated compliance with this standard.

Corrective Action:
None.

Auditor Recommendations:
None.

115.335	Specialized training: Medical and mental health care
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 933 358">To assess compliance with this standard the auditor:</p> <ol data-bbox="252 369 1109 616" style="list-style-type: none"> 1. Inspected Policy 2.4.6 (Medical Services); 2. Inspected Policy 5.1.4 (Reporting Abuse and Neglect); 3. Interviewed medical staff; 4. Interviewed mental health staff; 5. Inspected medical and mental health staff training records; and 6. Inspected the medical and mental health training curriculum. <p data-bbox="252 660 1476 907">115.335 (a) - The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="252 963 1476 1131">115.335 (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p data-bbox="252 1176 1460 1299">115.335 (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p data-bbox="252 1355 406 1388">Discussion:</p> <p data-bbox="252 1400 1476 1646">The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The policy requires that medical and mental health staff to be trained in: (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) how to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="252 1691 1484 1814">The PREA Coordinator reported that eight medical and mental health care practitioners work regularly at the MCJDC and all eight have received the training required by agency policy. The auditor inspected training documentation for the medical staff.</p> <p data-bbox="252 1870 1460 2116">The auditor interviewed on medical staff and one mental health staff. Both affirmed having received training in: (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) how to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>

The auditor interviewed one medical staff employed by the agency. The medical staff is not trained to conduct forensic medical examinations and reported that no such exams are conducted onsite at the MCJDC. Medical staff interviewed stated that forensic medical exams needed would be performed at Memorial Herman Hospital.

115.335 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Discussion:

The agency provides medical and mental health practitioners with the training mandated for employees under 115.331. The auditor reviewed the training curriculum used to train medical and mental health staff and determined the curriculum addresses the training requirements of 115.331 (a).

Auditor Determination:

The agency has met the requirements of this standard

Corrective Action:

None.

Auditor Recommendations:

None.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Reviewed Policy 2.1.2; 2. Inspected Policy 2.1.7; 3. Interviewed Staff Responsible for Risk Screening; 4. Interviewed the PREA Coordinator; 5. Interviewed randomly selected residents; 6. Observed facility during site review; 7. Reviewed a sample of resident records (for residents admitted in the past 12 months); 8. Inspected the MCJDC's Risk Screening Instrument; and 9. Inspected the MCJDC's form for documenting periodic re-assessments of risk for sexual victimization and/or sexual aggression. <p>115.341 (a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Discussion:</p> <p>The agency has a policy that requires screening, upon admission to the facility, to assess residents for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that the MCJDC conduct risk screenings using an objective instrument. The risk screenings are to be completed within 24 hours after admission.</p> <p>The MCJDC's intake staff are responsible for conducting risk screenings and two intake staff were interviewed by the auditor. Intake staff reported that risk screenings are generally completed the same day as the resident's admission to the facility.</p> <p>The auditor interviewed 10 randomly selected residents. Residents interviewed indicated they were asked questions related to risk screening such as had the residents ever experienced sexual abuse; does the resident identify as being gay, bisexual, or transgender; whether the resident has any disabilities, and whether the residents felt they may be in danger of sexual abuse while at the facility. The residents reported the questions were asked of them during the intake process.</p> <p>The auditor reviewed a sample of 10 resident records and found that all but one resident received a risk screening on the same calendar day as the admission to the facility. One resident was admitted at 10:15pm and risk screening was completed at 12:19am of the ensuing calendar day. All risk screenings were conducted well within the agency's requirement of 24 hours.</p> <p>The agency reported that 672 residents entered the facility in the 12-month period preceding the onsite audit and had a length of stay of 72 hours or more. The agency reports that the MCJDC screened all 672 residents for risk of sexual victimization or risk of sexual aggression toward other residents within 24 hours of their entry into the facility.</p>

Policy 2.1.7 (Facility Classification Plan) requires that the resident's risk level be re-assessed periodically throughout confinement and documented on MCJDC Form #0202. The PREA Coordinator reported that the periodic re-assessment is to be completed by a detention supervisor on a monthly basis at minimum for every resident.

The auditor interviewed two intake staff responsible for conducting risk screenings. The intake staff reported that detention shift supervisors are periodically conducting documented re-assessments of residents' risk for sexual victimization and risk for sexual aggression. The intake staff reported that the supervisor conducting the re-assessment will do so in a confidential manner with the resident.

The auditor interviewed 10 randomly selected residents. Nine of the ten residents reported that they have been asked the following questions again since during their confinement: have they ever experienced sexual abuse; does the resident identify as being gay, bisexual, or transgender; whether the resident has any disabilities, and whether the residents feels they may be in danger of sexual abuse while at the facility. The auditor noted that the one resident who reported not having been asked the questions again was admitted to the facility three days prior to the onsite audit.

The policy requires that the information gained from risk screenings regarding a resident's personal history and behavior be used to reduce the risk of sexual abuse by upon another resident.

115.341 (b) Such assessments shall be conducted using an objective screening instrument.

115.341 (c) At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

115.341 (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Discussion:

The risk screening instrument utilized by the MCJDC is the PREA/Behavioral Screening/Unit Classification tool provided in the Noble electronic assessments application. The MCJDC maintains hard copies of the assessment tool for use if the application is down.

The auditor inspected the risk screening instrument used by the MCJDC and found that the

tool includes all 11 of the criteria listed in 115.341 (c). The tool uses the residents offense history (imported into the instrument from the agency's juvenile data system) and entries made by the intake staff based on observations of and conversations with the resident at intake. The entries result in the instrument providing a sexual vulnerability and sexual aggression score to be considered when assigning the resident to a housing unit and programming. The auditor found the MCJDC's risk screening instrument to be an objective instrument that is used uniformly with all residents admitted to the facility.

Intake staff interviewed stated that the risk screening process considers offense history; current referred offense; age, height, and weight; adjudication history, particularly for sex-related offenses; history of sexual victimization; history of violence, particularly sexual aggression; gang involvement; gender identity; and concerns about sexual safety while confined at the MCJDC.

115.341 (e) The agency shall implement 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.

Discussion:

MCJDC has established appropriate controls on the dissemination of resident responses to the questions on the risk screening instrument.

The auditor interviewed the PREA Coordinator. The PREA Coordinator reported any agency staff certified as a juvenile probation officer and/or a juvenile supervision officer has access to the responses to the risk screen questions in the agency's juvenile database. The PREA Coordinator reported that agency staff are trained to maintain confidentiality. The PREA Coordinator reported that agency and facility staff are considered to have a need to know the information for day-to-day to supervision and programming decisions regarding facility residents.

The auditor interviewed intake staff responsible for risk screenings. The intake staff stated that the results of risk screenings are to be viewed only when there is a direct need to know the information. The intake staff also reported that while agency and facility staff have access, it is mainly the detention supervisory personnel and the intake staff that access the information.

Auditor Determination:

The MCJDC has demonstrated compliance with this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.342	Placement of residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 938 360">To assess compliance with this standard the auditor:</p> <ol data-bbox="252 371 1056 618" style="list-style-type: none"> <li data-bbox="252 371 836 405">1. Inspected Policy 2.1.7 (Classification Plan) <li data-bbox="252 416 730 450">2. Interviewed the PREA Coordinator <li data-bbox="252 461 1056 495">3. Interviewed staff responsible for conducting risk screenings <li data-bbox="252 506 992 539">4. Interviewed the Facility Administrator (superintendent) <li data-bbox="252 551 852 584">5. Interviewed medical and mental health staff <li data-bbox="252 595 692 629">6. Interviewed one LGBT resident <p data-bbox="252 629 1471 752">115.342 (a) The agency shall use all information obtained pursuant to § 115.341 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.</p> <p data-bbox="252 797 402 831">Discussion:</p> <p data-bbox="252 842 1471 1088">The auditor inspected 2.1.7 and finds that the policy requires the MCJDC to consider the information obtained from risk screenings and the reassessments of risk using the same risk screening process to make housing, bed, program, education, and work assignments for residents. The policy indicates that the goal is to keep all residents safe and free from sexual abuse. Staff responsible for conducting risk screenings stated the information gained from the risk screenings is used to make safe housing and program assignments.</p> <p data-bbox="252 1144 1471 1435">115.342 (b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="252 1480 402 1514">Discussion:</p> <p data-bbox="252 1525 1471 1738">The agency reported there were no residents at risk of sexual victimization who were placed in isolation in the past 12 months. There were no staff who supervised residents in isolation in the past 12 months and there were no residents who were placed in protective isolation in the past 12 months for having alleged to have suffered sexual abuse or for being at risk for sexual victimization.</p> <p data-bbox="252 1783 1471 2119">MCJDC Policy 2.1.7 requires that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Policy 2.1.7 requires residents who are at risk of sexual victimization and placed in isolation must have access to legally required educational programming, special education services, and daily large-muscle exercise. The MCJDC policy requires residents who are at risk of sexual victimization and held in isolation receive a review every 30 days to determine whether there is a continuing need for separation from the general population.</p>

The facility administrator (superintendent) stated that protective isolation would be used as a last resort. The facility administrator stated that a resident in isolation would still receive required programming. The facility administrator stated the resident would remain in isolation for the least amount of time possible and reintegrate the resident back into general programming once the threat to the resident has been alleviated or moved.

Medical and mental health staff interviewed indicated that residents in protective isolation would receive daily visits from mental health and/or medical staff.

The auditor interviewed one resident who identified as being bisexual. The resident reported being housed in Pod C (general population) and not in a housing unit that is only for residents who identify as being gay, lesbian, bisexual, transgender, or intersex.

115.342 (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Discussion:

The auditor interviewed the PREA Coordinator. Per the PREA Coordinator, the MCJDC does not house residents solely on a resident identifying as lesbian, gay, bisexual or transgender, or intersex identification or status.

The auditor interviewed one resident who identified as bisexual. The resident stated that the MCJDC does not have pods (housing units) only for residents who identify as lesbian, gay, bisexual, transgender or have an intersex condition. There were no transgender or intersex residents housed at the MCJDC at the time of the onsite visit and resident interviews.

Policy 2.1.7 states that lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular housing bed, or other assignments solely on the basis of such identification or status, nor shall MCJPD consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342 (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Discussion:

The MCJDC makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. The auditor interviewed one resident who identified as lesbian. The resident stated that the MCJDC does not have pods (housing units) solely for residents who identify as lesbian, gay, bisexual, transgender or have an intersex condition. There were no residents who identified as transgender or intersex residents housed at the MCJDC at the time of the onsite visit and resident interviews.

115.342 (e) Placement and programming assignments for each transgender or intersex

resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Discussion:

Policy 2.1.7 (Facility Classification Plan) requires that placement and programming assignments for each transgender or intersex resident be reassessed at least twice each year to review any threats to safety experienced by the resident.

There were no transgender or intersex residents housed at the MCJDC at the time of the onsite visit and resident interviews.

115.342 (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

115.342 (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Discussion:

Policy 2.1.7 states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Intake staff interviewed stated transgender and intersex residents would be permitted to shower separately from other residents.

No transgender or intersex residents were housed at the MCJDC at the time of the onsite and resident interviews, so no interviews under the transgender/intersex protocol were able to be conducted.

115.342 (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

115.342 (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Discussion:

The MCJDC reported there were no protective isolations in the 12-month period that preceded the onsite audit.

Policy 2.1.7 states that if a resident is isolated, MCJPD shall clearly document the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.

Policy 2.1.7 requires that each resident placed in protective isolation be afforded a review every 30 days to determine whether there is a continuing need for separation from the general population.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected MCJDC policy 2.2.2 (Resident Grievance Procedure); 2. Inspected MCJDC Policy 1.2.2 (Monitoring Reporting Abuse Neglect Involving Personnel and Youth Sexual Conduct); 3. Observations made during site review (facility tour); 4. Interviewed random staff; 5. Interviewed randomly selected residents; 6. Observed the facility for signage and other indicators for compliance with this standard; and 7. Interviewed PREA Coordinator. <p>115.351 (a) - The agency shall provide 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.</p> <p>Discussion:</p> <p>The MCJDC provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, and retaliation to agency officials. Residents may also use the internal reporting methods to report staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Policy 2.2.2 states that residents may use the facility’s grievance process to report sexual abuse, sexual harassment, and retaliation by other residents or staff for having made such reports. Residents may also write a letter privately to staff. Grievances and letters to staff may be submitted using the secure lockboxes on each pod. The PREA Coordinator reported that the locked boxes are used for sending mail, submitting grievances, and making non-emergency sick call requests. The lockboxes provide a secure, confidential method of allowing residents to securely and confidentially submit grievances. The facility administrator or designee retrieves the contents of the lockboxes daily when the outgoing mail is collected. Grievances retrieved from the lockboxes will be logged and addressed. The PREA Coordinator stated (as does the resident handbook) that only the facility administrator or designee has a key to the lockboxes on each pod and in the hallway by the facility administrator’s office (for staff use). During the site review (facility tour), the auditor observed the blue lockboxes in each pod.</p> <p>The information on the methods of making an internal report are provided to residents during intake into the facility and also are in the facility handbook issued to each resident.</p> <p>The auditor reviewed the resident handbook and found that it advises residents may report internally by completing a grievance, submitting a request to speak to a juvenile probation officer, and verbally reporting to a supervisor, counselor, nurse, volunteer or intern, education staff, any staff the residents trusts, a juvenile probation officer or administrator. Written grievances, written requests to speak to an agency official, and letters to staff may be placed</p>

in the blue lockboxes on the pod. The handbook also states that resident may give the completed form or letter to a trusted staff member, counselor, teacher, nurse, or juvenile probation officer.

Random staff interviewed stated that residents may report sexual abuse, sexual harassment and retaliation experienced for making such reports. Staff reported residents may use the “blue box” on the pods to submit a grievance containing the report of sexual abuse, sexual harassment, or retaliation. Staff also stated that residents may write a letter to staff to report sexual abuse, sexual harassment, retaliation, and staff neglect or violations that contributed to such allegations

Random residents interviewed indicated the existence of multiple ways to make a report. Residents articulated that they may use the MCJDC’s grievance system to make a report, and may make a verbal or written report to staff.

115.351 (b) - The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Discussion:

Policy 1.2.2 provides that a when facility resident needs to report sexual abuse, sexual harassment, or retaliation and is not comfortable talking to staff, then the resident is to be permitted to use the designated “blue” phone to directly contact the Texas Juvenile Justice Department division that takes abuse, neglect, and exploitation reports. The Texas Juvenile Justice Department’s toll-free “hotline” is available 24 hours a day for the reporting of sexual abuse or sexual harassment of residents, and/or staff neglect or other violations of responsibilities by staff that may have contributed to incidents of sexual abuse or sexual harassment.

The information on how the methods of making an internal report are provided to residents during intake into the facility and in the facility handbook. Residents are also permitted, per the resident handbook to make a report to Child Protective Services (CPS), Montgomery County Victim Assistance, Rape Crisis Hotline, Montgomery County Youth Services, or Children’s Safe Harbor. The handbook refers the resident to a listing of the contact numbers at the end of the handbook.

The auditor reviewed the resident handbook and found that it advises residents may use the blue phone to report sexual abuse or sexual harassment of residents, and/or staff neglect or other violations of responsibilities by staff that may have contributed to incidents of sexual abuse or sexual harassment.

Staff interviewed affirmed that the “blue phone” on each pod is available to residents so they can make such reports directly to the Texas Juvenile Justice Department. Policy 1.2.2 requires staff to dial the number to place the call and then permit the resident to complete the call with privacy (out of audible range) while maintaining visual supervision of the resident.

Residents are provided with the information needed to contact the hotline during intake processing, during resident education sessions, by way of the facility handbook, and by posters that are displayed in the resident pod dayroom areas. The auditor observed the “End the Silence” posters in each pod. The posters contain the phone number to the Texas Juvenile Justice Department for reporting allegations of sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed the posters displayed throughout the facility in both English and Spanish.

During the site review (facility tour), the auditor observed the blue phones in each pod. The auditor placed a test call using the blue phone found the phones to be in working order and was successfully able to reach the Texas Juvenile Justice Department’s division that takes the abuse, neglect, and exploitation calls.

The auditor is familiar with the TJJD hotline and is aware that the TJJD will notify the facility administrator (superintendent) by email to advise the facility administrator of the allegation and its alleged date and time of occurrence so the matter can be investigated by the agency. The TJJD email provides the facility administrator with a brief description of the reporter’s allegation. The TJJD provides the name of the reporter only if the reporter has stated his or her name during the call, thus permitting anonymous reports to be made as well.

Residents interviewed stated that they are permitted to use the blue phone to contact the TJJD hotline.

The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The MCJDC does not detain residents solely for civil immigration purposes, so the provision to provide contact information for relevant consular officials and relevant officials at the Department of Homeland Security does not apply at the time of this audit.

115.351 (c) - Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Discussion:

Policy 1.2.2 mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to promptly document verbal reports received.

Staff and residents interviewed affirmed reports made verbally, in writing, anonymously and by third-party reports are accepted. Staff indicated that verbal reports are required to be documented immediately when received.

115.351 (d) - The facility shall provide residents with access to tools necessary to make a written report.

Discussion:

Policy 1.2.2 states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report.

Policy 1.2.2 states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report.

The facility provides residents with access to tools to make written reports of sexual abuse or 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.

The auditor interviewed 10 residents at random. The interviewed residents indicated they could make a written report using the grievance system and that the reports could be made anonymously. The auditor observed locked suggestion/grievance boxes in the dayroom areas of all of the MCJDC pods. The PREA Coordinator indicated that residents have access materials needed to prepare and submit a written report.

115.351 (e) - The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Discussion:

The MCJDC has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Policy 1.2.2 states that departmental staff may privately report sexual abuse and sexual harassment by utilizing the blue "concern" wall box outside the facility administrator's office. The concern box is checked daily by the facility administrator or designee. The concern box is positioned in the facility where it is not covered by cameras, thus providing staff with the means to privately report sexual abuse and sexual harassment.

The PREA Coordinator reported that Policy 1.2.2 (and all other agency policies) are covered during initial basic training and during recurring annual PREA training, and are readily made available to staff on the agency's network and in Central Control 1).

Random staff interviewed all indicated they could use the TJJJ hotline to privately report sexual abuse or sexual harassment of residents and could use the blue "concern" wall box that is "off-camera" to privately report sexual abuse and sexual harassment of residents. Staff also reported that they may remain anonymous when making a report using the TJJJ hotline or the concern box.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:
None.

115.352	Exhaustion of administrative remedies
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 933 358">To assess compliance with this standard the auditor:</p> <ol data-bbox="252 369 901 526" style="list-style-type: none"> 1. Inspected Policy 2.2.2 (Grievance Procedures); 2. Inspected the MCJDC facility handbook; 3. Interviewed randomly selected staff; and 4. Interviewed randomly selected residents. <p data-bbox="252 582 1460 660">115.352 (a) - An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="252 705 406 739">Discussion:</p> <p data-bbox="252 750 1444 828">The auditor finds that the MCJDC has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="252 884 1492 1388">Policy 2.2.2 states that residents may use the facility’s grievance process to report sexual abuse, sexual harassment, and retaliation by other residents or staff for having made such reports. Grievances may be submitted using the secure lockboxes on each pod. The PREA Coordinator reported that the locked boxes are used for sending mail, submitting grievances, and making non-emergency sick call requests. The lockboxes provide a secure, confidential method of allowing residents to securely and confidentially submit grievances. The facility administrator or designee retrieves the contents of the lockboxes daily when the outgoing mail is collected. Grievances retrieved from the lockboxes will be logged and addressed. The PREA Coordinator stated (as does the resident handbook) that only the facility administrator or designee has a key to the lockboxes on each pod and in the hallway by the facility administrator’s office (for staff use). During the site review (facility tour), the auditor observed the blue lockboxes in each pod.</p> <p data-bbox="252 1444 1444 1523">The information on how to submit a grievance is provided to residents during intake into the facility and is in the facility handbook issued to each resident.</p> <p data-bbox="252 1568 1476 1646">The auditor reviewed the resident handbook and found that it advises residents may report by submitting a grievance. Written grievances are to be placed in the blue lockboxes on the pod.</p> <p data-bbox="252 1691 1460 1859">Random staff interviewed stated that residents may report sexual abuse, sexual harassment and retaliation experienced for making such reports. Staff reported residents may use the “blue box” on the pods to submit a grievance containing the report of sexual abuse, sexual harassment, or retaliation.</p> <p data-bbox="252 1904 1444 2027">Random residents interviewed indicated the existence of multiple ways to make a report. Residents articulated that they may use the MCJDC’s grievance system to make a report of sexual abuse or sexual harassment.</p> <p data-bbox="252 2083 1444 2161">115.352 (b) - (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-</p>

applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Discussion:

MCJDC policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The MCJDC policy does not require a resident to use the formal grievance process nor does the MCJDC require that a resident use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

The auditor inspected the MCJDC's facility handbook that is provided to residents upon admission to the facility. The facility handbook regarding grievances includes information on how residents may submit grievances in a confidential manner. The handbook advises residents that they may write a grievance and place it in the locked blue box located in the day area of each pod. If residents require assistance in writing the grievance, a MCJDC staff member shall provide such assistance.

Residents and staff interviewed confirmed that residents may use the grievance process to report sexual abuse, sexual harassment and retaliation for having made such a report and that the reports can be made with anonymity.

115.352 (c) - The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Discussion:

MCJDC Policy 2.2.2 allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Grievances may be submitted using the secure lockboxes on each pod. The PREA Coordinator reported that the locked boxes are used for sending mail, submitting grievances, and making non-emergency sick call requests. The lockboxes provide a secure, confidential method of allowing residents to securely and confidentially submit grievances. The facility administrator or designee retrieves the contents of the lockboxes daily when the outgoing mail is collected. Grievances retrieved from the lockboxes will be logged and addressed. The PREA Coordinator stated (as does the resident handbook) that only the facility administrator or designee has a key to the lockboxes on each pod and in the hallway by the facility administrator's office (for staff use). During the site review (facility tour), the auditor observed the blue lockboxes in each pod.

115.352 (d) - The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Discussion:

Policy 2.2.2 requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The policy states

that the MCJPD shall issue a final department decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The policy states the computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

The policy states the MCJPD may claim an extension of time of respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The MCJDC is required by the policy to notify the resident in writing of any such extension and provide a date by which a decision will be made. The policy provides that at any level of the administration process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be denial at that level.

The auditor noted that the MCJDC is further required to adhere to a more stringent state standard regarding the resolution of grievances, which includes any grievances alleging sexual abuse or sexual harassment. MCJDC Policy 2.2.2 requires follow up with the grieving party to provide a decision regarding the grievance within 10 days of receipt of a grievance under state standards.

In the 12-month period that preceded the onsite audit, the MCJDC did not receive any grievances that alleged sexual abuse.

There were no residents who had reported a sexual abuse alleged to have occurred within the facility, thus there were no grievances or other documentation of a written or verbal report for review by the auditor.

115.352 (e) - (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

Discussion:

MCJDC policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The auditor observed that a grievance form and instructions for filing a grievance on behalf of a resident are posted on the MCJPD website. Policy 2.2.2 states that third party grievances will be addressed as any other grievance received.

Should a resident decline to have the grievance processed on his or her behalf, Policy 2.2.2

requires that the MCJDC to document the resident's decision.

A parent or legal guardian of a juvenile may file, on behalf of a resident, a grievance (or an appeal of a decision made on a grievance) regarding allegations of sexual abuse. MCJDC Policy 2.2.2 states that processing such grievances or appeals are not conditioned upon the resident agreeing to have the request filed on his or her behalf.

Facility residents and staff interviewed by the auditor all indicated residents are made aware that third party grievances may be submitted on their behalf. Some residents interviewed understood they could submit a grievance on behalf of another resident.

The MCJDC reported there were no third party grievances received during the 12-month period preceding the onsite audit.

115.352 (f) - (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Discussion:

Policy 2.2.2 addresses procedures for filing on an emergency grievance that a resident is subject to substantial risk of imminent sexual abuse. The policy requires the grievance to be immediately forwarded, once received by the facility administrator or designee, to a level of review at which immediate corrective action may be taken. The agency is required by this policy to provide an initial response to the emergency grievance within 48 hours. A final determination regarding the emergency grievance is required to be made within five calendar days. The policy requires that both the initial response and the final decision be documented and include a determination as to whether the resident who was the subject of the grievance is/was in substantial risk of imminent sexual abuse and the action(s) the agency has taken/is taking in response to the emergency grievance.

The PREA Coordinator reported that the MCJDC did not have any emergency grievances regarding sexual abuse.

115.352 (g) - The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Discussion:

Policy 2.2.2 states the facility administrator or designee may enforce disciplinary action for a resident filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The MCJDC reported that no residents were disciplined for having filed a bad-faith grievance alleging sexual abuse in the 12-month period that preceded the onsite audit.

Auditor Determination:

The MCJDC has meet the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected MCJDC Policy 1.2.2 (Monitoring Reporting Abuse Neglect Involving Personnel and Youth Sexual Conduct); 2. Inspected MCJDC Policy 1.1.4 (Confidentiality); 3. Inspected MCJDC Policy 2.2.5 (Visitation); 4. Inspected MCJDC Policy 2.2.6 (Telephone Usage); 5. Interviewed randomly-selected facility residents; 6. Interviewed the Superintendent (facility administrator); 7. Inspected the Memorandum of Understanding with Family Support Services; and 8. Inspected the MCJDC's facility handbook. <p>115.353 (a) - The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>Discussion:</p> <p>Policy 1.2.2 requires that the MCJDC provide residents with access to outside victim advocates for emotional supports 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.</p> <p>Policy 1.2.2 requires the agency to attempt to make available an advocate from a rape crisis center or an outside victim advocate trained in age appropriate emotional support services related to sexual abuse. The policy permits the victim to request the victim advocate member 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 policy requires the agency to document its efforts to secure an advocate.</p> <p>The PREA Coordinator reported that facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Most residents interviewed at random by the auditor knew that outside support services are available. Some residents interviewed indicated they knew the contact information was in the resident handbook. Some residents interviewed were able to name one or more of the outside support service agencies. Most residents interviewed did not know for sure what services were</p>

offered by the outside support service agencies.

The auditor inspected the resident handbook issued to each resident upon admission and found that it contains the contact information for outside victim advocacy services. The resident handbook is available in English and Spanish.

The MCJDC does not hold residents solely for civil immigration purposes, so the requirement to provide contact information for immigration service agencies does not apply.

115.353 (b) - The facility shall 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.

Discussion:

Policy 1.2.2 requires the MCJDC to enable inform residents, prior to giving them access to an advocate, of the extent of 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.

Some of the residents interviewed stated that calls to outside agencies were private or not monitored, others reported they were not entirely sure whether calls to outside agencies were monitored or private.

115.353 (c) - The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Discussion:

The auditor was provided with a copy of and has inspected the Multi-Disciplinary Team Working Protocols that the Montgomery County Juvenile Probation Department/MCJDC has entered into with Children's Safe Harbor and finds that the agreement provides for confidential emotional support services related to sexual abuse.

15.353 (d) - The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Discussion:

The MCJDC provides residents with reasonable and confidential access to their attorneys and other legal representation and reasonable access to their attorneys.

Policy 2.2.6 (Telephone Usage) states that phone calls by residents to their attorneys are to be private, though staff are required to provide supervision of residents during such phone calls. Policy 2.2.5 (Visitation) provides that a resident's attorney and their representatives may visit residents at any time. The policy prohibits staff or other residents from being within audible range during the attorney contact, but may be within visual observation of the facility

staff when making telephone calls or visiting with their attorney or the attorney's designated representatives. The policy further provides that the attorney may be taken to the resident in the facility if the resident's behavior prevents meeting with the attorney in the typical designated visitation area for attorney contact.

The auditor interviewed the facility administrator (superintendent). The facility administrator stated that attorneys for residents have unlimited access to their clients. The facility administrator indicated that attorneys are permitted to meet with residents at anytime deemed appropriate by the attorney. The facility administrator indicated that residents are taken to the visitation area when feasible to meet with their attorneys. The facility administrator also indicated that reasonable access to parents or legal guardians is permitted by way of scheduled visitation, special-approved visitations, and by phone calls that are set to occur throughout the week per the daily schedule. Residents are also permitted to earn additional phone calls based on behavior/level within the facility program.

Facility residents interviewed at random indicated they are permitted to request to contact their attorneys, visit with their attorneys at the facility and speak to them by phone. Most residents knew the phone calls and visits with their attorneys were private. The interviewed residents further indicated they are permitted to have contact with parents or legal guardians through scheduled visitations and phone calls. Residents indicated the number of phone calls permitted and the amount of scheduled visitation time increases with advancement in the MCJDC's level system.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 2.2.2. (Grievance Procedures); 2. Interviewed randomly selected facility staff; 3. Interviewed randomly selected facility residents; and 4. Inspected the information on the agency’s website regarding how to make a third party report. <p>115.354 (a) - The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Discussion:</p> <p>Policy 2.2.2 states that a grievance form and instructions for filing a third party grievance on behalf of a resident can be found on the agency’s website. The auditor inspected the agency website and observed that a link is provided under the “For Parent/Guardian” section (left sidebar) that provides instructions on how to file a grievance on behalf of a resident and includes the grievance form to complete and submit to the agency.</p> <p>Random staff interviewed indicate that the MCJDC will accept third party reports regarding sexual abuse and sexual harassment of facility residents. Residents interviewed indicated that another person could make a report on behalf of a resident.</p> <p>Auditor Determination:</p> <p>The MCJDC has met the requirements of this standard.</p> <p>Corrective Action:</p> <p>None.</p> <p>Auditor Recommendations:</p> <p>None.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected MCJDC Policy 1.2.2; 3. Interviewed random staff; 4. Interviewed Medical and Mental Health Staff; 5. Interviewed PREA Coordinator; 6. Interviewed Superintendent (facility administrator) <p>115.361 (a) - 115.361 (a) The agency shall 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; 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.</p> <p>Discussion:</p> <p>The agency requires 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.</p> <p>The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident.</p> <p>The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>The auditor inspected MCJDC Policy 1.2.2 and found that the policy requires all staff to immediately report knowledge of, suspicion of, or information regarding incidents of sexual abuse, sexual harassment, retaliation against residents or staff who reported such incidents, and requires all staff to report any staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Policy 1.2.3 requires reporting of allegations to residential facilities operated by agencies other than the Montgomery County Juvenile Probation Department when an allegation of sexual abuse or sexual harassment is received regarding a resident who is or was a resident at the other facility.</p> <p>Random staff interviewed all understood the requirement to immediately report incidents of sexual abuse, sexual harassment, retaliation against residents and/or staff, and to staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b) - The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p>

Discussion:

The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. MCJDC Policy 1.2.2 requires staff to comply with mandatory child abuse reporting laws. Staff are required to report to applicable governmental agencies with authority to investigate child abuse. Interviews with random staff indicate that staff are trained in mandatory reporting laws and administrative rules, are trained on how to recognize sexual abuse and sexual harassment, and trained in how to report sexual abuse and sexual harassment and the timelines for reporting as set forth in the Texas Family Code and in the Texas Administrative Code (state standards for juvenile probation departments and juvenile facilities).

115.361 (c) - Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

Discussion:

MCJDC Policy 1.2.2 states that staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Random staff interviewed demonstrated understanding of this prohibition.

115.361 (d) - (1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Discussion:

Medical and mental health staff interviewed indicated that the limits of confidentiality and mandatory reporting issues are discussed with residents who are receiving services from medical and mental health staff at the initiation of such services. Mental health staff interviewed stated that reminders of the limits to confidentiality and the mandatory reporting requirements are provided to residents. The reminders are typically provided to residents who are participating in ongoing counseling sessions, particularly when the resident begins to talk about matters that may be reportable. Medical and mental health staff demonstrated understanding of the requirement to report sexual abuse to supervisors and administrators of the MCJDC/Montgomery County Juvenile Probation Department and to applicable governmental agencies.

115.361 (e) - (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Discussion:

The auditor interviewed the Superintendent (facility administrator). Upon receiving any allegation of sexual abuse, the facility administrator or designee promptly reports the allegation to the Texas Juvenile Justice Department and to the alleged victim's parents or legal guardians in accordance with the administrative rules in Title 37 Part 11 Texas Administrative Code (TAC) Chapter 358. The facility administrator stated that the parent, guardian or custodian and the attorney of the resident who is the alleged victim are notified in less than 24 hours after the allegation is received. The facility administrator stated that if a resident is in the custody of Child Protective Services (CPS), the resident's CPS caseworker or the caseworkers supervisor is notified of the allegation.

Policy 1.2.2 requires the facility administrator or designee to report the allegation to the facility juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The PREA Coordinator stated the notification to the resident's attorney and/or the parent, guardian, or custodian may be delegated to the resident's juvenile probation officer. The PREA Coordinator is responsible for making sure the notifications occur.

115.361 (f) - The facility shall report all allegations of sexual abuse and sexual harassment; including third party and anonymous reports, to the facility's designated investigators.

Discussion:

The auditor interviewed the Superintendent (facility administrator) who indicated that all allegations of sexual abuse and sexual harassment, to include anonymous and third party reports, are treated the same as any other allegation of sexual abuse or sexual harassment that is received directly from a facility resident. The facility administrator stated third party allegations forwarded to the agency's investigators.

There were no allegations of sexual abuse or sexual harassment in the 12-month period that preceded the onsite audit.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None.

Auditor Recommendations:

None.

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Interviewed the Director of Montgomery County Juvenile Probation; 2. Interviewed the Superintendent (facility administrator); and 3. Interviewed random staff. <p>115.362 (a) - When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Policy 2.2.2 addresses procedures for filing on an emergency grievance that a resident is subject to substantial risk of imminent sexual abuse. The policy requires the grievance to be immediately forwarded, once received by the facility administrator or designee, to a level of review at which immediate corrective action may be taken. The agency is required by this policy to provide an initial response to the emergency grievance within 48 hours. A final determination regarding the emergency grievance is required to be made within five calendar days. The policy requires that both the initial response and the final decision be documented and include a determination as to whether the resident who was the subject of the grievance is/was in substantial risk of imminent sexual abuse and the action(s) the agency has taken/is taking in response to the emergency grievance.</p> <p>The PREA Coordinator reported that the MCJDC did not have any emergency grievances regarding sexual abuse.</p> <p>The Director of Juvenile Probation stated that immediate action taken in an imminent sexual abuse situation mitigate the immediate danger to the resident(s).</p> <p>The Superintendent (facility administrator) stated that immediate actions may include separating or moving a resident who is the cause of the substantial threat to another pod or taking other action(s) that are the safest for a resident who is at substantial risk for sexual abuse. The facility administrator stated the preference is to move or remove the person who is the cause of the substantial risk for sexual abuse. The facility administrator stated that staff are expected to immediately notify the facility administrator, the PREA Coordinator, and the mental health staff supervisor so that the “now action”...the actions to immediately provide for the safety of a resident...can be determined and taken.</p> <p>Random staff interviewed indicated that protective measures are implemented immediately when it becomes known or suspected that a juvenile is at risk for imminent sexual abuse. Random staff interviewed reported they are expected to immediately separate the imminent victim from an imminent abuser. Random staff reported they are also expected to immediately notify supervisory personnel of the risk.</p> <p>Auditor Determination: The agency has demonstrated compliance with this standard.</p>

Corrective Action:

None

Auditor Recommendations:

None

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 3.2.10 (Placement Outside the Home); 2. Interviewed the Director of Juvenile Probation; and 3. Interviewed the Superintendent (facility administrator). <p>115.363 (a) - Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>115.363 (b) - Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.363 (c) - The agency shall document that it has provided such notification.</p> <p>Discussion:</p> <p>Policy 3.2.10 requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the agency's placement coordinator (as designee of the Director and facility administrator) must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The policy further is found to require the facility administrator or designee notify the appropriate investigative agency, including the appropriate law enforcement entity.</p> <p>Policy 3.2.10 requires the notification to the head of the placement facility to occur within 24 hours of allegations received that were made by the juvenile who was/is in placement or a third party on behalf of the juvenile who was/is in placement. Notification to the juvenile's parent or guardian, the resident's juvenile probation officer, and to the Texas Juvenile Justice Department (TJJD) within 24 hours is also required by agency policy.</p> <p>Policy 3.2.10 requires that all such notifications be thoroughly documented in the department's case management system.</p> <p>The PREA Coordinator reported in the pre-audit questionnaire that, in the past 12 months, there were no allegations received regarding a resident being sexually abused while confined at another facility that is operated by an agency other than the Montgomery County Juvenile Probation Department.</p> <p>115.363 (d) - The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Discussion:</p> <p>The PREA Coordinator stated there were no reports received from other facilities or agencies that alleged a resident was sexually abused while confined at the MCJDC in the 12-month</p>

period that preceded the onsite audit.

The auditor interviewed the Director of Juvenile Probation (agency head). The Director is the designated person to receive reports of sexual abuse, received from other facilities or agencies, that allege the abuse occurred at the MCJDC. The Director stated that the facility administrator or assistant facility administrator are to forward such reports to the Director if they receive such reports from another facility or agency. The Director stated that if the allegation is for sexual abuse the Conroe Police Department will be notified and the MCJPD will conduct an internal investigation. The Director stated he did not recall receiving any such reports, especially in the 12-month period that preceded the onsite audit.

The auditor interviewed the facility administrator (superintendent, head of the facility). The facility administrator indicated that the MCJDC has not received any reports of sexual abuse from other facilities that allege sexual abuse occurred at the MCJDC. The facility administrator stated that should such reports be received, they would be treated the same as any other allegation of abuse.

Auditor Determination:

The MCJDC has demonstrated compliance with this standard.

Corrective Action:

None

Auditor Recommendations:

None.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected MCJDC Policy 1.2.23 (Internal Investigation); 2. Inspected the first responder checklist; 3. Observed PREA first responder backpacks during site review (facility tour); and 4. Interviewed random security staff with the random staff questions and first responder questions as all staff are trained to perform first responder duties. <p>115.364 (a) - Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.</p> <p>115.364 (b) - If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Discussion: MCJDC has a policy that addresses the first responder duties enumerated in 115.364 (a).</p> <p>Policy 1.2.23 requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p>The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>The policy requires that first responders' duties include: (1) separate the alleged victim and abuser, (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, (3) if possible, collect evidence, and request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking,</p>

drinking, or eating.

The policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

The auditor interviewed randomly selected security staff. All interviewed security staff were able to articulate the duties expected of them if they found themselves to be first responders in a sexual abuse allegation. First responders understand their role to separate the alleged victim from the alleged abuser and to ensure the protection of physical evidence.

During the site review the auditor observed that the MCJDC has PREA first responder bags staged in key locations within the facility and that the bags include a first responder checklist and the material necessary to secure a sexual abuse incident location to protect physical evidence.

The MCJDC reported there were no allegations of sexual abuse as defined by the agency in the 12-month period that preceded the audit. There were no residents for the auditor to interview who had reported a sexual abuse alleged to have occurred within the facility.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected the MCJDC's coordinated response plan; and 2. Interviewed the facility administrator (superintendent). <p>115.365 (a) - The facility shall develop 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.</p> <p>Discussion:</p> <p>The facility 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 coordinated response plan is set forth in policies 1.2.23 and 1.2.2.</p> <p>The auditor interviewed the facility administrator (superintendent). The facility administrator described the coordinated response plan processes, to include notification to law enforcement and Children's Safe Harbor so the alleged victim can be transported for a sexual assault exam, notification to medical services regarding the alleged sexual assault, and the protection and collection of physical evidence as applicable.</p> <p>Auditor Determination:</p> <p>The MCJDC has met the requirements of this standard.</p> <p>Corrective Action:</p> <p>None</p> <p>Auditor Recommendations:</p> <p>None</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <p>1. Interviewed the Director of Montgomery County Juvenile Probation (agency head)</p> <p>115.366 (a) - Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.366 (b) - Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Discussion:</p> <p>The auditor interviewed the Director of Montgomery County Juvenile Probation. The Director indicated that collective bargain agreements are not applicable to the Texas juvenile justice system, thus the agency's ability to protect residents from contact with abusers is not affected. Further, state standards codified in Title 37 Part 11 Texas Administrative Code Chapter 358, that govern the response to sexual abuse, require that employed staff or any person working under the auspices of the facility or agency who is alleged to have perpetrated sexual abuse be: (1) reassigned to duties that do not include contact with juveniles; or (2) placed on administrative leave pending the outcome of investigation(s).</p> <p>Auditor Determination:</p> <p>The agency has met the requirements of this standard.</p> <p>Corrective Action:</p> <p>None</p> <p>Auditor Recommendations:</p> <p>None</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected MCJDC Policy 1.2.2 (Monitor Reporting Abuse Neglect Involving Personnel and Youth Sexual Conduct); 2. Inspected the agency’s retaliation monitoring report form; 3. Interviewed the Director of Montgomery County Juvenile Probation (agency head); 4. Interviewed the facility administrator (superintendent); and 5. Interviewed staff (PREA Coordinator) charged with monitoring for retaliation. <p>115.367 (a) - The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>115.367 (b) - The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>115.367 (c) - For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>115.367 (d) - In the case of residents, such monitoring shall also include periodic status checks.</p> <p>Discussion:</p> <p>Policy 1.2.2 requires all agency to immediately report, to the Director of juvenile probation or the Director’s designee, any retaliation against residents or staff who reported an incident of sexual harassment or sexual abuse and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy 1.2.2 requires the monitoring for retaliation against residents and/or staff who reported sexual abuse and against residents who were reported to have suffered sexual abuse. The policy requires the agency’s PREA Coordinator to implement measures to protect against retaliation and monitoring means that may indicate the presence of retaliation. The policy states such measures include, but are not limited to: housing changes for residents who were victims or perpetrated sexual abuse in the facility and preventing contact between victims and</p>

alleged abusers. The policy requires also that resident disciplinary reports, housing or program changes be monitored, periodic resident status checks occur, and negative performance reviews or reassignments of staff who reported sexual abuse be evaluated for existence of possible retaliation. The policy requires the MCJDC to act promptly when changes suggest possible retaliation against residents or staff.

The PREA Coordinator, the facility administrator or the facility administrator's designee are tasked with retaliation monitoring at the MCJDC.

The MCJDC conducts retaliation monitoring for a minimum of 90 days unless the allegation is determined to be unfounded. The MCJDC continues such monitoring beyond 90 days if the initial monitoring period indicates a continuing need.

The facility reported no incidents of retaliation having occurred during the 12-month period that preceded the onsite audit.

The Director of Montgomery County Juvenile Probation was interviewed regarding the monitoring for retaliation. The Director stated if a facility resident is responsible for retaliation, then disciplinary action may be imposed. Other measures that may be taken include approaching the alleged perpetrator to remind the alleged perpetrator that interaction with the alleged victim is prohibited.

The facility administrator (superintendent, head of facility) was interviewed regarding retaliation monitoring. The facility administrator stated that the MCJDC monitors for retaliation for a minimum of 90 days and longer if needed. The facility administrator stated that retaliation monitoring efforts are evaluated at the 30-day mark to determine if retaliation has been identified and if there are key things to be looking for that may suggest retaliation is occurring or has occurred. The facility administrator identified behavior patterns/changes in behavior by a resident during his or her stay, particular after having reported sexual abuse. The facility administrator stated that retaliation against staff is monitored by assessing staff dynamics and relationships with coworkers that have changed. The facility administrator also stated that harassment by a third party is considered as a possibility, so staff who reported may be asked if anyone other than an internal investigator or a law enforcement agent has spoken with the reporting staff about the sexual abuse incident.

The PREA Coordinator is one the MCJDC's designated retaliation monitors and was interviewed by the auditor. The PREA Coordinator discussed the process at the MCJDC for monitoring retaliation. The PREA Coordinator initiates the retaliation monitoring and stated that retaliation monitoring is conducted for 90 days minimum.

The PREA Coordinator indicated that retaliation monitoring could extend beyond 90 days and for as long as necessary to ensure safety and security of the resident, other residents, and staff. The PREA Coordinator stated that retaliation monitoring efforts are assessed every 30 days.

The PREA Coordinator stated that monitoring efforts include: speaking with residents and staff; reviewing disciplinary reports; reviewing point sheets for over-documentation; changes in a resident's level in the program (drops); assessing whether there have been noted behavior

changes on the part of the resident; and checking for increased seclusion time, particularly Resident-Initiated Seclusions.

When monitoring for retaliation against staff, the

The MCJDC had no residents who had reported a sexual abuse or for whom a third party report of sexual abuse was made in the 12-month period preceding the onsite audit so there were no retaliation monitoring requirements.

Auditor Determination:

The MCJDC has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.2; 2. Inspected Policy 2.1.7 (Classification Plan); 3. Interviewed the facility administrator (superintendent); and 4. Interviewed medical and mental health staff. <p>115.368 (a) - Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>The facility does have a policy (1.2.2) that addresses segregated protection housing for residents who allege to have suffered sexual abuse. The policy states that segregation from other residents may be used only when less intrusive measures are inadequate.</p> <p>The policy requires that use of segregated housing to protect a resident who is alleged to have suffered sexual abuse must adhere to the requirements of Policy 2.1.7 (Classification Plan). The segregation may be used only until other means of keeping residents safe can be arranged for. The policy requires that each case of segregation be reviewed every 30 days by the PREA Coordinator to determine a continue need for separation from the general population exists.</p> <p>The policy requires that residents in segregated protective housing be provided with recreation and educational services. The policy requires that segregated residents receive daily visits from medical and mental health staff. The policy requires that segregated residents have access to all other programs when possible.</p> <p>The MCJDC did not have any residents held in post-allegation protective housing, so there were no applicable residents to interviews or case files to review for residents held in isolation for protection from sexual victimization.</p> <p>The facility administrator (superintendent) stated that considering the use of protective isolation be a last resort. The facility administrator stated that the preferred approach would be to use protective staff who have the sole task of supervising the victim or the alleged perpetrator (when the perpetrator is another resident) to ensure to provide the victim with protection.</p> <p>Medical and mental health staff interviewed stated that a resident would receive daily visits from either medical or mental health staff or both. The facility administrator and the PREA Coordinator reported there were no residents held in isolation or post-allegation protective housing in the 12-month period that preceded the onsite audit.</p> <p>Auditor Determination: The MCJDC/Montgomery County Juvenile Probation has met the requirements of this standard.</p>

Corrective Action:

None

Auditor Recommendations:

None

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

To assess compliance with this standard the auditor:

- 1. Reviewed MCJDC Policy 1.2.23 (Internal Investigation);
- 2. Reviewed the MCJDC's responses in the Pre-Audit Questionnaire;
- 3. Interviewed one of the agency's administrative (internal) investigators;
- 4. Interviewed the facility administrator (superintendent);
- 5. Interviewed the Agency Head (Director of Juvenile Probation);
- 6. Interviewed the PREA Coordinator; and
- 7. Reviewed specialized training documentation for administrative investigators.

115.371 (a) - When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports

Discussion:

Investigative Staff - Q: 5, 8

The PREA Coordinator reported that the agency conducts administrative investigations and that the Conroe Police Department, and possibly the Texas Juvenile Justice Department, would conduct criminal investigations.

The auditor inspected Policy 1.2.23 (Internal Investigations). The policy requires shall the agency to conduct a prompt, objective, thorough, and accurate internal investigation for all allegations of sexual abuse, including third-party and anonymous reports.

The auditor interviewed the PREA Coordinator using the Investigative Staff interview protocols. The investigative staff interviewed stated that administrative investigations begin immediately upon receiving notice of an allegation of sexual abuse or sexual harassment. The investigative staff also stated that third-party reports of sexual abuse or sexual harassment are investigated immediately upon receipt and in the same manner as allegations reported by facility residents and/or MCJDC staff.

115.371 (b) - Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Discussion:

Policy 1.2.23 requires that investigations be conducted by investigators who have been have been trained in accordance with §115.334 of the National PREA Standards for Juvenile Facilities.

The auditor interviewed the PREA Coordinator using the Investigative Staff interview protocols. The investigative staff interviewed reported having been trained to conduct administrative investigations, including specialized sexual abuse investigations. The investigative staff reported the training was provided by the Administrative Investigations Division of the Texas Juvenile Justice Department. The investigative staff reported the training included how to

interview juvenile sexual abuse victims, the proper use of Garrity warnings and Miranda warnings, the proper way to collect sexual abuse evidence in a confinement setting, and the criteria/evidence that must exist to substantiate an allegation of sexual abuse (preponderance of the evidence).

The auditor reviewed the training documentation for all investigative staff (five) under 115.334 and found that the description of the investigator training topics provided by the investigative staff support that investigative staff are trained in how to interview juvenile sexual abuse victims, the proper use of Garrity warnings and Miranda warnings, the proper way to collect sexual abuse evidence in a confinement setting, and the criteria/evidence that must exist to substantiate an allegation of sexual abuse.

115.371 (c) - Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Discussion:

Per investigative staff interviewed, the investigative staff must first ensure that the alleged victim and other residents of the facility are safe. The investigative staff must protect physical evidence. The investigative staff reported being trained in the proper collection techniques regarding DNA evidence, but does not do so unless the law enforcement agency responding to the allegation directs the collection of such evidence. The investigate staff reported that securing video footage, electronic logs, and other documentation would be handled by the investigative staff. The investigative staff reports being responsible to conduct interviews with alleged victims, suspected perpetrators, and witnesses (staff and resident) attempting to obtain both verbal and written statements from each.

115.371 (d) - The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Discussion:

Policy 1.2.23 states that an investigation shall not be terminated solely because the source of the allegation recants the allegation.

Investigative staff interviewed stated that administrative investigations are not terminated due to alleged victim (or another source of the allegation) having recanted the allegation.

115.371 (e) - When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Discussion:

Investigative staff interviewed stated that once an allegation appears to be criminal in nature, investigative staff will consult with criminal prosecutors for advisement regarding compelled interviews. The investigative staff stated that the agency has never issued a Garrity warning, though the agency has a form prepared that can be used to provide such warning if authorized.

115.371 (f) - The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Discussion:

The investigative staff interviewed indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis. Credibility may be assessed, in part, by reviewing the resident's (or staff member's) recent behavioral history and discipline reports, and credibility is not determined solely on the basis of the person's status as a facility resident or staff. The investigative staff interviewed stated that residents are not ever to be subjected to polygraph examinations or other types of "truth-telling" device usage to establish credibility or as a condition for an investigation to take place.

MCJDC Policy 1.2.23 states that a polygraph examination is not required of a resident who alleges sexual abuse to submit to a polygraph or use any other truth-telling device as a condition to proceed with an investigation into a report of sexual abuse.

115.371 (g) - Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h) - Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Discussion:

Investigative staff interviewed stated that the administrative investigators look into whether staff actions/failures to act were contributive toward the sexual abuse. Investigative staff review camera footage where available in relation to the incident being investigated and review staff actions against policy and procedure requirements.

Policy 1.2.23 requires administrative investigations to be documented in written reports. The policy requires investigation reports include: a thorough description of physical, testimonial, and documentary evidence; the reasoning behind credibility assessments; investigative facts and findings; and any personnel actions taken. The policy requires the final report be reviewed with the facility administrator, the Director, and the assistant facility administrator.

Policy 1.2.23 requires all copies of all documentary evidence where feasible to be attached (or otherwise retained with) investigation reports. The policy identifies written statements, relevant medical documentation, training records, other documentation aided in the findings of the investigation, and photographs and video footage as evidentiary documentation that is to be retained. The policy also indicates that the aforementioned evidence is to be provided to the MCJDC's oversight agency (the Texas Juvenile Justice Department) when the internal investigation report is submitted to the oversight agency.

Policy 1.2.23 requires the agency to retain all written reports for as long as the alleged abuser is incarcerated or employed by the department, plus five years. The policy requires that the original copy of the investigative report be forwarded to the human resources coordinator. The human resources coordinator is required to place the investigation report in the alleged (staff) abuser's personnel file to ensure it is retained, as with other personnel records, for the duration of the alleged abuser's employment plus five years. When the abuse was found to be committed by a facility resident, the period of retention is three years per the policy.

115.371 (i) - Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Discussion:

Policy 1.2.23 requires that all substantiated allegations of conduct that appear to be criminal in nature are to be referred to law enforcement. Investigative staff interviewed stated that sexual abuse incidents are reported to the Conroe Police Department at or about the time that the MCJDC must report the allegation to its oversight agency pursuant to Texas Administrative Code Chapter 358. The Conroe Police Department then has the decision on whether to pursue a criminal investigation.

The PREA Coordinator reported the MCJDC did not have any substantiated allegations of sexual abuse or any reported allegations of sexual abuse to investigate, in the 12-month period that preceded the onsite audit.

115.371 (j) - The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

Discussion:

Policy 1.2.23 requires the agency to retain all written reports for as long as the alleged abuser is incarcerated or employed by the department, plus five years. The policy requires that the original copy of the investigative report be forwarded to the human resources coordinator. The human resources coordinator is required to place the investigation report in the alleged (staff) abuser's personnel file to ensure it is retained, as with other personnel records, for the duration of the alleged abuser's employment plus five years. When the abuse was found to be committed by a facility resident, the period of retention is three years per the policy. employment plus an additional five years unless the abuser was a resident and applicable law requires a different retention period. The MCJDC can produce said retained documentation for review.

115.371 (k) - The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Discussion:

Investigative staff interviewed stated that all administrative investigations will continue until complete, regardless of whether the alleged abuser is released from the facility or terminated from employment.

Policy 1.2.23 requires all the investigations should be completed in their entirety and that the departure of the alleged abuser or alleged victim from the employment or the facility/agency does not provide a basis for terminating an investigation.

115.371 (l) - Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Discussion:

Not audited. The MCJDC does not exercise any control over the manner in which the Texas Juvenile Justice Department or the U.S. Department of Justice would investigate sexual abuse or sexual harassment alleged to have occurred within the facility.

115.371 (m) - When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Discussion:

The facility administrator (superintendent), the PREA Coordinator and investigative staff were interviewed regarding investigations conducted by outside investigators. The facility administrator stated that the agency will remain in constant contact with the Conroe Police Department's assigned investigator(s) in order to remain informed of the progress of allegation review for criminal investigation and the criminal investigation itself if one ensues. The facility administrator stated that communications with the Conroe Police Department investigators will be documented.

The PREA Coordinator stated that the agency remains in contact with the assigned detective(s). The PREA Coordinator stated that the Conroe Police Department has never asked the agency to suspend its investigation pending the outcome of the police department's criminal investigation. The PREA Coordinator reported being designated as the point of contact between the agency and the Conroe Police Department.

Auditor Determination:

The MCJDC meets all the requirements of this standard.

Corrective Action:

None required.

Auditor Recommendations:

None

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Interviewed one administrator who conducts administrative investigations; and 2. Inspected Policy 1.2.23 (Internal Investigation). <p>115.372 (a) - The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Discussion:</p> <p>Policy 1.2.23 states that an administrative investigation shall not impose a higher standard than a preponderance of evidence in determining whether the allegation is substantiated. The auditor interviewed one investigative staff. The investigative staff stated that a preponderance of the evidence is the standard used to determine whether an allegation of sexual abuse or sexual harassment is substantiated.</p> <p>Auditor Determination:</p> <p>The agency has met the requirements of this standard.</p> <p>Corrective Action:</p> <p>None</p> <p>Auditor Recommendations:</p> <p>None</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.23 (Internal Investigation); 2. Interviewed the facility administrator (superintendent); and 3. Interviewed one administrator who conducts administrative investigations. <p>115.373 (a) - Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b) - If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.373 (c) - Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d) - Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e) All such notifications or attempted notifications shall be documented.</p> <p>Discussion:</p> <p>Policy 1.2.23 requires that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>The policy requires, when the agency did not conduct the investigation, that the agency request the relevant information from the investigative agency in order to inform the resident pursuant to the requirements of this standard. The policy indicates that the notifications to residents are to be made by the facility administrator or designee. The notifications are required by policy to be documented.</p> <p>Policy 1.2.23 requires that, at the conclusion of an investigation, the resident is to be informed of the status of the accused staff member. The policy requires the resident be advised when staff member is no longer posted within the resident's pod, whether the staff member is still</p>

employed at the facility, and whether an indictment or conviction has been made regarding a charge related to sexual abuse within the facility.

Policy 1.2.23 requires that a resident who makes an allegation against another is to be informed of any indictments or convictions of the alleged resident abuser.

The auditor interviewed the facility administrator (superintendent) and the PREA Coordinator. The auditor was advised that a resident will be informed of the disposition of the investigation regardless of the outcome. The facility administrator stated that parent, guardian, or custodian and the resident's attorney are also informed of the outcome of the disposition. The PREA Coordinator also stated that the resident would be notified of the disposition of a sexual abuse or sexual harassment investigation.

The PREA Coordinator reported the MCJDC had no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the 12-month period that preceded the onsite audit.

Policy 1.2.23 requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency must inform the resident (unless the agency has determined that the allegation is unfounded) whether the staff member has been indicted or convicted of a charge related to sexual abuse within the facility.

The PREA Coordinator reported there were no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident at the MCJDC in the 12-month period that preceded the onsite audit.

115.373 (f) - An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Discussion:

This provision does not require any review or inspection by the auditor. It is intended to provide guidance to the agency/facility.

Auditor Determination:

The MCJDC/Montgomery County Juvenile Probation has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <p>1. Inspected Policy 1.2.2 (Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth Sexual Conduct).</p> <p>115.376 (a) - Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b) - Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.376 (c) - Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.</p> <p>115.376 (d) - 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Discussion:</p> <p>Policy 1.2.2 states that staff members are subject to disciplinary action up to and including termination for violating sexual abuse or sexual harassment policies. The policy states that the presumptive sanction is termination of employment for staff members who are found to have engaged in sexual abuse.</p> <p>Policy 1.2.2 requires disciplinary sanctions for staff violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p>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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>There were no staff violations of the agency's policies regarding sexual abuse and sexual harassment in the 12-month period that preceded the onsite audit.</p> <p>There were no staff terminations, or resignations of staff who would be terminated, for violating the agency's policies regarding sexual abuse or sexual harassment in the 12-month</p>

period that preceded the audit.

There were no staff disciplinary sanctions short of termination of employment for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) in the 12-month period that preceded the onsite audit.

There were no mandated reports to law enforcement and/or licensing boards or entities for staff violations of sexual abuse or sexual harassment policies and procedures.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.1.8; and 2. Interviewed the facility administrator (superintendent). <p>115.377 (a) - Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.377 (b) - The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Discussion:</p> <p>Policy 1.1.8 requires that any contractor or volunteer who engages in sexual abuse to be immediately prohibited from contact with residents and reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>When a contractor or volunteer violates sexual abuse or sexual harassment policies, Policy 1.1.8 requires the agency to consider whether further contact with residents by the volunteer or contractor should be prohibited.</p> <p>In the past 12 months, there were no contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Auditor Determination:</p> <p>The agency has meet the requirements of this standard.</p> <p>Corrective Action:</p> <p>None</p> <p>Auditor Recommendations:</p> <p>None</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 2.5.1 (Resident Discipline Plan); 2. Inspected Policy 1.2.2 (Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth Sexual Conduct); 3. Inspected the resident handbook; 4. Interviewed the facility administrator (superintendent); 5. Interviewed one medical and one mental health staff; <p>115.378 (a)- A resident 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.</p> <p>Discussion:</p> <p>Policy 2.1.5 indicates that disciplinary sanctions may only be imposed after criminal finding of guilt or a finding in an administrative investigation that the resident engaged in youth-on-youth (i.e., resident-on-resident) sexual abuse.</p> <p>The policy requires that a formal disciplinary review be held before sanctions can be imposed upon the resident.</p> <p>The PREA Coordinator reported there were no administrative findings or criminal findings of guilt of resident-on-resident sexual abuse in the 12-month period that preceded the onsite audit.</p> <p>115.378 (b) - Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>Discussion:</p> <p>Policy 2.5.1 requires that disciplinary sanctions imposed on a resident for sexual abuse must be 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.</p> <p>When the disciplinary sanction for resident-on resident sexual abuse results in the isolation (disciplinary seclusion) of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special</p>

education services.

Policy 2.5.1 indicates that disciplinary seclusion requires authorization from the shift supervisor with the maximum amount of time for disciplinary seclusion being 48 hours. Disciplinary seclusion may be used as a sanction for a major rule violation, provided a formal disciplinary review is held and the major rule violation is proven to have occurred.

Policy 2.5.1 requires that a resident in disciplinary seclusion be offered daily large muscle exercise, but may not be permitted if it endangers the safety and security of the facility.

Policy 2.5.1 requires that residents be provided legally required educational programming or special education services while in disciplinary seclusion. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy 2.5.1 requires that residents in disciplinary seclusion receive daily visits from a medical or mental health care clinician.

Medical and mental health staff were interviewed about daily visits with residents in seclusion or isolation. Mental health staff report daily visits are provided.

115.378 (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Discussion:

Policy 2.5.1 states that disciplinary seclusion shall not be issued to a resident with a known diagnosis of serious mental illness or severe or profound intellectual disability. The policy also states that a mental health provider must be consulted before disciplinary seclusion is imposed if the resident has a current designation as moderate or high risk for suicide.

115.378 (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Discussion:

The auditor interviewed one of the mental health staff. The MCJDC offers therapy, counseling, or other interventions for offending residents in the post-adjudication program. The facility offers residents who perpetrate sexual abuse such services and interventions to address and correct the underlying reasons or motivations for abuse. The post-adjudication residents have in-house counselors assigned. The facility considers whether to require the offending resident to participate in such interventions as a condition of earning privileges within the facility. The offending resident's access to general programming or education is not conditioned on the participation in such services or interventions.

115.378 (e) The agency may discipline a resident for sexual contact with staff only upon a

finding that the staff member did not consent to such contact.

Discussion:

Policy 2.5.1 prohibits the MCJDC from disciplining a resident for sexual conduct with staff unless it is determined that the staff member did not consent to such contact.

115.378 (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Discussion:

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Discussion:

The MCJDC prohibits all sexual activity between residents. Further, Texas juvenile justice standards state that residents of a juvenile facility are not permitted to consent to sexual activity. Sexual conduct between juveniles is classified in state standards as a serious incident entitled "youth-on-youth sexual conduct".

Auditor Determination:

The agency has meet the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected the PREA Sexual Abuse Reporting Log; 2. Inspected Policy 2.1.2 (Detention Admission Process); 3. Inspected Policy 1.1.4 (Confidentiality); 4. Interviewed staff responsible for conducting risk screenings; and 5. Interviewed medical and mental health staff. <p>115.381 (a) - 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>115.381 (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>115.381 (c) - Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>115.381 (d) Medical and mental health practitioners shall 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.</p> <p>Discussion:</p> <p>Policy 2.1.2 (Detention Admission Process) requires MCJDC to offer residents a follow-up meeting with medical and/or mental health staff when the intake screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The follow-up meeting shall be offered within 14 days after the intake screening.</p> <p>The PREA Coordinator reports that all residents admitted or referred (without admission) to the facility are offered a follow up evaluation with a medical or mental health professional after the intake screening is completed. The auditor inspected the PREA Sexual Abuse Reporting Log and observed for the 12-month period that preceded the onsite audit. The auditor found that the follow-up assessment offers with medical and/or mental health staff are occurring well within 14 days after intake. The PREA Coordinator reported that follow up meetings are logged on the PREA Sexual Abuse Reporting Log and entered in the resident's record in the MCJPD's electronic data system.</p>

The PREA Coordinator reported that all residents who disclose prior victimization are offered a follow-up meeting. The PREA Coordinator explained that the PREA Sexual Abuse Reporting Log includes runaways that are released within 24 hours and also referrals that are not admitted to the facility, therefore not all entries show that a follow-up meeting was conducted...and this is due to the juvenile being released before the 14th day. The auditor noted that many of the residents were released from the MCJDC on the same day they were referred to the facility. The PREA Coordinator explained that, from 5/8/18 to 5/8/19, there are 91 entries for sexual abuse victimization.

The auditor interviewed two staff responsible for conducting risk screenings (intake staff). The intake staff indicated that residents who report prior victimization during the intake screening process are followed up with by medical and/or mental health staff. The follow-up typically occurs within three calendar days per the intake staff.

The PREA Coordinator reported All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days after the intake screening.

The PREA Coordinator stated the follow-up is documented in the PREA Sexual Reporting Log. All residents who were assessed as previously having perpetrated sexual abuse are offered a follow-up meeting. The log includes runaways that are released within 24 hours and referrals that are not detained, therefore not all entries show that a follow-up meeting was conducted... due to the juvenile being released before the 14th day. The auditor noted that several residents were released on same the day of their referral to the facility. The PREA Coordinator explained that, from 5/8/2018 to 5/8/2019, there were 48 entries in the PREA Sexual Abuse Reporting Log of residents who were determined to have perpetrated prior sexual abuse and were offered a follow-up assessment or released prior to the 14th day after the intake screening was completed.

The auditor inspected the PREA Sexual Abuse Reporting Log and observed for the 12-month period that preceded the onsite audit. The auditor found that the follow-up assessment offers with medical and/or mental health staff are occurring well within 14 days after intake. The PREA Coordinator reported that follow up meetings are logged on the PREA Sexual Abuse Reporting Log and entered in the resident's record in the MCJPD's electronic data system.

The auditor interviewed two staff responsible for conducting risk screenings (intake staff). The intake staff indicated that residents assessed during the intake screening to have perpetrated a prior sexual abuse are followed-up with by medical and/or mental health staff. The follow-up typically occurs within three calendar days per the intake staff.

The PREA Coordinator stated that Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Policy 1.1.4 states that the dissemination of information related to a child's prior sexual victimization or abusiveness is limited not only to medical and mental health practitioners, but also to facility staff for security, housing and program management decisions, and other staff only as required by law.

All residents at the MCJDC are under the age of 18, so the requirement to obtain informed consent is not required before reporting prior sexual victimization that did not occur in an institutional setting.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.2 (Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth Sexual Conduct); 2. Inspected Policy 2.4.5 (Health Records); 3. Interviewed mental health staff; and 4. Interviewed medical staff. <p>5. No residents who reported a sexual abuse that occurred within the facility were held in the facility during the onsite audit, and the PREA Coordinator reported there were no incidents of sexual abuse within the facility in the 12-month period that preceded the onsite audit.</p> <p>115.382 (a) - Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Discussion:</p> <p>Policy 1.2.2 requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are to be determined by medical and mental health practitioners according to their professional judgment.</p> <p>The auditor interviewed one medical and one mental health staff. Both staff members stated that timely and unimpeded access to the required medical treatment and crisis intervention services means they are to be immediately made available. Both indicated that the facility's counselors are on call 24 hours a day, seven days a week.</p> <p>The mental health staff stated crisis intervention services are immediately offered when the allegation becomes known. The counseling services are also offered after forensic exams to assist sexual abuse victims in processing emotions.</p> <p>Medical staff stated that access to medical care would occur within the hour after having been made aware of the sexual abuse incident. Medical staff indicated that certain aspects of the medical care access (SANEs) would be handled through Children's Safe Harbor.</p> <p>115.382 (b) - If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Discussion:</p> <p>The auditor interviewed randomly selected security staff and posed the first responder question to those staff members in addition to the general security staff questions. The security staff were able to articulate the preliminary protective action steps they are</p>

responsible for in an allegation of sexual abuse. The security staff indicated to the auditor that the victim and alleged abuser are separated; where physical evidence may exist, the security staff described actions steps to preserve and protect the scene of the alleged abuse and any physical evidence; requesting the alleged victim no take any action that could destroy evidence (brushing teeth, changing clothes, urinating, defecating, eating or drinking); preventing the alleged abuser (when a resident) from the same actions that could destroy evidence; immediately notifying key decision makers (administrators and mental health staff); and notifying medical staff when the nature of the sexual abuse indicates that medical treatment may be required.

115.382 (c) Resident victims of sexual abuse while incarcerated shall be 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.

Discussion:

Policy 1.2.2 requires that residents who are victims of sexual abuse while incarcerated are 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.

The auditor interviewed one medical staff member. The medical staff stated the decision to provide information about and to offer and administer emergency contraception and sexually transmitted disease prophylaxis is made at the hospital.

115.382 (d) Treatment services shall be 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.

Discussion:

Policy 1.2.2 requires that medical and mental health treatment services, as appropriate, are provided to every resident who is a victim of sexual abuse while incarcerated. The policy requires that such treatment services are to be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Auditor Determination:

The MCJDC/Montgomery County Juvenile Probation has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.2 (Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth Sexual Conduct); and 2. Interviewed one medical and one mental health staff. 3. No residents who reported a sexual abuse that occurred within the facility were held in the facility during the onsite audit, and the PREA Coordinator reported there were no incidents of sexual abuse within the facility in the 12-month period that preceded the onsite audit. 4. No incident report or investigation documentation was available for review by the auditor for the reasons stated in #4 immediately above. <p>115.383 (a) - The facility shall 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.</p> <p>115.383 (b) - The evaluation and treatment of such victims shall 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.</p> <p>115.383 (c) - The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>115.383 (d) - Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>115.383 (e) - If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.383 (f) - Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) - Treatment services shall be 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.</p> <p>115.383 (h) - The facility shall 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.</p> <p>Discussion: Policy 1.2.2 requires the facility to 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. MCJDC residents have access to in-house treatment.</p>

Policy 1.2.2 requires that medical and mental health services to be consistent with community care standards. The policy requires that neither the resident nor the family of the resident be made financially responsible for medical and/or mental health costs related to the allegation of sexual abuse. The policy requires treatment services to be 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.

The auditor interviewed one medical staff and one mental health staff. The medical staff stated that will follow up with the resident if there are medications or other medical protocols that will need to be administered by the facility's medical staff. Mental health staff. The medical and mental health staff indicated that the services offered will be consistent with the community care standards. Mental health staff stated the facility counselors would be responsible for evaluating the resident victim and providing mental health treatment as needed. Mental health staff stated that counselors would focus on making sure the resident is safe, assess the resident for suicidal and/or homicidal ideations, process with the resident victim immediately after SANEs are completed. The mental health staff stated counselors would also be assessing whether the resident would be at risk for being mentally re-victimized while having to remain in the facility following a sexual abuse.

Policy 1.2.2 requires that resident victims of sexually abuse that involved vaginal penetration while incarcerated shall be offered pregnancy testing. If a pregnancy occurs as a result of the abuse, the policy requires that the resident receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services.

The auditor interviewed medical and mental health staff regarding access to pregnancy testing and lawful pregnancy-related medical services as applicable. Both medical and mental health staff affirmed that access to testing and service would be made available in a timely manner. Medical staff reported that pregnancy testing would be offered as soon as the medical staff was made aware of sexual abuse that involved vaginal penetration. If a pregnancy were to occur as a result of sexual abuse involving vaginal penetration, medical staff stated the resident would be referred to a doctor for prenatal care, pregnancy-related education, and lawful pregnancy-related services. Medical staff stated that the medical center/hospital will provide resident victims of sexual abuse with timely information about emergency contraception and prophylaxis for sexually-transmitted infections.

Policy 1.2.2 requires that the cost of the testing services and any subsequent medical treatment services shall not be assessed to the resident victim or the resident's family.

Policy 1.2.2 requires the facility to 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.

Policy 1.2.2 requires that a mental health professional 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.

The auditor interviewed one mental health staff regarding attempts to conduct mental health evaluations for known resident-on-resident abusers. The mental health staff stated such evaluations would be attempted if an incident of resident-on-resident sexual abuse was found to have occurred.

The PREA Coordinator stated that such treatment is not available in pre-adjudication setting as it is deemed not appropriate for the short-term stays typical to pre-adjudication detention. In the post-adjudication setting, residents are provided such on-going treatment.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.24 (Sexual Abuse Incident Review); 2. Interviewed the MCJDC Facility Administrator (superintendent, Deputy Director) 3. Interviewed the PREA Coordinator as a member of the sexual abuse response team. <p>115.386 (a) - The facility shall 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.</p> <p>115.386 (b) - Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>115.386 (c) - The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>15.386 (d) - The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>115.386 (e) - The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>Discussion:</p> <p>Policy 1.2.24 requires the facility to conduct critical incident reviews after every sexual abuse investigation unless the disposition of the investigation is unfounded. The policy requires the facility to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>Policy 1.2.24 requires that a sexual abuse incident review be conducted within 30 days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation. The policy states the purpose of the review is to determine whether any modifications to current facility policies or procedure are necessary to prevent future abuse situations. The review shall be conducted by a team appointed by the Deputy Director (facility administrator) or designee.</p>

The policy states the team is to consist of: a unit Assistant Deputy Director, a section Supervisor, an investigator, and a member from the medical and counseling units. The sexual abuse incident review team is to include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The auditor reviewed the specialized staff roster provided by the agency. The standing members of the sexual abuse incident review team are the PREA Coordinator, the Deputy Director, the Clinical Supervisor, the Assistant Deputy Director of Detention, and the Detention Nurse. The auditor found that the sexual abuse incident review team consists of upper-level management officials.

The Deputy Director (facility administrator) stated that line staff input may be sought by sexual abuse incident review team, but would have to be careful about sharing confidential information and incident details with the line staff. The Deputy Director (facility administrator) stated line staff may not necessary attend the sexual abuse incident review, but relevant details could be obtained from the line staff to present at the review.

The Deputy Director (facility administrator) stated the facility has not had to conduct a sexual abuse incident review.

The auditor interviewed the PREA Coordinator with interview protocols for incident review team members. The PREA Coordinator indicated that, in the event of a sexual abuse investigation having a disposition of founded or unsubstantiated, the sexual abuse incident review team would: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent detect, or respond, to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled abuse; assess the adequacy of staffing levels in incident area during shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The sexual abuse incident review team would prepare a report of its finding, including but not necessarily limited to the above listed determinations, and any recommendations for improvement and submit such report to the Director, Deputy Director and PREA Coordinator.

Policy 1.2.24 states that Director of Juvenile Probation is to determine which recommendations from the sexual abuse incident review team will be immediately implemented. The policy requires the specific reasons that any change recommended by the sexual abuse incident review team is not implemented.

The PREA Coordinator reported there were no sexual abuse investigations with a disposition of founded or unsubstantiated in the 12-month period that preceded the onsite audit. With no investigations with such dispositions, there were no sexual abuse incident reviews for the auditor to inspect.

Auditor Determination:

The agency has met the requirements of this standard.

Corrective Action:

None

Auditor Recommendations:

None

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected Policy 1.2.25; 2. Interviewed the Director of Juvenile Probation (agency head); 3. Interviewed the PREA Coordinator; and 4. Inspected the Montgomery County Juvenile Probation Department website. <p>115.387 (a) - The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>115.387 (b) - The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.387 (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.387 (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>115.387 (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Discussion:</p> <p>The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the Survey of Sexual Violence (SSV) instrument and the instrument's set of definitions.</p> <p>The agency aggregates the incident-based sexual abuse data at least annually. The auditor inspected the Montgomery County Juvenile Probation Department's website and observed that the aggregated data is posted to the website in it "Annual Review of Sexual Abuse & Harassment Incidents" report for each year since 2016.</p> <p>The agency contracts with other facilities for confinement of residents. The agency has provided links to the websites of the facilities with which the agency contracts. Visitors to the MCJPD site can follow the links to inspect the aggregated annual sexual abuse and sexual harassment data for the facilities with which the agency contracts.</p> <p>Auditor Determination:</p> <p>The agency has met the requirements of this standard.</p>

Corrective Action:

None

Auditor Recommendations:

None

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected data collection reports; 2. Interviewed the Director of Juvenile Probation (agency head); 3. Interviewed the PREA Coordinator; and 4. Inspected Policy 1.2.25 (Data Collection) <p>115.388 (a) - The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.388 (b) - Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.388 (c) - The agency's report shall be 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.</p> <p>Discussion:</p> <p>The agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The auditor inspected the 2017 and 2018 annual report that addressed findings from the data and observations within the facility to improve the MCJDC's efforts to prevent, detect, and respond to sexual abuse.</p> <p>The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the Director of Juvenile Probation. The auditor confirmed this by inspection of annual reports published to the Montgomery County Juvenile Probation website and by interviewing the Director of Juvenile Probation and the PREA Coordinator.</p> <p>Auditor Determination:</p> <p>The agency has met the requirements of this standard.</p> <p>Corrective Action:</p> <p>None</p> <p>Auditor Recommendations:</p> <p>None</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To assess compliance with this standard the auditor:</p> <ol style="list-style-type: none"> 1. Inspected the Montgomery County Juvenile Probation website; 2. Inspected a sample of the publicly available sexual abuse data; 3. Interviewed the PREA Coordinator; and 4. Inspected Policy 1.2.25 (Data Collection). <p>115.389 (a) - The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>115.389 (b) - The agency shall 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.</p> <p>115.389 (c) - Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>115.389 (d) - The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Discussion:</p> <p>Montgomery County Juvenile Probation maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Policy 1.2.25 requires the collected sexual abuse data is to be securely retained by the Deputy Director (facility administrator, superintendent).</p> <p>Policy 1.2.25 requires that the agency obtain and retain aggregated sexual abuse data from facilities under contract with the agency and that such data will be made readily available to the public at least once each year.</p> <p>The auditor observed the agency's aggregate data reports were observed to be on the MCJDC website.</p> <p>The aggregate data on the website is from 2016 through fiscal year 2018. The auditor reviewed the posted reports and found no personal identifiers of any resident, staff member, volunteer, contractor, or intern were found contained in the reports.</p> <p>Auditor Determination:</p> <p>The agency has met the requirements of this standard.</p> <p>Corrective Action:</p>

None.

Auditor Recommendations:

None.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The initial audit was not completed within the first three-year cycle (August 20, 2013 - August 19, 2016). It is noted that the MCJDC's onsite audit was conducted July 15-17, 2016 for the initial PREA audit and this onsite phase of audit occurred during the first three-year cycle. The audit, however, is considered complete upon the issuance of the initial audit report which may be an interim report, or a final report if no corrective action was required. The interim report issued for the initial audit is presumed to be 10/25/2016...rendering an audit completion date in Cycle 2, Year 1.</p> <p>The MCJDC's onsite for the audit that forms the basis of this report was held July 22-23, 2019. It is anticipated that the audit report for this audit will be issued in Cycle 3, Year 1...rendering the MCJDC compliant with the requirement to undergo a PREA audit every three-year period (within the first year of each cycle). The MCJDC's next PREA audit will need to be completed...as evidenced by having an interim or final report in hand...no later than August 19, 2023 (the end of Cycle 4, Year 1) to remain in compliance with the timing of audits required by 115.401 (a). For the purposes of the audit this audit, the MCJDC is in compliance.</p> <p>The MCJDC is a single, pre-adjudication detention center. This audit encompassed a review of the detention center's compliance with PREA standards.</p> <p>The MCJDC permitted the auditor access to and the ability to observe all areas of the audited facility.</p> <p>The MCJDC provided residents with information about the PREA audit at least six weeks prior to the site visit. The "Notice of Audit" was provided to the PREA Coordinator by the auditor. The MCJDC posted the Notice of Audit in all housing units and this was observed by the auditor when onsite. The Notice of Audit included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The Notice of Audit provided the auditor's mailing address (P.O. Box) as the method by which residents could send confidential information or correspondence to the auditor. Such method provided the same level of confidentiality as if the residents were communicating with legal counsel and stated so on the Notice of Audit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MCJDC's previous audit report was observed to be published on the Montgomery County Juvenile Probation Department's website. The website displays a PREA tab in the main information bar and allows website visitors to select "PREA Reports" from a drop-down from the PREA tab. On selecting PREA Reports, the visitor is directed to the site location to select the previous PREA audit report (2016 PREA Audit Report) that was issued on October 25, 2016.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.312 (a)	Contracting with other entities for the confinement of residents	
	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

115.312 (b)	Contracting with other entities for the confinement of residents	
	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

115.313 (a)	Supervision and monitoring	
	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" or areas where staff or residents may be isolated)?	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 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

115.313 (b)	Supervision and monitoring	
	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

115.313 (c)	Supervision and monitoring	
	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.)	na
	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?	yes

115.313 (d)	Supervision and monitoring	
	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

115.313 (e)	Supervision and monitoring	
	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

115.315 (a)	Limits to cross-gender viewing and searches	
	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

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	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

115.315 (d)	Limits to cross-gender viewing and searches	
	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

115.315 (e)	Limits to cross-gender viewing and searches	
	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

115.315 (f)	Limits to cross-gender viewing and searches	
	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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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

115.317 (a)	Hiring and promotion decisions	
	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

115.317 (b)	Hiring and promotion decisions	
	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

115.317 (c)	Hiring and promotion decisions	
	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

115.317 (d)	Hiring and promotion decisions	
	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

115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	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

115.318 (a)	Upgrades to facilities and technologies	
	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.)	na

115.318 (b)	Upgrades to facilities and technologies	
	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.)	na

115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	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

115.321 (c)	Evidence protocol and forensic medical examinations	
	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

115.321 (d)	Evidence protocol and forensic medical examinations	
	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

115.321 (e)	Evidence protocol and forensic medical examinations	
	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

115.321 (f)	Evidence protocol and forensic medical examinations	
	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

115.321 (h)	Evidence protocol and forensic medical examinations	
	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

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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

115.331 (a)	Employee training	
	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

115.331 (b)	Employee training	
	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?	no

115.331 (c)	Employee training	
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	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

115.332 (b)	Volunteer and contractor training	
	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

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	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

115.333 (b)	Resident education	
	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

115.333 (c)	Resident education	
	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

115.333 (d)	Resident education	
	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

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	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

115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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

115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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?	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?	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?	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?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	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.)	no

115.335 (c)	Specialized training: Medical and mental health care	
	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?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	yes

115.341 (a)	Obtaining information from residents	
	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

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	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

115.341 (d)	Obtaining information from residents	
	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

115.341 (e)	Obtaining information from residents	
	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

115.342 (a)	Placement of residents	
	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

115.342 (b)	Placement of residents	
	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

115.342 (c)	Placement of residents	
	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

115.342 (d)	Placement of residents	
	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

115.342 (e)	Placement of residents	
	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

115.342 (f)	Placement of residents	
	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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	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

115.342 (i)	Placement of residents	
	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

115.351 (a)	Resident reporting	
	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

115.351 (b)	Resident reporting	
	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?	no

115.351 (c)	Resident reporting	
	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

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	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.	no

115.352 (b)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	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.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	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

115.353 (c)	Resident access to outside confidential support services and legal representation	
	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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	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

115.354 (a)	Third-party reporting	
	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

115.361 (a)	Staff and agency reporting duties	
	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

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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

115.361 (f)	Staff and agency reporting duties	
	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

115.362 (a)	Agency protection duties	
	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

115.363 (a)	Reporting to other confinement facilities	
	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

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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

115.364 (b)	Staff first responder duties	
	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

115.365 (a)	Coordinated response	
	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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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?	no

115.367 (a)	Agency protection against retaliation	
	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

115.367 (b)	Agency protection against retaliation	
	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

115.367 (c)	Agency protection against retaliation	
	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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	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

115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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

115.371 (b)	Criminal and administrative agency investigations	
	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

115.371 (c)	Criminal and administrative agency investigations	
	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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	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

115.371 (f)	Criminal and administrative agency investigations	
	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

115.371 (g)	Criminal and administrative agency investigations	
	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

115.371 (h)	Criminal and administrative agency investigations	
	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

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	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

115.371 (k)	Criminal and administrative agency investigations	
	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

115.371 (m)	Criminal and administrative agency investigations	
	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

115.372 (a)	Evidentiary standard for administrative investigations	
	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

115.373 (a)	Reporting to residents	
	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

115.373 (b)	Reporting to residents	
	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

115.373 (c)	Reporting to residents	
	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

115.373 (d)	Reporting to residents	
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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

115.376 (d)	Disciplinary sanctions for staff	
	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

115.377 (a)	Corrective action for contractors and volunteers	
	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

115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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

115.378 (c)	Interventions and disciplinary sanctions for residents	
	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

115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	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

115.378 (f)	Interventions and disciplinary sanctions for residents	
	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

115.378 (g)	Interventions and disciplinary sanctions for residents	
	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

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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?	no

115.382 (a)	Access to emergency medical and mental health services	
	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

115.382 (b)	Access to emergency medical and mental health services	
	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

115.382 (c)	Access to emergency medical and mental health services	
	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

115.382 (d)	Access to emergency medical and mental health services	
	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

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.386 (a)	Sexual abuse incident reviews	
	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

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	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

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	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

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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

115.387 (d)	Data collection	
	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

115.387 (e)	Data collection	
	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

115.387 (f)	Data collection	
	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

115.388 (a)	Data review for corrective action	
	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

115.388 (b)	Data review for corrective action	
	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

115.388 (c)	Data review for corrective action	
	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

115.388 (d)	Data review for corrective action	
	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

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	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.)	no
	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes